

Commerciële determinanten van gezondheid

Verlavende verdienmodellen en collectief conflict

Landelijk congres alcohol-, drugs- en nicotinepreventie
21 mei 2026

Luc Hagedaars, PhD
Amsterdam UMC, dept Public and Occupational Health
l.l.hagedaars@amsterdamumc.nl
<https://www.linkedin.com/in/luc-hagedaars/>

Disclosure

- Assistant professor at AmsterdamUMC with public funding
- 2022-23 Commonwealth Fund Harkness Fellow in Health Care Policy and Practice from the Netherlands, at the University of California San Francisco. This 501-C Non-profit was not involved in the design, analysis or interpretation of my studies.
- 2014-2021 Senior policy advisor Ministry of Health the Netherlands
- 2025-2026 Chair advisory committee on CDoH to Ministry of Health
- No commercial funding or any other funding from parties with conflicts of interests

Mijn boodschap

- ‘Integrale samenwerking en integraal beleid’ = symptoombestrijding
- Ziekmakende industrieën willen ook heel graag ‘samenwerken’ om hun verdienmodellen te beschermen
- Public health successen kwamen door conflict
- Collectief conflict vergt slimme framing en coalities

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“Integrale samenwerking’: al mijn hele leven richtsnoer van public health beleid

- 1986: Nota 2000. Gezondheidstoestand leidend voor beleid, ‘facetbeleid’ nodig (‘beleid dat te maken heeft met de gezondheidscomponent van andere beleidsterreinen’)
- 1991: Nota Gezondheid met Beleid. Prio op facetbeleid
- 1994: Kadernota Gezond en Wel. Gezondheidseffectedschattingen voor facetbeleid
- 2001: minister Els Borst onderschrijft belang van facetbeleid, maar spreekt liever niet van gezondheidsbelangen ‘bewaken’ en heeft het daarom liever over ‘integraal gezondheidsbeleid’.
- 2006: preventienota Kiezen voor Gezond Leven ziet belang intersectorale samenwerking rond 5 speerpunten
- 2011: Nota Gezondheid dichtbij: Zelf beslissen over leefstijl, wel integrale zorg.
- 2016: Landelijke nota gezondheidsbeleid “geeft impuls aan integrale aanpak met Nationaal Programma Preventie”
- 2018: Preventieakkoord gericht op roken, overgewicht en alcohol ”met speciale aandacht voor achterliggende problematiek...”
- 2020: Landelijke nota gezondheidsbeleid benadrukt samenhang met ruimtelijke ordening en sociale domein

Integraal Zorg Akkoord

Samen werken aan gezonde zorg

September 2022



GALA

Gezond en Actief Leven Akkoord

Gemeenten en GGD'en, zorgverzekeraars en VWS
zetten gezamenlijk in op een gezond en actief leven
met een stevige sociale basis

Januari 2023



Aanvullend Zorg- en Welzijnsakkoord

Onderhandelaarsakkoord – 3 juli 2025

Samenhangende preventiestrategie

Juni 2025

Ik verwacht door samen met betrokken partners de jeugd en jongvolwassenen in hun omgeving centraal te zetten en daar de gezonde keuze de makkelijke keuze te maken, meer effect te kunnen bereiken met ons preventiebeleid en daarmee een gezonde generatie in 2040 te bereiken. Over de voortgang zal ik u begin 2026 nader informeren. Met de preventiestrategie doe ik ook een motie en een aantal toezeggingen af, daarvoor verwijs ik u naar bijlage 1.

Hoogachtend,

de staatssecretaris Jeugd.
Preventie en Sport,

Heeft 'samenwerken' deze moderne gezondheidsproblemen verholpen?

de Volkskrant

Log in

Abonneren

Algemeen

Economie

Sport

Media en Cultuur

Achterklap

Shop

Columns

Opinie

Cartoons

Podcasts

Cultuur & Media



Centraal Bureau voor de Statistiek

Waar ben je naar op zoek?

Cijfers

Arbeid en inkomen

Economie

Maatschappij

Regio

Over ons

Home

REPORTAGE

Vijf jaar na 'Roemer' is uitbuiting van arbeidsmigranten nog dagelijkse kost: 'En hier wonen'

NOS Nieuws • Donderdag 9 april, 06:31 • Aangepast donderdag 9 april, 09:08

Hoogste aantal verkeersdoden in bijna 20 jaar, toename zit alleen bij mannen

Deel deze pagina



Obesitas afgelopen 40 jaar verdrievoudigd

- Meer

Zorgen bij GGD's om jongeren die steeds meer drinken en roken

28 mei om 16:04 • Aangepast gisteren om 17:00

NOS Nieuw

Jonge gezor

SCIENTIAS

DE MENS

Nu ook micro bloedpropjes en harten van gehaald

4 juni 2024

Caroline Kraaijvanger

4 min. lezen

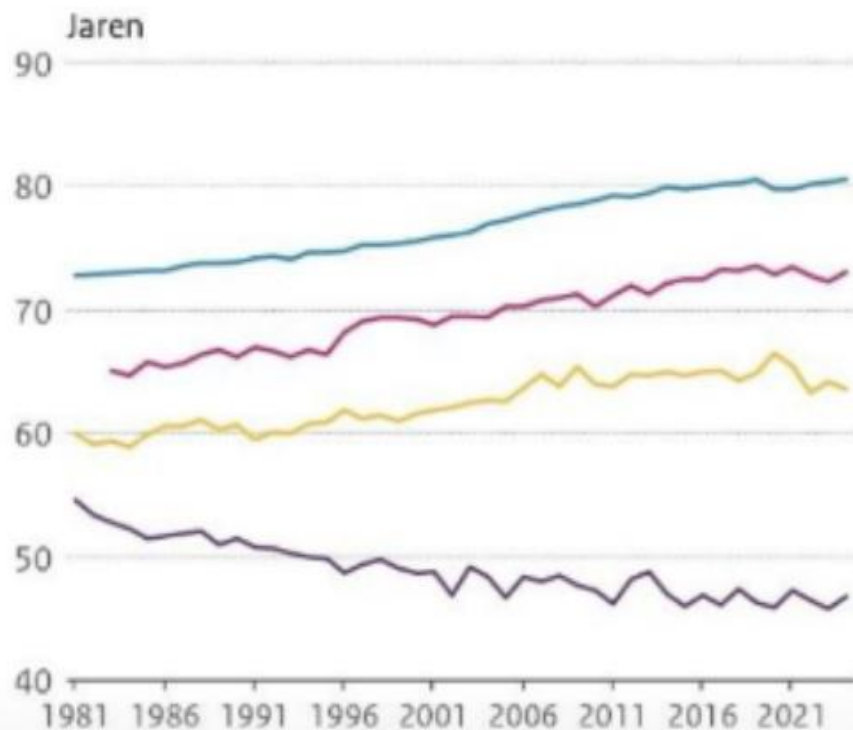
sen heeft problematische

Over ons

Delen

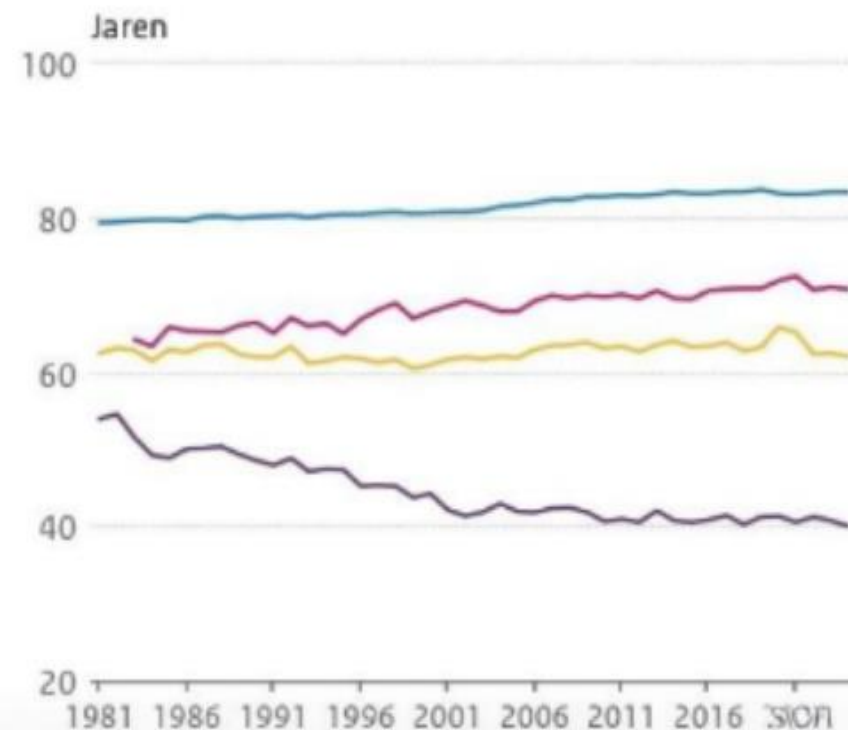
We worden eerder ziek

**(Gezonde) levensverwachting
mannen 1981-2024**



- Levensverwachting (LV)
- LV in als goed ervaren gezondheid
- LV zonder beperkingen
- LV zonder chronische ziekten

**(Gezonde) levensverwachting
vrouwen 1981-2024**



- Levensverwachting (LV)
- LV in als goed ervaren gezondheid
- LV zonder beperkingen
- LV zonder chronische ziekten

McKinlay (1975): story of moving upstream:
public health's “defining metaphor” (Dorfman et al., 2005)



John McKinlay: a case for refocusing upstream: the political economy of illness (1975)

My friend, Irving Zola, relates the story of a physician trying to explain the dilemmas of the modern practice of medicine:

“You know,” he said, “sometimes it feels like this. There I am standing by the shore of a swiftly flowing river and I hear the cry of a drowning man. So I jump into the river, put my arms around him, pull him to shore and apply artificial respiration. Just when he begins to breathe, there is another cry for help. So I jump into the river, reach him, pull him to shore, apply artificial respiration, and then just as he begins to breathe, another cry for help. So back in the river again, reaching, pulling, applying, breathing and then another yell. Again and again, without end, goes the sequence. You know, I am so busy jumping in, pulling them to shore, applying artificial respiration, that I have no time to see who the hell is upstream pushing them all in.”¹

“Such [an upstream] reorientation would minimally involve an analysis of the means by which various individuals, interest groups, and large-scale, profit-oriented corporations are “pushing people in,” and how they subsequently erect, at some point downstream, a health care structure to service the needs which they have had a hand in creating, and for which moral responsibility ought to be assumed.”

“Who the hell is upstream pushing them all in?” Reclaiming public health’s defining metaphor to counter the commercial determinants of health

May C. I. van Schalkwyk , Benjamin Hawkins, Jeff Collin, Mark Petticrew

Published: February 27, 2026 • <https://doi.org/10.1371/journal.pgph.0006045>

“The upstream-downstream metaphor has come to be used in ways that depart radically from its original intent, which was to characterise the practices of powerful commercial actors who profit from the production of harm and disease. The subtle but important shift in language from people being pushed, to falling into the river, among other depoliticising processes, contributes to an individualising and victim-blaming approach to health harms, deflecting from the role of commercial power and practices.”

