

France: new government, new opportunities for public health

On May 7, Emmanuel Macron was elected President of France, after an unconventional campaign and the promise to go beyond traditional political parties to tackle France's most pressing issues. A revolution? Maybe. An ambition? Surely. What could it mean for public health?

The nomination of Agnès Buzyn—a medically qualified doctor, haematologist, experienced in leading large institutions such as the French Cancer Institute (INCa)—as Minister of Health, could offer an opportunity to put public health high on the government agenda. But what should be her priorities? Reducing health inequalities? Promoting health in all policies? Protecting individuals from known disease risk factors?

The 2017 report *Health of the population in France*, published on May 11, offers a comprehensive view of the health of the French population, progress made in some domains, and the inequalities persisting in others. The report stresses that health is generally good in France, compared with similar countries. Life expectancy is high—85.0 years for women, and 78.9 years for men. Despite continuous progress on most indicators, gains are fragile, and the persistence of social inequalities and a worsening of risk factors for chronic diseases are worrying. Social inequalities for mortality remain stable over the past decades: life expectancy at 35 years between white and blue collar workers differ by 6.4 years in men and 3.2 years in women. Premature deaths (before age 65 years) are high: one in five deaths, 30% of which are preventable. Adult obesity rates are rising and tobacco consumption remains high (28.6% in 2014). While daily alcohol consumption has decreased regularly since the 1990s, from 36% in men and 12% in women in 1992, to 15% and 5%, respectively, in 2014; alcohol consumption in the young (aged 17 years) has been increasing between 2008 and 2014.

In a timely manner, on May 16, a joint INSERM (French national institute for health and medical research) and US National Institute on Alcohol Abuse and Alcoholism symposium, “Reducing the burden of harmful alcohol use”, was held in Bordeaux (and to which *The Lancet Public Health* was invited). The aim of the symposium was to discuss opportunities for future collaborations, to learn from each other's experiences, and to develop new projects to prevent predicaments such as underage drinking and drinking and driving. In France, 1000 deaths

each year are due to drinking and driving; a quarter of those deaths are in young people aged 18–24 years. From both sides of the Atlantic, there is a strong feeling that public authorities have not succeeded sufficiently and could do much more to improve awareness and prevention. More research is needed to fully explore how to prevent underage drinking. Some preliminary educational programmes in school could offer long-term prevention, and early screening and the involvement of paediatricians will also be important.

The challenges ahead cannot be disregarded. According to the latest data from the Global Burden of Diseases, Injuries, and Risk Factors Study 2015, in France, alcohol is the 3rd leading risk factor for early death and disability, measured by attributable disability-adjusted life-years, after smoking and high blood pressure. Alcohol causes an estimated 50 000 deaths, annually in France.

Another important issue is health inequality. Alcohol use is a major contributor to social differentials in life expectancy and disease. In this issue of *The Lancet Public Health*, Vittal Katikireddi and colleagues show that socioeconomic status is an effect modifier of alcohol consumption and harm. Using Scottish data, they report that low socioeconomic status is associated with greater alcohol-attributable harms for given levels of alcohol consumption, even after accounting for drinking patterns such as binge drinking, body-mass index, and smoking. Social inequalities in health remain major hindrances to achieving objectives of justice and solidarity associated with the conception of health care in France, concluded the authors of *The Lancet Series on France* published last year. In a Comment, Charles Persoz calls on the new government to tackle alcohol with more vigour, challenging the wine and spirits industry in France. He invites the new government to develop an ambitious public health policy to respond to the burden of alcohol-related harms and deaths.

The new French government has a window of opportunity: reducing health inequalities in an otherwise excellent health system should now be a government priority. And tackling the burden of alcohol-related harms could be top of Agnès Buzyn's list of priorities. ■ *The Lancet Public Health*

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For the 2017 Health report see <http://drees.social-sante.gouv.fr/IMG/pdf/esp2017.pdf>

For the GBD study see [Articles Lancet 2016; 388: 1659–1724](#)

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