Bringing the commercial determinants of health out of the shadows: a review of how the commercial determinants are represented in conceptual frameworks

Nason Maani^{1,2}, Jeff Collin^{3,4}, Sharon Friel^{4,5}, Anna B. Gilmore^{4,6}, Jim McCambridge⁷, Lindsay Robertson^{4,6}, Mark P. Petticrew^{1,4}

- Review of social determinants of health frameworks found these focus mostly on the role of the public sector
- “Descriptions of commercial determinants are frequently understated, not made explicit, or are very often simply missing.”
- “Our current public health models—and the policies which they inform—therefore risk framing public health problems and solutions in ways that inadvertently obscure the role that the private sector, in particular large transnational companies, play in shaping population health outcome”

Public health heeft zichzelf aangeleerd om dit grotere plaatje te negeren





SSM - Qualitative Research in Health

Volume 7, June 2025, 100533



How health promotion prevents itself from tackling health inequalities. A critical analysis of Dutch health promotion's paradigm through its handbooks (1995–2022)

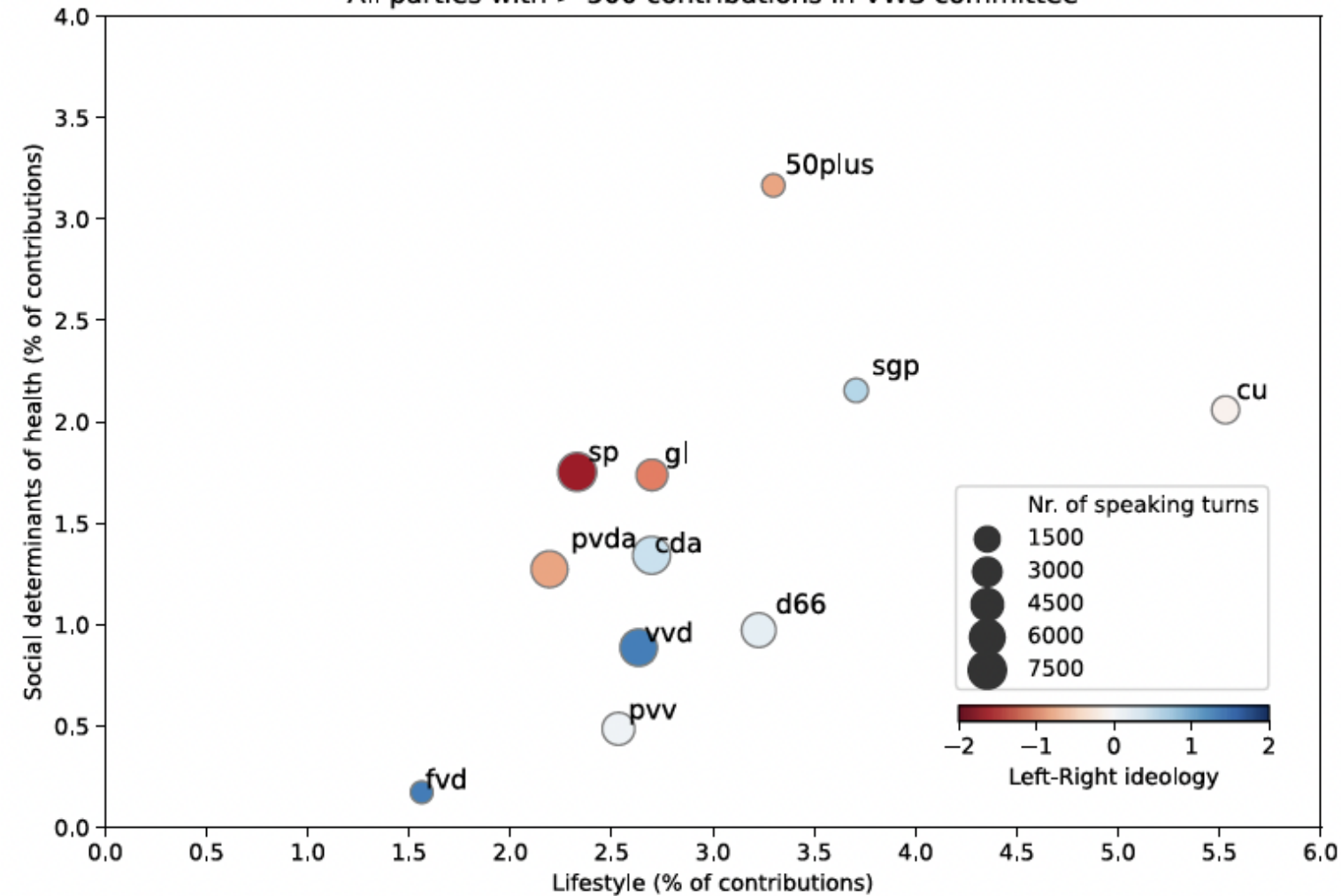
Ilse Dijkstra^a  , Bart Penders^{a,b}, Klasien Horstman^a

“Dutch Health Promotion professionals have been socialised into an individualistic, top-down, interventionist paradigm.”

“While the detrimental impact of health damaging activities of industries and of certain national policies is acknowledged, the handbooks implicitly teach future professionals that industries and policymakers...are beyond the influence of health promoters.”

Daarom niet verrassend dat de politiek het vooral over zorg heeft als het over de volksgezondheid gaat

All parties with > 500 contributions in VWS committee



SSM - Population Health

Volume 22, June 2023, 101399



Lifestyle versus social determinants of health in the Dutch parliament: An automated analysis of debate transcripts

Jeroen M. van Baar ^a, Laura Shields-Zeeman ^{a, b}, Karien Stronks ^c, Luc L. Hagens ^{c, d}

- ^a Trimbos Institute, Netherlands Institute for Mental Health and Addiction, Utrecht, the Netherlands
- ^b Utrecht University, Faculty of Social and Behavioral Sciences, Utrecht, the Netherlands
- ^c Amsterdam University Medical Centers, Department of Public and Occupational Health, University of Amsterdam, Amsterdam, the Netherlands
- ^d Philip R. Lee Institute for Health Policy Studies, University of California, San Francisco, United States

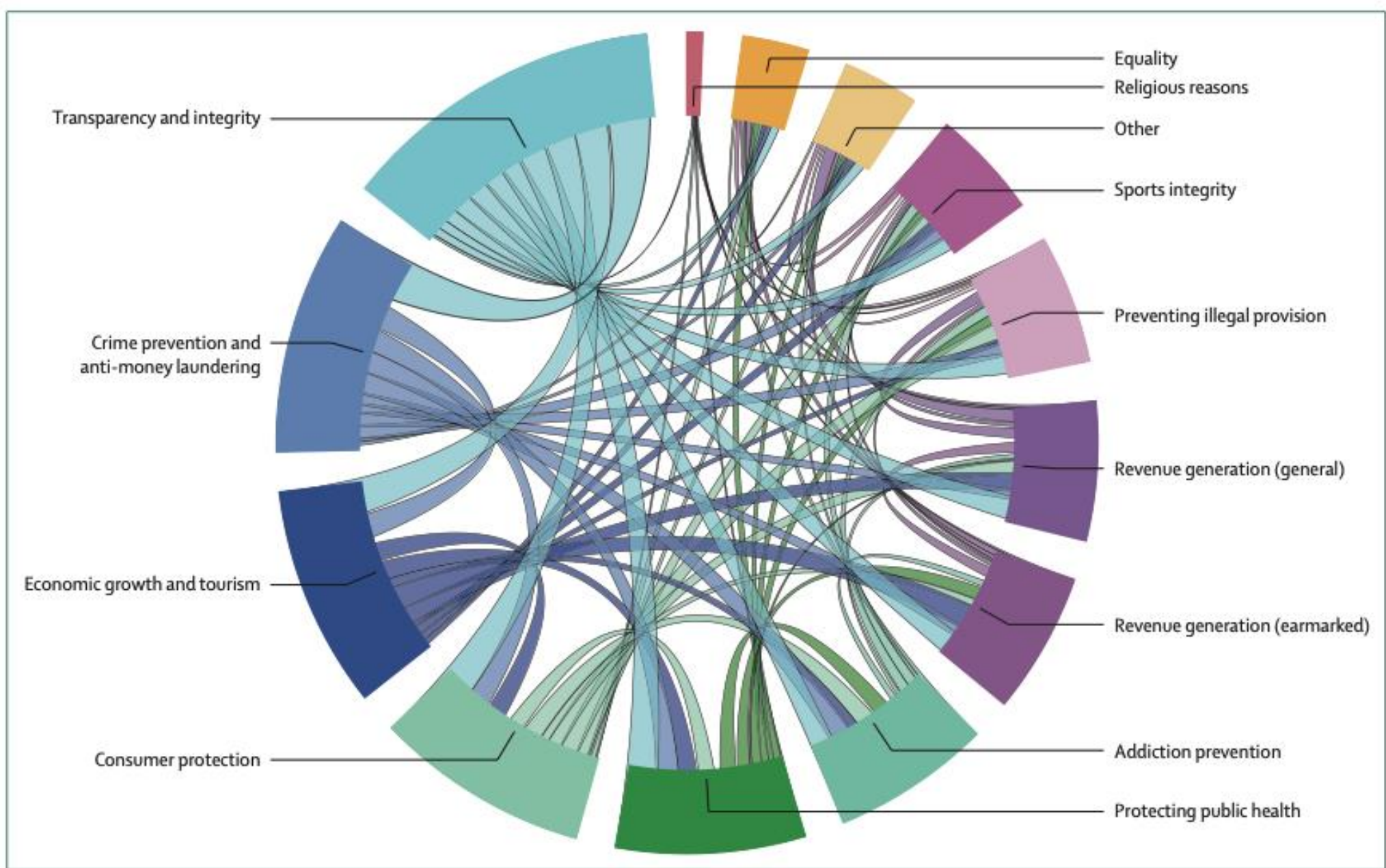


Figure 8: Associations between motivations for legislative change

A chord diagram showing the strength of associations between different legislative motivations. The data are based on original qualitative coding of legislative rationales in 65 jurisdictions with major gambling policy changes between 2018–2023 (appendix p 14).

Doordat de public health meer op zorg gericht raakte, verloor ze haar machtsbasis

Newsletters

The Atlantic

How Public Health Took Part in Its Own Downfall

The field's future lies in reclaiming parts of its past that it willingly abandoned.

By Ed Yong

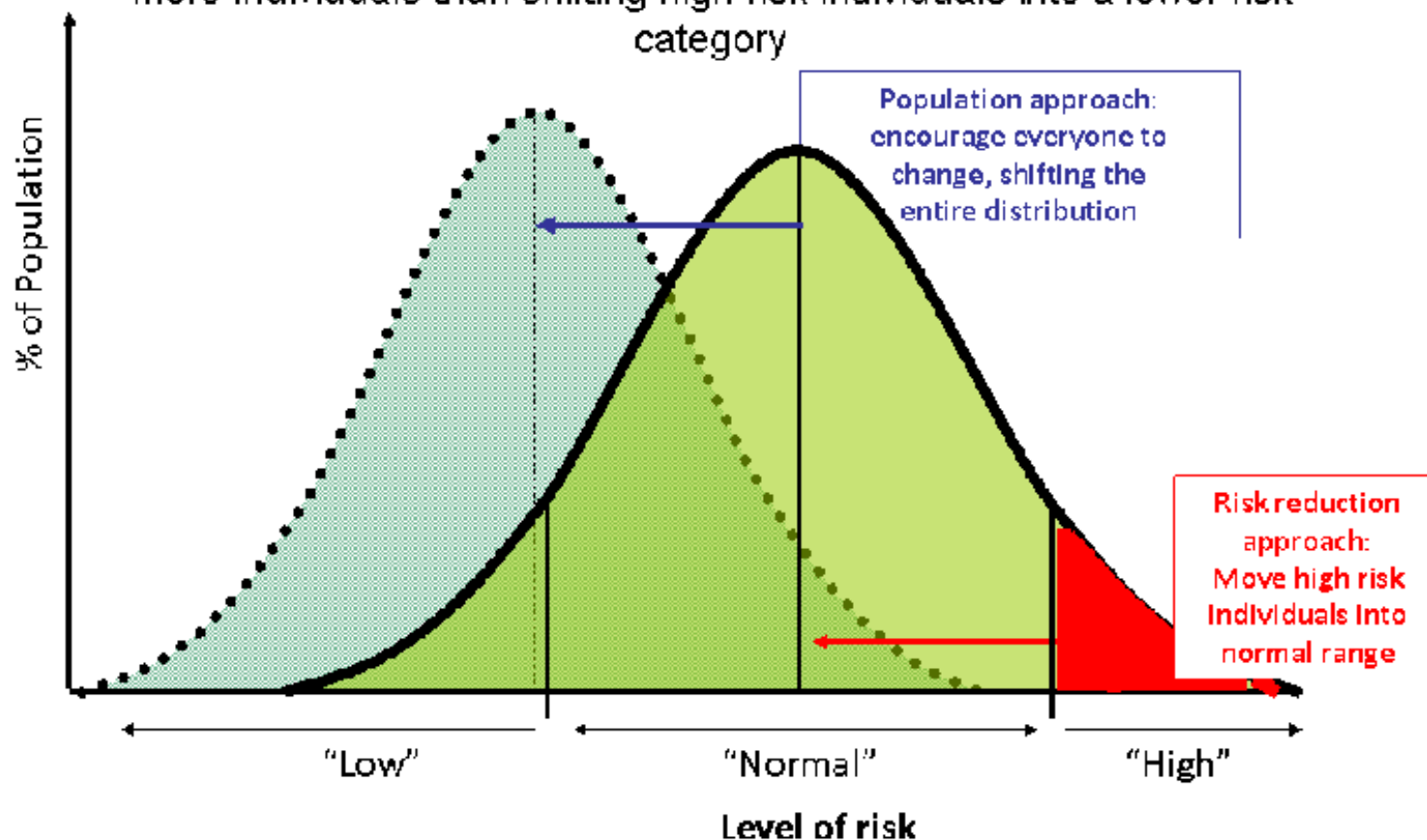


“Public health began to self-identify as a field of objective, outside observers of society instead of agents of social change [...] That left public health in a precarious position—still in medicine’s shadow, but without the political base [of labor unions, housing reformers, and social-welfare organizations] that had been the source of its power”

Samenwerking binnen de publieke sector gaat voorbij aan Rose's preventieparadox

The Bell-Curve Shift in Populations

Shifting the whole population into a lower risk category benefits more individuals than shifting high risk individuals into a lower risk category



“En-en?”

”I-frame” versus ”s-frame”

Across issues as diverse as climate change, traffic safety, obesity, retirement savings, and plastic pollution, framing experiments find that framing issues in individualistic instead of systemic terms, undermines support for public policy

<https://www.cambridge.org/core/journals/behavioral-and-brain-sciences/article/abs/iframe-and-the-sframe-how-focusing-on-individuallevel-solutions-has-led-behavioral-public-policy-astray/A799C9C57F388A712BE5A8D34D5229A1#related-commentaries>

Viewpoint

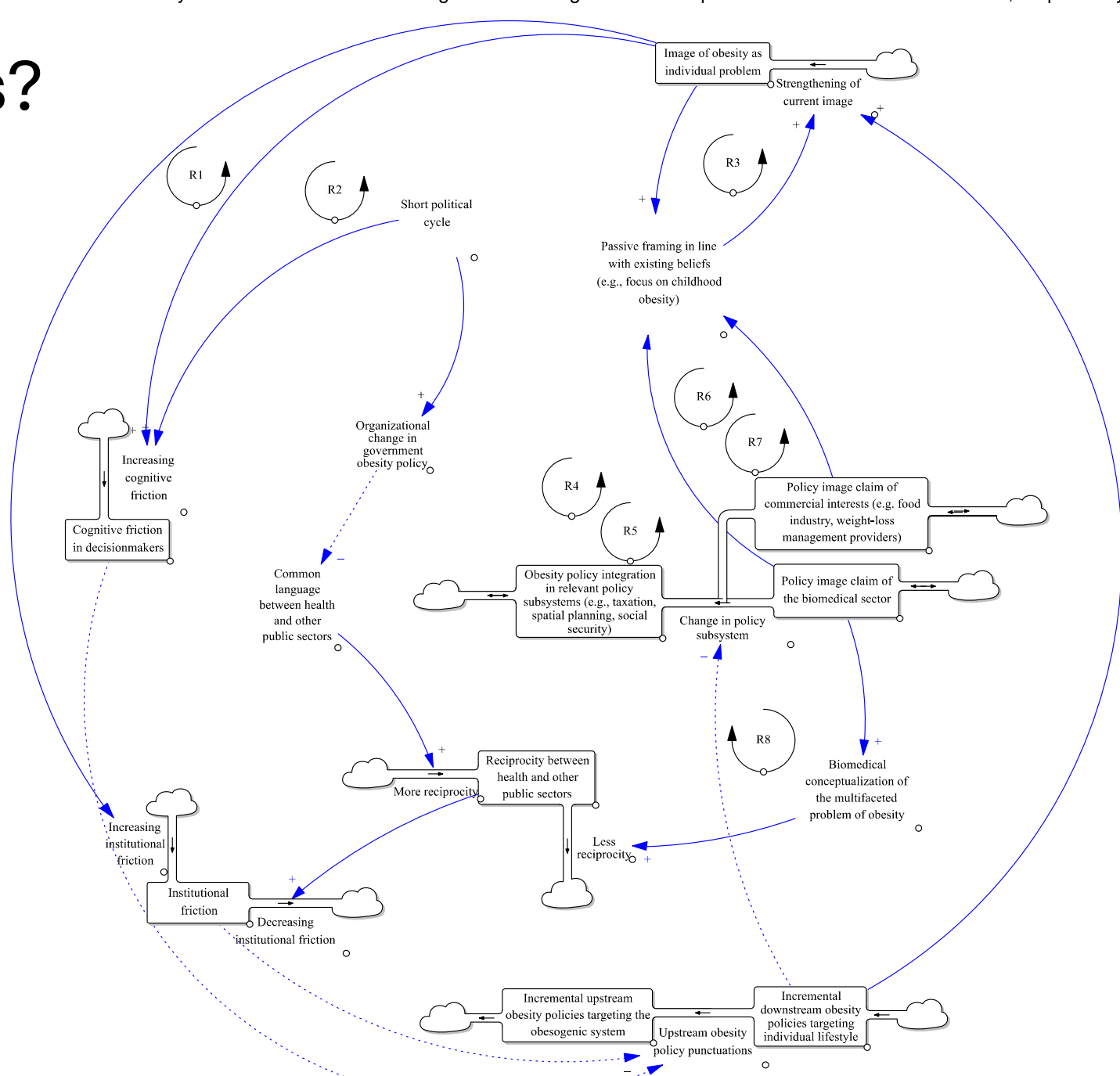
Harms of Framing Obesity as a Disease of Individuals

Luc Louis Hagens, PhD¹; Grant Ennis, MPA²; Yogi Hale Hendlin, PhD^{3,4}

» Author Affiliations | Article Information

Voorbeeld: én én bij obesitas?

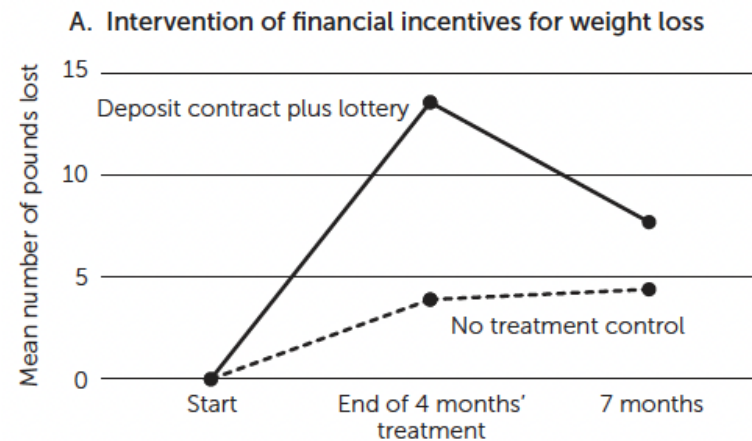
- Doordat obesitas toenam kregen de voedings- en afslankindustrie meer macht
- Zij hadden belang bij individuele framing
- Public health is daarin mee gegaan door zich te richten op leefstijlinterventies ('policy layering')
- Dit ondermijnde draagvlak voor regulering voedingsindustrie



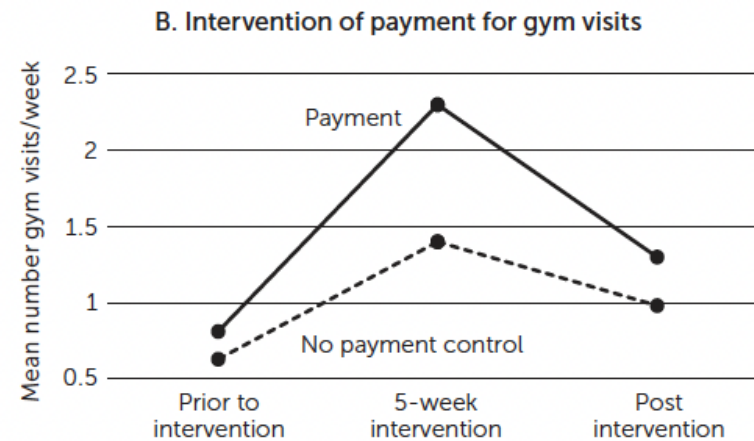
Gezondheids
bevordering
werkt een
beetje, en dan
niet meer

Figure 1. The triangular relapse pattern in health behavior change over time

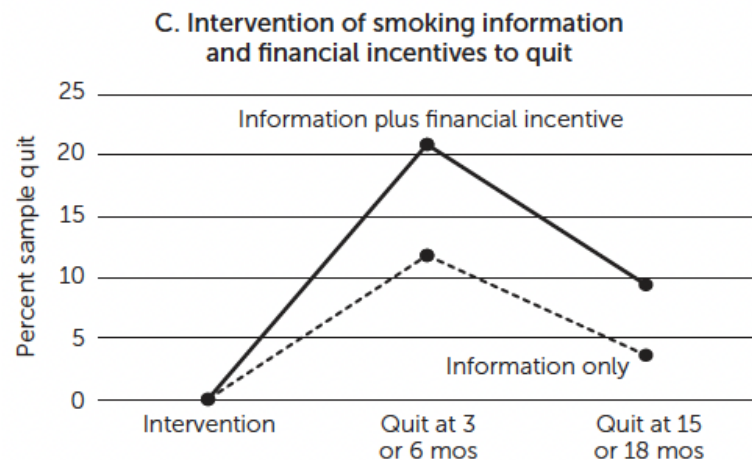
In these triangular relapse patterns, an initial spike in healthful behaviors during the intervention is followed by a decline following intervention back toward baseline. Panels A–D show four examples of behavior change interventions following this pattern for (A) weight loss, (B) gym visits, (C) quitting smoking, and (D) exercise. Mos = months; MVP = moderate to vigorous physical activity.



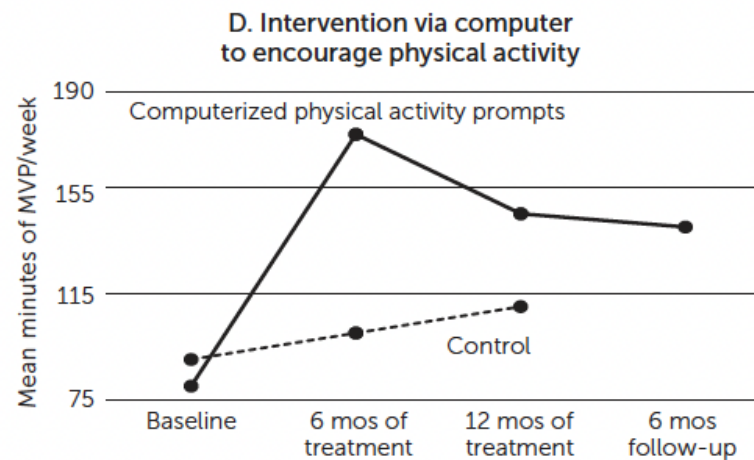
A: Mean pounds lost following a 4-month intervention of financial incentives for weight loss and after 3 months of no treatment ($N = 57$). Data are from "Financial Incentive–Based Approaches for Weight Loss: A Randomized Trial," by K. G. Volpp, L. K. John, A. B. Troxel, L. Norton, J. Fassbender, and G. Loewenstein, 2008, *Journal of the American Medical Association*, 300, p. 2635. Copyright 2008 by the American Medical Association.



B: Mean gym visits per week prior to study (weeks -16 to -2), during 5 intervention weeks of payment for attending, and during 15 no-treatment weeks (weeks 6–21, $N = 99$). Data are from "Incentives to Exercise," by G. Charness and U. Gneezy, 2009, *Econometrica*, 77, p. 921, Figure 2b. Copyright 2009 by Wiley.



C: Percentage of participants who quit smoking (biochemically verified) at 3 or 6 months and at 15 or 18 months following intervention of information about smoking cessation programs paired with financial incentives ($N = 878$). Data are from "A Randomized, Controlled Trial of Financial Incentives for Smoking Cessation," by K. G. Volpp, A. B. Troxel, M. V. Perley, H. A. Glick



D: Mean number of minutes per week of moderate to vigorous physical exercise during computer-delivered interventions or health program controls at 6 months of treatment, 12 months of treatment, and 6 months after end of treatment ($Ns = 70$ control and 75 computerized treatment at baseline; $N = 61$ computerized treatment at 18 months). Data are from



De derde Week van de Positieve Leefstijl werd vanmorgen officieel aangekondigd. Foto: Mijn positieve leefstijl

Spannende health check bij aftrap Week van de Positieve Leefstijl

Door: **Olaf Knook** ma 8 sep, 17:00 **Algemeen**

BREDA - Breda is klaar voor een positieve leefstijl. Bij Nieuwe Veste namen wethouder Arjen van Drunen en directeur Hilda Vliegthart vanochtend een health check, waarmee officieel de derde Week van de Positieve Leefstijl werd aangekondigd.

Het Parool

Abonneren vanaf 2,20 per week

Log in

Deze neurochirurg deelt fietshelmen uit: 'Een hersenschudding kan al permanente gevolgen hebben'



Mijn boodschap

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The 'big 4' responsible for 1/3 of global mortality



Elke industrie kán schadelijk zijn

VIEWPOINT · Volume 12, Issue 8, E1365-E1369, August 2024 · [Open Access](#)

[Download Full Issue](#)

News media as a commercial determinant of health

[Dan Even, PhD](#) ^{a,b} [✉](#) · [Salma M Abdalla, PhD](#) ^a · [Nason Maani, PhD](#) ^c · [Sandro Galea, MD DrPH](#) ^a

[Affiliations & Notes](#) [Article Info](#) [Linked Articles \(1\)](#)

EDITORIAL

Unveiling the predatory tactics of the formula milk industry

The Lancet

Ar



Heindel et al. *Biochem Pharmacol* 199:115015, 2022



NOS Nieuws · Vandaag, 11:03 · Aangepast vandaag, 12:32

Kabinet wil einde aan sluisroute voor arbeidsmigranten



BEST
Weight Watchers
FOODS FROM

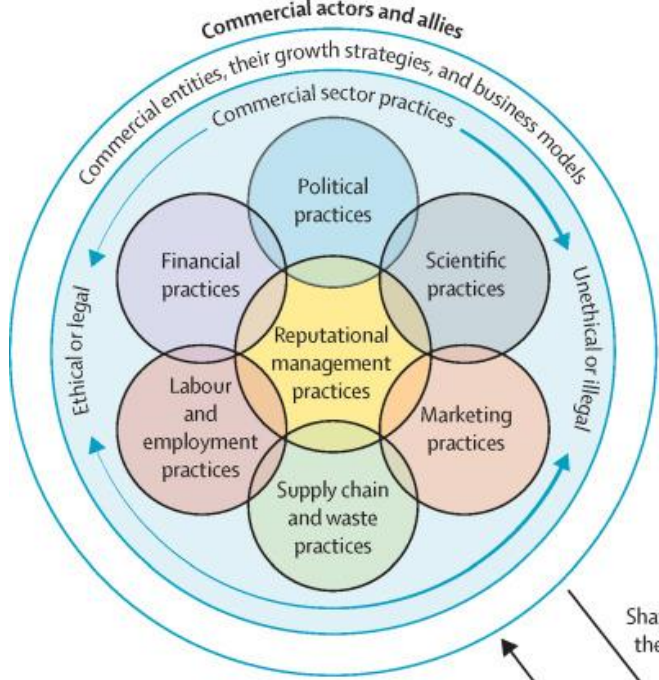


SKINCARE MARKET
OPPORTUNITIES AND FORECAST, 2021 - 2031

Skincare market is expected to reach **\$273.3 Billion** in 2031

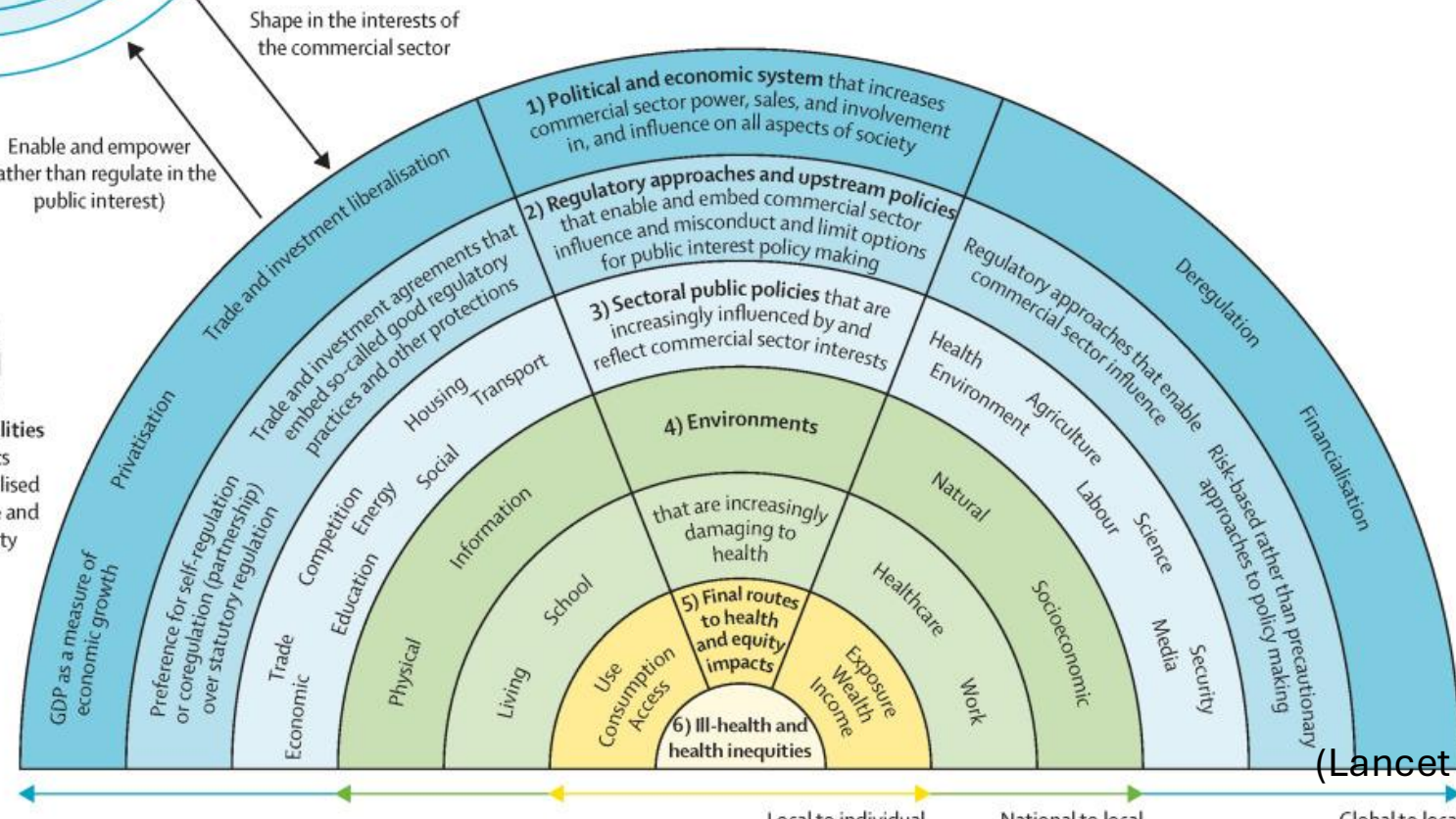
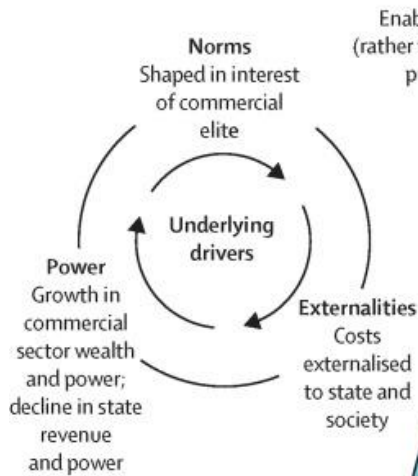
Growing at a **CAGR of 6.7%** (2022-2031)

Report Code: A31878, www.alliedmarketresearch.com



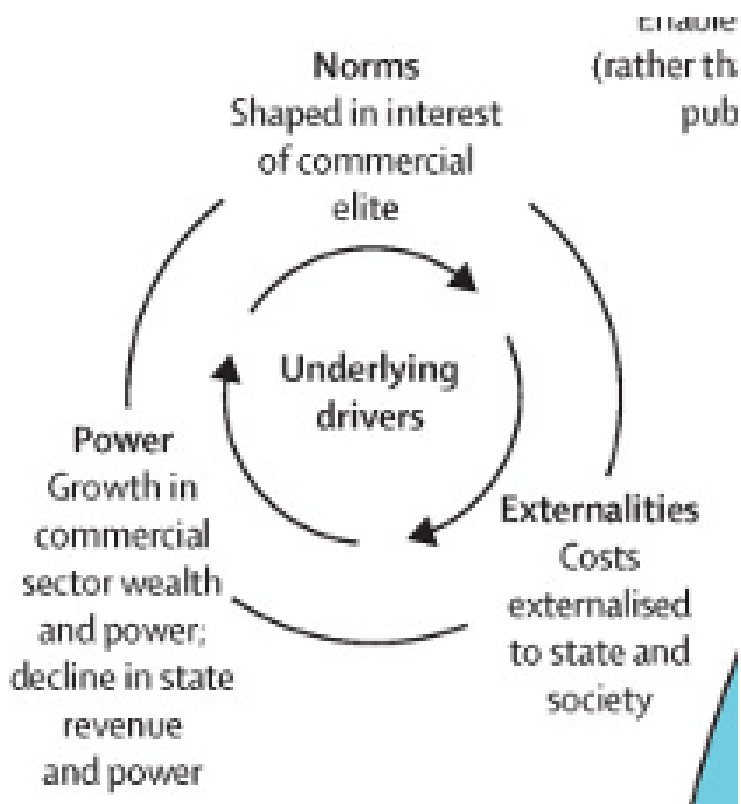
The commercial determinants of health

“the systems, practices and pathways through which commercial actors impact health and equity”
OR
the commercial vectors of diseases



Waarom loont ongezondheid?

Winst = omzet – kosten



- **Beïnvloeden sociale normen** om omzet te verhogen:
 - Verslavende producten
 - Maatschappelijke afhankelijkheid (eg auto infrastructuur)
 - Producten die gezondheidsproblemen veroorzaken én ‘fixen’ (eg dietary junk food)
 - Massale en innovatieve marketing & distribution → brand loyalty, gewoontevorming
 - Lobby en PR om effectief beleid tegen te werken
- **Externalizeren kosten** naar samenleving:
 - Zorgkosten, productiviteitsverlies
 - Milieuschade
 - Gebrek groei door klem zetten midden-/klein bedrijf
 - Uitbuiting arbeiders in NL en (ver) daarbuiten

Always question social norms

OPINIE

Alcoholdoden zijn net zo erg als slachtoffers van designerdrugs

Drank De verontwaardiging over illegale en dodelijke drugs is steeds groot, zien *Merel van Loon* en *Bart Takkenberg*. Maar over de veel grotere schade door alcoholgebruik is het stil. Dat moet en kan anders.

Merel van Loon en **Bart Takkenberg**

8 januari 2026 • Leestijd 2 minuten

Luister 

Deel 

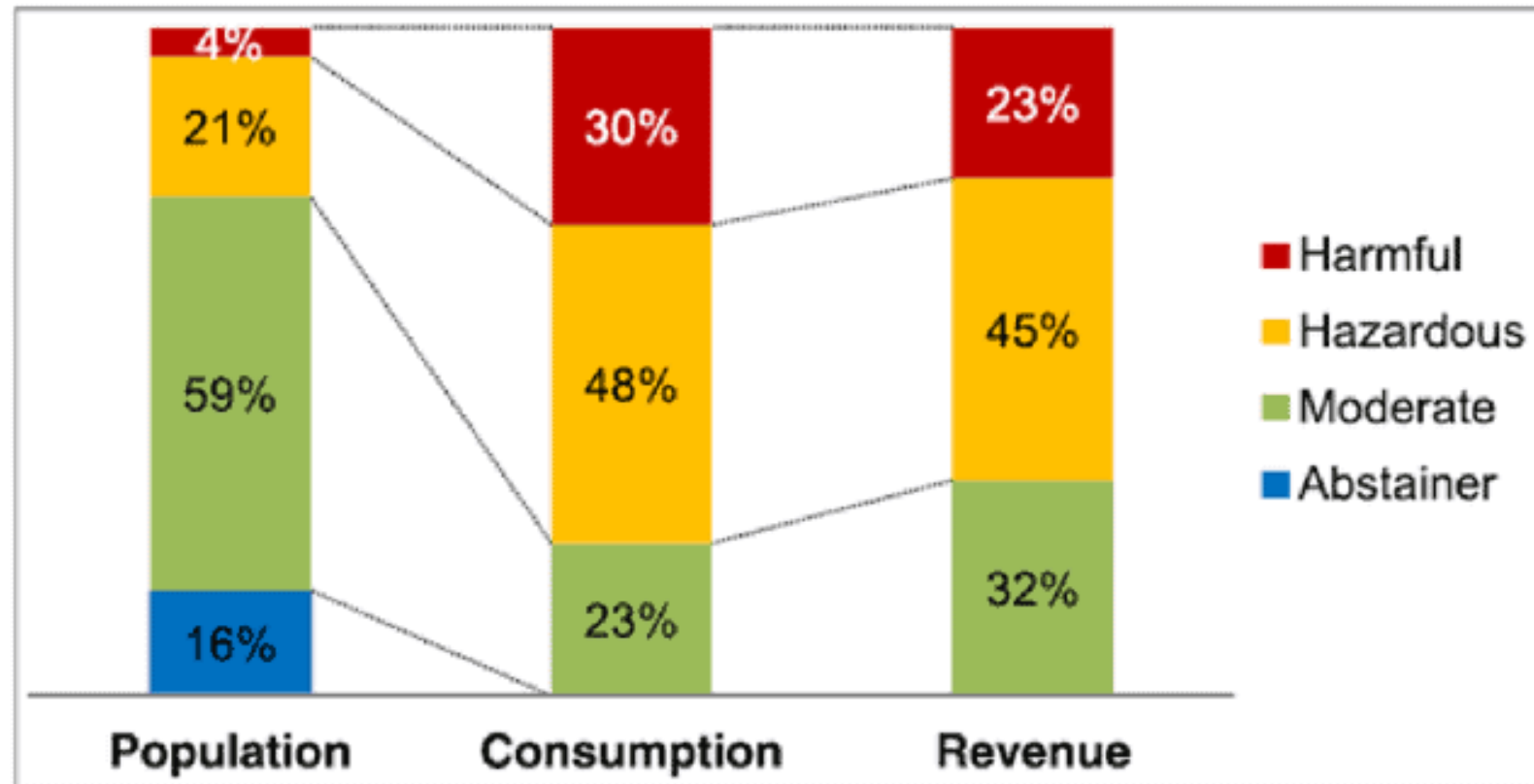
Leeslijst 

The alcohol industry is dependent on a small percentage that drink heavily

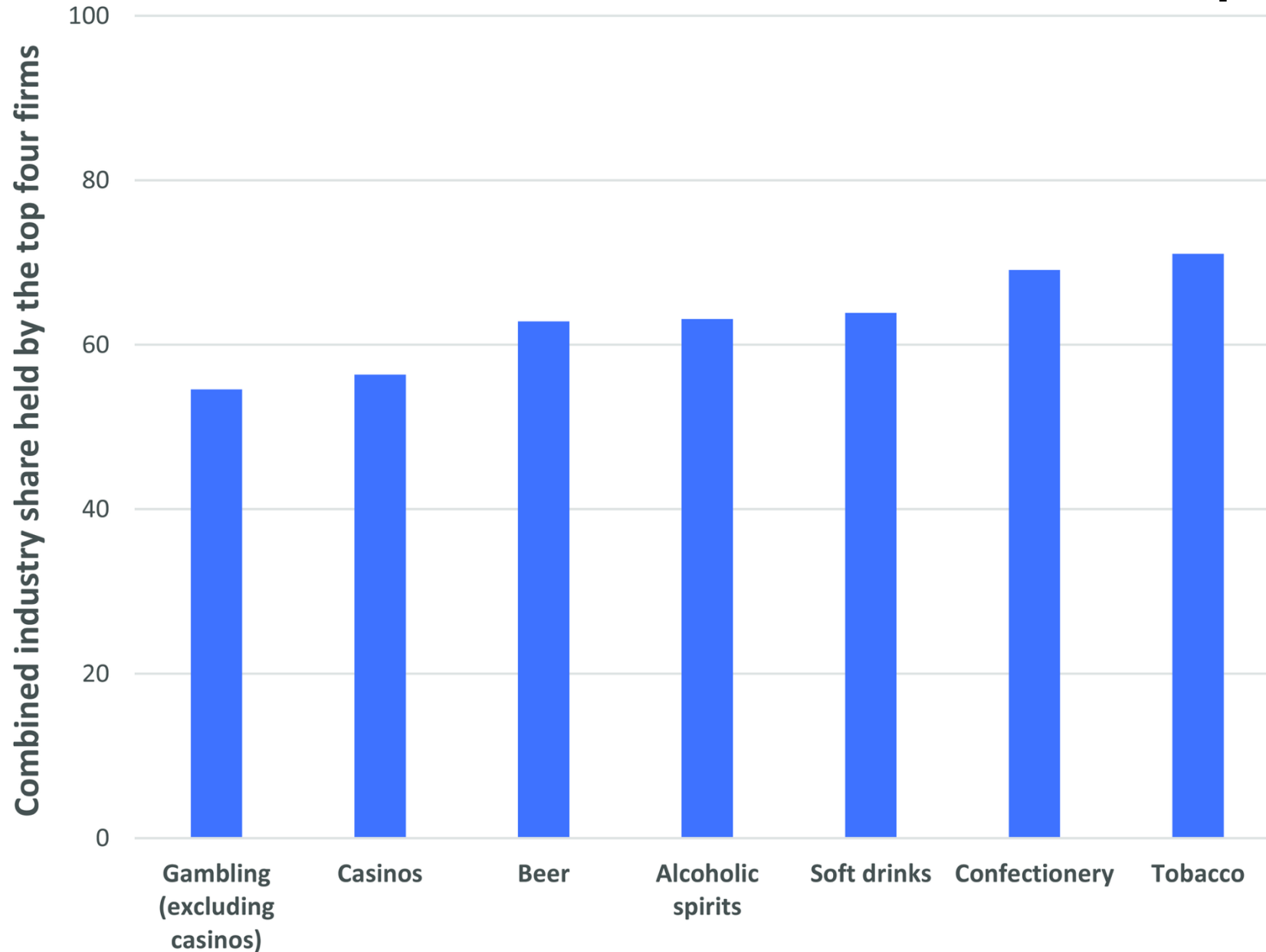
How dependent is the alcohol industry on heavy drinking in England?

The alcohol industry makes almost a quarter of its sales to just **4% of the population**, drinking at harmful levels

Source: *Addiction*



Market concentration harmful consumer products



Cut-throat competition ánd cut-throat collaboration

11 juli 09:00

Sluiproute naar de supermarkt: 'Verslavend voedsel is een erfenis van de tabaksindustrie'

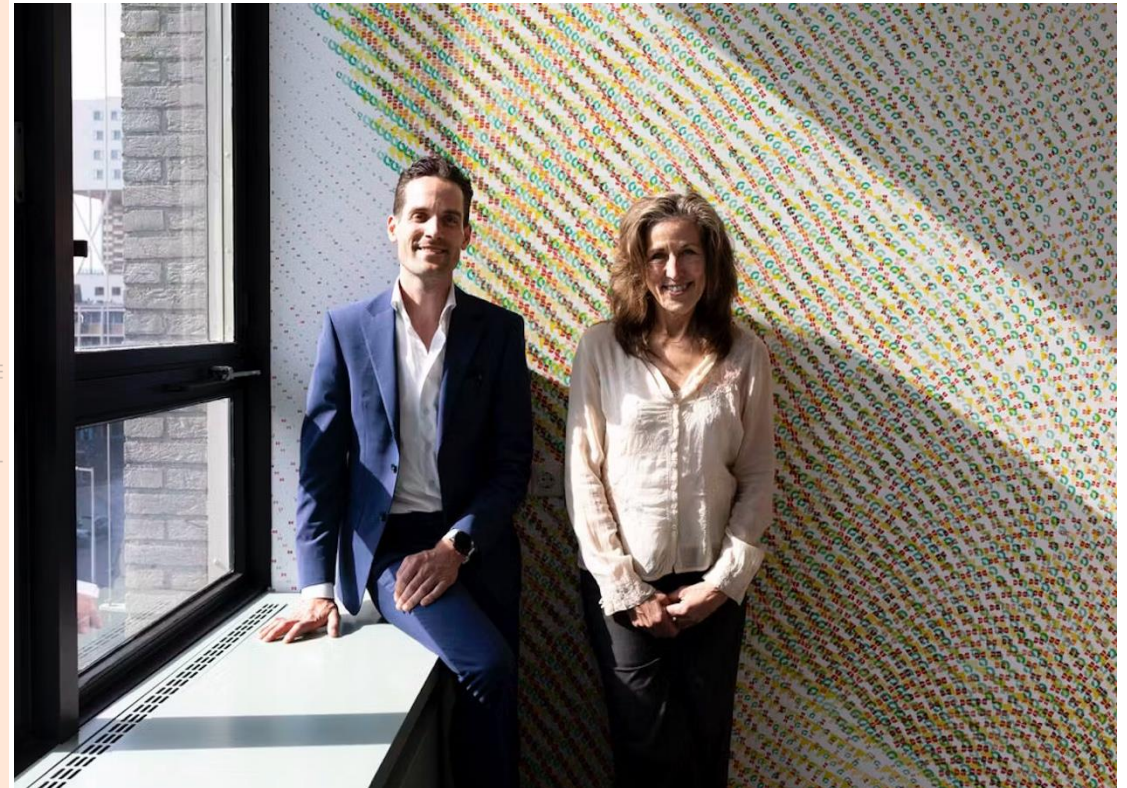


Maarten van Poll, Lisa van der Velden

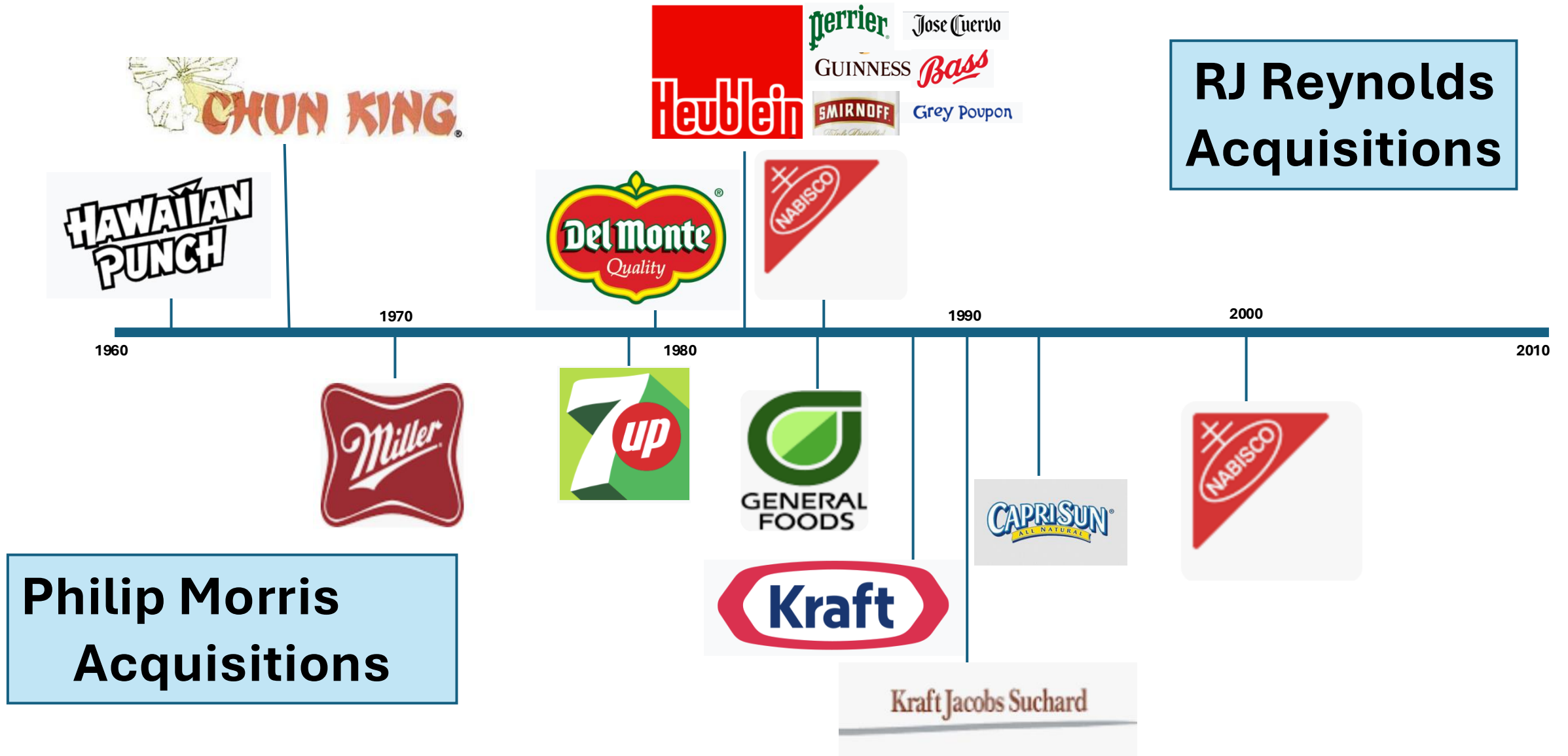
In het kort

- Geruisloos is de tabaksindustrie vanaf begin jaren 60 voedselbedrijven gaan overnemen, ontdekte hoogleraar publieke gezondheid Laura Schmidt.
- De tabaksconcerns passen nu hun verfijnde verslavingstechnieken toe door voedsel te bewerken en verslavender te maken.
- De nieuwe eetlustremmers kunnen tegenwicht bieden aan die ongezonde trend, maar de industrie zint alweer op een antwoord.

Bijna niemand die het weet, maar de tabaksindustrie is stilletjes ons keukenkastje binnengedrongen. Hoogleraar Laura Schmidt ontdekte dat tabaksreuzen jarenlang...



Food Acquisitions by Major US Tobacco Companies



product lines, both tobacco and soft beverage. It would also sell these materials to other companies in the tobacco, food and beverage industries.

It is easy to characterize R. J. Reynolds merely as a tobacco company. In a broader and much less restricting sense, however, R. J. Reynolds is in the flavor business. This flavor business will be expanded by the addition of the soft drink line presently in an advanced development stage. The proposed merger with Pacific Hawaiian Products Company would expand our interests in this field even more. If we are successful in acquiring patent rights on the Schardinger dextrans, we will be in the flavors and fragrances field to an even greater extent. Admittedly, some of the above considerations are of a tentative nature and may not reach fulfillment. However, the successful completion of any of these arrangements will validate the considerations

“It is easy to characterize R.J. Reynolds merely as a tobacco company. In a broader and much less restricting sense, however, ***R.J. Reynolds is in the flavor business...*** Many flavourants for tobacco [would] be useful in food, beverage and other products... [with] ***large financial returns.***”

- *RJR's Manager of Biochemical Research, 1962*

From the research point of view, it should not be difficult to expand our outlook from tobacco flavorants to that of flavorants in the larger and more general sense. From a production point of view, our knowledge, experience and facilities for the production of sclereolide can be applied to the manufacture of other flavorants. By-products from the manufacture of sclereolide might well fit into an expanded flavorant research program.

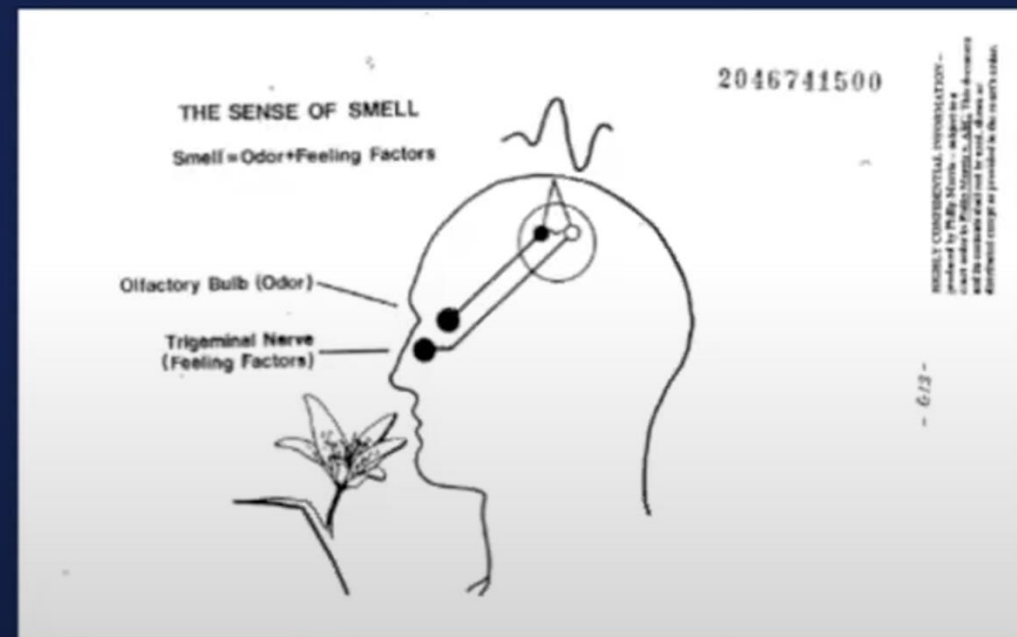
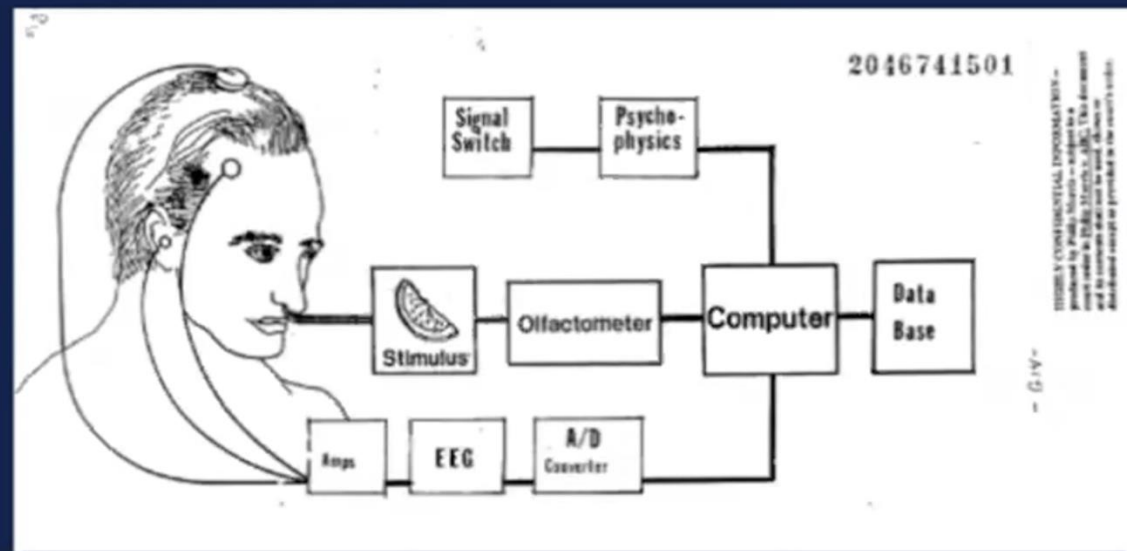
Other divisions in the Research Department are also involved in flavor-oriented research. The Technical Development Division possesses a nucleus of personnel capable of evaluating flavors and fragrances and capable of finding applications for new flavoring agents. The scope of interests of this group will certainly increase over a period of time. The Biochemical Division has initiated work in the flavorant field. The production of flavors by fermentation procedures is a promising program. The work with Schardinger dextrin-flavor complexes will increase considerably if a favorable patent agreement is obtained. Our Analytical Division is well equipped to handle any

5061
2213

Studies of Chemical Additives & Human Sensation

Philip Morris' Project 1620 (1977-1999)

- Electrophysiological methods developed for measuring response to cigarette flavors and nicotine
- Applied at Kraft to test low-fat and fat-free food additives





Partnerships vormen de kern van het 'Playbook'



Lobbying and political donations



Co-opting health professionals and policymakers to promote industry objectives



Partnering with governments



Intimidating critics



Engaging in multistakeholder platforms



Undermining legitimate science and reframing debate



Funding research biased in favour of industry



Promoting corporate social responsibility initiatives

Tabaksindustrie werkt heel graag samen

How Science, Collaboration, and Pragmatism Can Unlock Europe's Smoke-Free Future

Can Europe get back on track to achieving a smoke-free future? We sat down with Kingsley Wheaton, Chief Corporate Officer at global tobacco and nicotine business BAT, to explore how science-backed dialogue and collaboration is the only viable route if Europe is to meet its smoke-free goal.



Philip Morris:

“Continued engagement and partnerships with civil society remain essential to the Company's success. PMI respects the many communities and the environment around the world where it operates. PMI works hard to protect the environment through sustainable practices across its businesses, and to both address and prevent future social and environmental challenges, including reducing post-consumer waste (focusing on eco-design and circularity), tackling climate change, preserving nature, improving the quality of life of people in our supply chain, and fostering an empowered and inclusive workplace.”

Coca-Cola zet zich in voor een verantwoord aanbod in schoolkantines.

De moment

Daarom zijn we één van de partijen die het Akkoord Gezonde Voeding op Scholen, beheerd door JOGG (Jongeren Op Gezond Gewicht)



Voorpagina 112 Sport Kijk Noordzaken Zorg Ring Zuid Ter Apel

Minder bier drinken? Dat kost dan 45.000 euro

2 december 2019, 07:01 • 8 minuten leestijd



Heineken hoofdsponsor bij 750 jaar Amsterdam

Op tafel in z
flessen water
hamburgers
op [zijn cv](#). W
drie fastfood
Vuurplaat, n
Kebap. Wie
'Alleen peper en een
'Verbrande pizza en
die je te zien krijgt bij
vestigingen van Subv
Heeft zijn loopbaan z
stil en kijkt naar het p
je de ondernemer, or
compagnon. "Fastfo

Sponsoring social justice causes to improve corporate reputation

Organizations with which The Coca-Cola Company partners in the Netherlands

Non-profit Organization
Ronald McDonald
Special olympics
JINC
Excelsior Foundation
JoGG-Dongen
Forward Inc
Farvela street
Rode kruis
Refugee Company
For-profit organizations
Too Good to Go (Social Enterprise)
Public private partnerships
KNVB (also for-profit organization and good cause)
Versnellingstafel Chemische Recycling van Kunststoffen (VTCR)
NOC NSF
Private-Scientific Partnership (PSP)
Protein Competence Centre
Overig
Coca Cola open

Lobby is ook samenwerken: alcohollobby voor de schermen

Alcohol(industrie) is...

- ‘gezellig’
 - Een belangrijke economische sector
 - traditie
 - innovatief
-
- Alcoholindustrie is verantwoordelijke corporate citizen
 - Collectieve preventie werkt niet en leidt tot einde van de wereld
- ‘Als je ziet wat de effecten zijn van de forse accijnsverhogingen, de ondernemers zien hun omzet dalen, ze zijn niet meer in staat om de zaak eventueel te verkopen. Weg pensioen, weg welverdiende oude dag.’ - Heineken*



Ik vraag me echt af waarom wij steeds zo hard worden aangepakt. Als Heineken zijn rol niet pakt, ziet de horeca in Nederland er een stuk armzaliger uit

Alcohollobby achter de schermen – Preventieakkoord 2018

‘Voor ons is het essentieel dat er een open en eerlijke wetenschappelijke discussie ten grondslag ligt aan de uitgangspunten. In die discussie moet ook plaats zijn voor wetenschappers die op verzoek van de industrie deelnemen zonder dat deze op voorhand worden weggeschoven.’

‘Trimbos heeft in de loop der tijd een andere rol aangenomen: van onafhankelijk raadgever naar partijdig lobbyist.’

‘Echter worden noch in de RIVM-rapportage van na ondertekening, noch in het rapport van 22 april, de voorgestelde maatregelen specifiek gekoppeld aan, of beschouwd in relatie tot die doelstelling: jongeren, zware drinkers, zwangere’

‘Dus alle bier en drank weg uit supermarkten? Ga je nog bij consumenten, noch bij anderen de handen voor op elkaar krijgen.’

- De goede actor: corporations
- De slechte actor: voorstanders van collectieve preventie
- Individueel probleem: komt door consumptie van atypische minderheid
- De goede oplossing: vrijwillig en op individu gericht
- De onacceptabele oplossing: regulering gericht op hele populatie

Internationale samenwerking tegen consumenteninfo

- Heineken zegt in eigen jaarverslag dat warning labels omzet verlagen
- Drinks Ireland liet 'mercenary scientist' in rapport opschrijven dat het onduidelijk is of/hoe kanker/alcohol relateren
- Lobby ri. Ierse premier, Witte Huis, DG Competition, DG Sante, Europarlementariërs
- Resultaat: Ierland stelt labels uit tot 2028 en EU Beating Cancer Plan kent weinig concrete gezondheidsbescherming



Watering down beating cancer plan

16. Welcomes the Commission's target of achieving a reduction of at least 10 % in the harmful use of alcohol by 2025; encourages the Commission and the Member States to promote actions to reduce and prevent alcohol-related harm within the framework of a revised EU alcohol strategy⁴³, including a European zero alcohol consumption strategy for minors, accompanied, where appropriate, by legislative proposals, while respecting the principle of subsidiarity and current national legislation on age limits on

alcohol consumption; supports the provision of better information to consumers by improving the labelling of alcohol beverages to include **health warning labels** and introducing the mandatory indication of the list of ingredients and nutritional information, and in addition, by introducing digital

drinking"; considers it important to protect minors from commercial communication on alcohol consumption, as well as product placement and sponsorship of alcohol brands, including in the digital environment, as advertising must not be aimed specifically at minors and not encourage alcohol consumption; calls for the prohibition of alcohol advertising at sport events when those events are mainly attended by minors, and calls for the prohibition of alcohol sponsorship of sport; calls for the close monitoring of the implementation of the revised Audiovisual Media Service Directive⁴⁵; calls for the

16. Welcomes the Commission's target of achieving a reduction of at least 10 % in the harmful use of alcohol by 2025; encourages the Commission and the Member States to promote actions to reduce and prevent alcohol-related harm within the framework of a revised EU alcohol strategy⁴³, including a European zero alcohol consumption strategy for minors, accompanied, where appropriate, by legislative proposals, while respecting the principle of subsidiarity and current national legislation on age limits on

alcohol consumption; supports the provision of better information to consumers by improving the labelling of alcohol beverages to include **moderate and responsible drinking information** and introducing the mandatory indication of the list of ingredients and nutritional information, and in addition, by

targeting heavy and risky drinking"; considers it important to protect minors from commercial communication on alcohol consumption, as well as product placement and sponsorship of alcohol brands, including in the digital environment, as advertising must not be aimed specifically at minors and not encourage alcohol consumption; calls for the prohibition of alcohol advertising at sport events when those events are mainly attended by minors, and calls for the prohibition of alcohol sponsorship of sport; calls for the close monitoring of the implementation of the revised Audiovisual

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& ERIK M. CONWAY

'Anyone concerned about the state of democracy in America should read this book'
AL GORE

MERCHANTS OF DOUBT

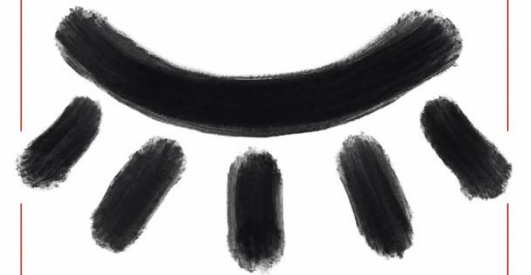
HOW A HANDFUL OF SCIENTISTS
OBSCURED THE TRUTH ON ISSUES
FROM TOBACCO SMOKE TO
GLOBAL WARMING

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Agnotology

The study of deliberate, culturally induced ignorance or doubt, typically to sell a product, influence opinion, or win favour, particularly through the publication of inaccurate or misleading scientific data

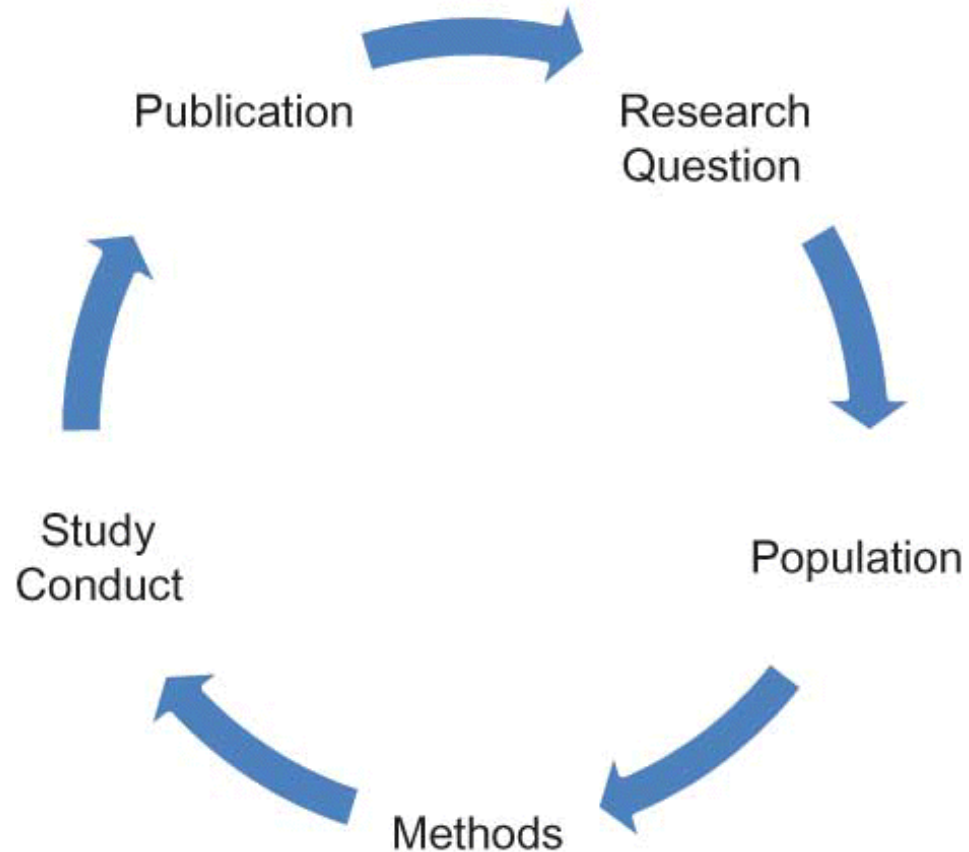
IGNORANCE
UNMASKED



ESSAYS IN THE NEW SCIENCE
OF AGNOTOLOGY

EDITED BY
ROBERT N. PROCTOR AND
LONDA SCHIEBINGER

Samenwerken met wetenschappers: science is not neutral



Cycle of bias framework for evaluating health studies (Odierna et al., 2013)

- Mega beïnvloeding wat überhaupt onderzocht wordt:
 - Alcoholindustrie-beetje drank is goed voor je
 - Tabaksindustrie: harm reduction
 - Fossiel: carbon capture
 - Chemicals: causation/correlation PFAS
 - Sugar/Soda industry: fat, exercise; not sugar
- Door farma gesponsorde studies 30% more likely gunstige resultaten
- 1 lunch met farmaceut is geassocieerd met vaker voorschrijven medicijn (OR 1.18-2.18); die relatie is dose-dependent
- Financiële belangenconflicten schaden de onafhankelijkheid van en het vertrouwen in de wetenschap

Bias in policy design muddies the water



- Public health policies and their implementation often watered down due to industry pressure or competing goals (e.g. soda taxes also raise revenue).
- Meta-studies of their effects therefore combine good and bad policy designs
- Giving affected industries an argument 'the evidence is inconclusive'

[A comparative analysis of the cost-utility of the Philippine tax on sweetened beverages as proposed and as implemented - The Lancet Regional Health – Western Pacific](#)

Redefining obesity: advancing care for better lives

The Lancet Diabetes & Endocrinology

Article Info ▼ Linked Articles (1) ▼

JPHW, WAB, FCS, ISF, NJF-L, CWIR, NS, LAB, KMM, AM, TK, KWT, PS, WTG, JPK, J-MF-R, BEC, HT, AK, RFK, JV, MB, JBD, SRB, HJG, and ER participated in various writing subcommittees and contributed content for the first draft of the manuscript, and FR, DEC, RHE, and RCV were involved in revision of subsequent drafts. All authors critically reviewed the final draft manuscript for important intellectual content and agreed to be accountable for all aspects of the work and ensure that the report accurately reflects the work and conclusions of the Commission. All authors have seen and approved the final manuscript.

Declaration of interests

FR declares research grants from Ethicon (Johnson & Johnson), Novo Nordisk, and Medtronic; consulting fees from Morphic Medical; speaking honoraria from Medtronic, Ethicon, Novo Nordisk, Eli Lilly, and Amgen; has served (unpaid) as a member of the scientific advisory board for Keyron, and a member of data safety and monitoring board for GI Metabolic Solutions; is president of the Metabolic Health Institute (non-profit); and is sole director of Metabolic Health International and London Metabolic and Bariatric Surgery (private practice). JRLF declares personal consulting or speaker fees from Novo Nordisk, IFA Cellics, Eli Lilly, and Merck. PS declares research grants (paid to institution) from the National Health and Medical Research Council; coauthorship of manuscripts with medical writing assistance from Novo Nordisk and Eli Lilly; and an unpaid position in the leadership group of the Obesity Collective. WAB declares research grants from Johnson & Johnson, Medtronic, Gore, Applied Medical, Novo Nordisk, National Health and Medical Research Council, Myerson, and the Australian Commonwealth Government; and personal consulting fees for lectures and advisory boards from Johnson & Johnson, Gore, Novo Nordisk, Pfizer, Medtronic, Eli Lilly, and Merck Sharp & Dohme. GM declares consulting fees from Novo Nordisk, Boehringer Ingelheim, Eli Lilly, Medtronic, Fractyl, and Recor; and is a scientific advisor for Keyron, Metadeq, GHP Scientific, and Jemnyll. MB declares personal honoraria as a consultant and speaker from Amgen, AstraZeneca, Bayer, Boehringer Ingelheim, Daiichi Sankyo, Eli Lilly, Novo Nordisk, Novartis, Pfizer, and Sanofi. ML declares person: Novo N Amgen PTY an Johnson Johnson scientific.

Medtronic. AM declares research grants from USV (India) and AstraZeneca; honoraria for lectures from USV (India), Eli Lilly, Lupin, Boehringer Ingelheim, Janssen, Cipla, AstraZeneca, Glenmark, Zydus, Novo Nordisk, Sanofi, Danone, Abbott, and the Almond Board of California; support for attending meetings or travel from USV (India), Eli Lilly, Boehringer Ingelheim, AstraZeneca, Lupin, and the Almond Board of California. KC is a primary investigator for Rhythm Pharmaceuticals, Bioprogres, and Integrative Phenomic (SME) trials; declares support for attending meetings or travel from Rhythm Pharmaceuticals and Novo Nordisk; and received research grants or support from Rhythm Pharmaceuticals to conduct research or deliver lectures via Institutions (Assistance Publique-Hôpitaux de Paris, Sorbonne Université). RFK declares consulting fees from Novo Nordisk, Weight Watchers, Eli Lilly, Boehringer Ingelheim, Altimimmune, Structure, and Regeneron. JN has no personal relationships with industry; is an employee of the Obesity Action Coalition, which receives unrestricted support from a wide variety of companies and organisations interested in obesity care including from the pharmaceutical industry (NovoNordisk, Eli Lilly, Boehringer Ingelheim, Pfizer, Amgen, Genentech, Regeneron, Wave Life Sciences, Zealand Pharma, KVKTech, Madrigal Pharmaceuticals, Structure Therapeutics, Biohaen Pharmaceuticals, and Curras), surgical industry (Intuitive, Ethicon, Medtronic, and Boston Scientific), behavioural care (WW International and WondrHealth), and not-for-profit medical societies (American Society for Metabolic and Bariatric Surgery, the Obesity Society, and the Obesity Medicine Association); and is president and chief executive officer for the Obesity Action Coalition. NS declares consulting or speaker honoraria from Abbott, Amgen, AstraZeneca, Boehringer Ingelheim, Eli Lilly, Hammi Pharmaceuticals, Janssen, Merck Sharp & Dohme, Novartis, Novo Nordisk, Pfizer, Roche Diagnostics, and Sanofi;

and grants (paid to institution) from AstraZeneca, Boehringer Ingelheim, Novartis, and Roche Diagnostics. WTG declares consulting fees as a member of advisory boards for Boehringer Ingelheim, Eli Lilly, Novo Nordisk, Pfizer, Fractyl Health, Alnylam Pharmaceuticals, Inogen, Zealand Pharma, Allurion, Carmot Therapeutics (Roche), Regeneron, and Merck; research grants as a site principal investigator for multicentre clinical trials sponsored by his university and funded by Novo Nordisk, Eli Lilly, Epiomee, Neurovalens, and Pfizer; has served as a consultant on an advisory board for the non-profit Milken Foundation; and is a member of the data monitoring committee for phase 3 clinical trials conducted by Boehringer Ingelheim and Eli Lilly. BL declares research grants from US National Institutes of Health (not related to this Commission); and personal consulting fees from UpToDate. RHE declares consulting fees from Novo Nordisk, The Healthy Aging Co, and WW International. AK declares research grants from Novo Nordisk, ELPEN Pharma, and Pharmaserve-Lilly; serving on scientific advisory boards for Novo Nordisk, Pharmaserve-Lilly, Sanofi, and Boehringer Ingelheim; and honoraria for lectures for Novo Nordisk, Pharmaserve-Lilly, AstraZeneca, MSD, Sanofi, Bausch Health, Ethicon, Galenica Pharma, Epsilon Health, and Wimmedica. J-PD declares grants from the Canadian Institutes of Health Research; and personal consulting fees from INVERSCO Pharma as a member of the advisory board. KWT declares speaker honoraria or consulting fees from Novo Nordisk, Eurodrug Laboratories, iNova Pharmaceuticals, and DKSH; travel support from Novo Nordisk; and serving on advisory boards of Novo Nordisk, DKSH (representing Eli Lilly), Abbott Nutrition, and Boehringer Ingelheim. ER declares research grants from Eli Lilly and Novo Nordisk; and consulting fees from Energesis Pharmaceuticals, Eli Lilly, Amway, Kintai Therapeutics, YSOPIA Bioscience (previously LNC Therapeutics), CINFINA Pharmaceuticals, and Boehringer Ingelheim. JBD declares personal consulting fees from Reshape Lifescience, and Nestle Health Sciences Australia; serving on advisory boards and speaker panels for Reshape Lifescience, Nestle Health Science Australia, Novo Nordisk, Eli Lilly, and I-nova; and speaker fees

Pharma, Teijin Pharma, MSD, Eli Lilly Japan, Mitsubishi Tanabe Pharma Corporation, Taisho Pharmaceutical, and Novo Nordisk. NBAB declares research grants from NovoNordisk and AstraZeneca; and honoraria for lectures and presentations from Novo Nordisk, Boehringer Ingelheim, AstraZeneca, Merck, MSD, Sanofi, and Servier. JV was national clinical director for diabetes and obesity at NHS England from April, 2013, to September, 2023; declares funding support from the North West London National Institute for Health and Care Research Applied Research Collaboration, CW+ (the official charity of Chelsea and Westminster Hospital NHS Foundation Trust), European Commission Horizon Europe 2022, and UK Research and Innovation Horizon Europe. CWIR declares grants from the Irish Research Council, Science Foundation Ireland, Anubio, and the Health Research Board; serving on advisory boards and speakers panels for Novo Nordisk, Herbalife, GI Dynamics, Eli Lilly, Johnson & Johnson, Glia, Irish Life Health, Boehringer Ingelheim, Curras, Zealand Pharma, Keyron, and Rhythm Pharmaceuticals; was the chief medical officer and director (unpaid) of the Medical Device Division of Keyron in 2021; was a previous investor in Keyron, which develops endoscopically implantable medical devices intended to mimic the surgical procedures of sleeve gastrectomy and gastric bypass (no patients have been included in any of Keyron's studies and they are not listed on the stock market); was gifted stock holdings in September, 2021, and divested all stock holdings in Keyron in September, 2021; continues to provide scientific advice (unpaid) to Keyron; and provides (unpaid) obesity clinical care in the Beyond BMI clinic (Dublin, Ireland), and is a shareholder in the clinic. NJF-L declares personal consulting fees from WHO and the European Commission (Best Re-MaP joint action [a project aimed to develop and implement policy proposals in nutrition for children]). NFA declares personal consulting fees from Ethicon and Eli Lilly; and serving on scientific

advisory boards for Novo Nordisk and Eli Lilly. ISF declares personal consulting fees from Rhythm Pharmaceuticals, Eli Lilly, Novo Nordisk, SV Health, Nodihera Therapeutics, and Goldman Sachs. VMM declares personal consulting fees from Boehringer Ingelheim and Novo Nordisk. PK declares research grants from the US National Institutes of Health (grants U54, U01, and U54 GM04940) that could be indirectly linked to the work of this Commission); and honoraria for serving on scientific advisory boards of Novo Nordisk and the Annual Reviews of Nutrition. KMM reports serving on scientific advisory boards for Novo Nordisk and Rhythm Pharmaceuticals; and is a member of a drug safety and monitoring board for Novartis. PRS declares research grants from Ethicon and Medtronic; personal consulting fees or honoraria from GI Dynamics, Keyron, Persona, Mediflix, Metabolic Health International, Eli Lilly, Heron, Novo Nordisk, and Klens; serving on scientific advisory boards for SE Healthcare Board of Directors, GI Dynamics, Keyron, Persona, and Mediflix; and has ownership interest in SE Healthcare, Mediflix, and Metabolic Health International. HT declares research grants from Amgen, Boehringer Ingelheim, Daiichi Sankyo, Novartis, and Novo Nordisk; serving on advisory boards for Novo Nordisk, Daiichi Sankyo, and Novartis; and speakers fees from Daiichi Sankyo, Novartis, and Novo Nordisk. MHT declares participation in a scientific advisory board meeting of ERX Pharmaceuticals (Cambridge, MA, USA) in 2019; was a member of the Research Cluster Advisory Panel of the Novo Nordisk Foundation between 2017 and 2019; funding for research projects from Novo Nordisk (2016–20) and Sanofi-Aventis (2012–19); consulted twice for Boehringer Ingelheim (2020 and 2021); delivered scientific lectures for Sanofi-Aventis (2020), Boehringer Ingelheim (2024), and AstraZeneca (2024); is cofounder of the biotech startups Ghreloco and Bluewater Biotech (2024); is chief executive officer and chief scientific officer of Heilmholtz Munich, and is co-responsible for countless collaborations of the employees with a multitude of companies and institutions worldwide (in this capacity, discusses potential projects with and signs contracts for the centres institutes

for the pharmaceutical industry contracted via the University of Liverpool (no personal payment) for Altimimmune, Amgen, AstraZeneca, Boehringer Ingelheim, Eli Lilly, Napp, Novo Nordisk, Menarini, Pfizer, Regeneron, Rhythm Pharmaceuticals, Sanofi, Saniona, Tern, Shionogi, and YSOPIA Bioscience; research grants for clinical trials from AstraZeneca and Novo Nordisk; personal honoraria or lecture fees from AstraZeneca, Boehringer Ingelheim, Medscape, Napp, Novo Nordisk, and Rhythm Pharmaceuticals; is past president of the World Obesity Federation; and was national lead for the Metabolic and Endocrine Speciality Group of the National Institute of Health and Research Clinical Research Network from 2014–24; and is a member of the Rank Prize Funds Nutrition Committee and a past member of the RCP committee on nutrition, weight, and health. FCS declares personal consulting fees from Eli Lilly, Novo Nordisk, Boehringer Ingelheim, Pfizer, Gelesis, Curras, and Rhythm Pharmaceuticals; and has served on scientific advisory boards for Eli Lilly and Novo Nordisk. LAB declares serving on scientific advisory board for Novo Nordisk (for the ACTION Teams study) and Eli Lilly; and speaker fees (paid to institution) from Novo Nordisk. LMK declares participation on advisory boards for Boehringer Ingelheim and Eli Lilly; and consulting fees from Altimimmune, Amgen, AstraZeneca, Boehringer Ingelheim, Cytoki, Ethicon, Glyscend, Kallyope, Eli Lilly, Neurogastrox, Novo Nordisk, Optum Health, Perspectrum, Pfizer, Sidekick Health, Xenobiosciences, and Zealand Pharma. RLB declares research grants from the Sir Jules Thorn Trust, National Institutes for Health and Care Research, Rosetrees Trust, and Novo Nordisk; personal consulting fees from Eli Lilly, Novo Nordisk, Glia Therapeutics, Epiomee Medical, Medscape, Viiv, and International Medical Press; serving on scientific advisory boards for Eli Lilly, Novo Nordisk, Pfizer, Viiv, and International Medical Press; leadership or fiduciary roles (unpaid) in other board, society, committee, or advocacy groups for the Royal College of Physicians; is a committee

member of the British Obesity and Metabolic Surgery Society and the National Bariatric Surgery Registry; is scientific chair of the International Federation for the Surgery of Obesity, European Chapter; is a trustee for the Association for the Study of Obesity and the Obesity Empowerment Network UK; is a member of the Obesity Guideline Update Committee for the National Institutes for Health and Care Excellence; and, since May 15, 2023, is senior vice president for Eli Lilly and holds shares in Eli Lilly, and as a result has had no active involvement in this Commission since May 1, 2023 (however, to comply with authorship requirements, RLB read and approved the final draft [see Acknowledgements for details]). RV declares research grants from Pfizer; fees for educational purposes from Novo Nordisk, AstraZeneca, and Eli Lilly; and serving on scientific advisory boards for Eli Lilly and Novo Nordisk. MO-G declares research grants from Adamed Poland; personal consulting fees from Bausch Health, Novo Nordisk, and Promed Poland; and serving on scientific advisory boards for Bausch Health, Novo Nordisk, and Boehringer Ingelheim. HJG declares consulting fees from Gila Pharmaceuticals and Pfizer. SL declares research grants from Merck Sharp & Dohme, Novo Nordisk, and LG Chem; and honoraria as a consultant or speaker for AstraZeneca, Boehringer Ingelheim, Abbott, LG Chem, Daewoong Pharmaceutical, Chong Kun Dang Pharmaceutical, and Novo Nordisk. All other authors have no competing interests.

Acknowledgments

The Lancet Diabetes & Endocrinology Commission on Clinical Obesity was organised in partnership with the Institute of Diabetes, Endocrinology and Obesity at King's Health Partners. King's Health Partners provided logistic and administrative support for organisation of online meetings, internal communication and the consensus development process. We would like to acknowledge the invaluable support of the Institute of Diabetes, Endocrinology and Obesity at King's Health Partners. In particular, we thank the following King's Health Partners members for their personal support: Jill Lockett, Rachael Jarvis,

and the usetto ersity, Delphi in the authorship of this Commission because they serve as main coauthors of another manuscript that proposes alternative diagnostic models of obesity. We would also like to thank Megan Rojas and Giulia Angelini for their skillful assistance with the original illustrations produced for this manuscript. We are grateful to the following guest experts who gave invited presentations to the group during our monthly online meetings (webinars): Donna Ryan (USA), Arya Sharma (Germany), Sophia Steer (UK), Khalida Ismail (UK), Richard Barnes (UK), and William Alazawi (UK). We also thank people living with obesity who have reviewed this manuscript and provided useful advice. The chair (FR), members of the Steering Committee (RLB, DEC, ISF, NJF-L, EG, CWIR, and GM), and all other commissioners agreed to volunteer their time for this initiative and received no compensation for their participation. There was no funding source for this study. King's Health Partners (London, UK) hosted the initiative and provided logistical and personnel support to facilitate administrative work and the Delphi process (without remuneration). Discretionary educational funds from an institutional account of FR at King's College Hospital (London, UK) were used to pay the artist's fees for the original illustrations produced for this manuscript. No one (commissioners, guest experts, or King's Health Partners) received compensation for their work in this Commission or invited presentations to this Commission. The opinions, findings, and conclusions or recommendations expressed in this Commission do not necessarily reflect the view of WHO.

RLB disclosure and timeline of contributions—RLB was contacted by FR regarding the Commission on May 15, 2021, and accepted to be a member of the steering group. At that time, RLB was a full-time employee of University College London (London, UK), and a consultant physician at University College London Hospital (London, UK). The whole of RLB's contribution to this Commission (including roles in the

“All other authors have no competing interests.”

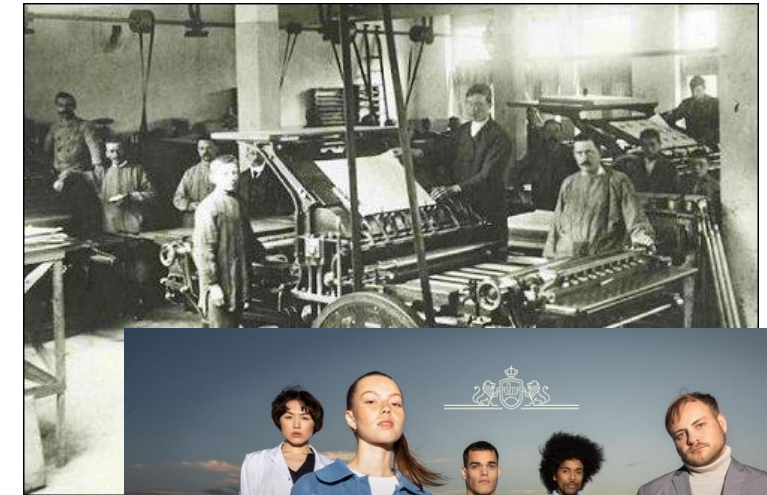
How to get out of this freaking hole



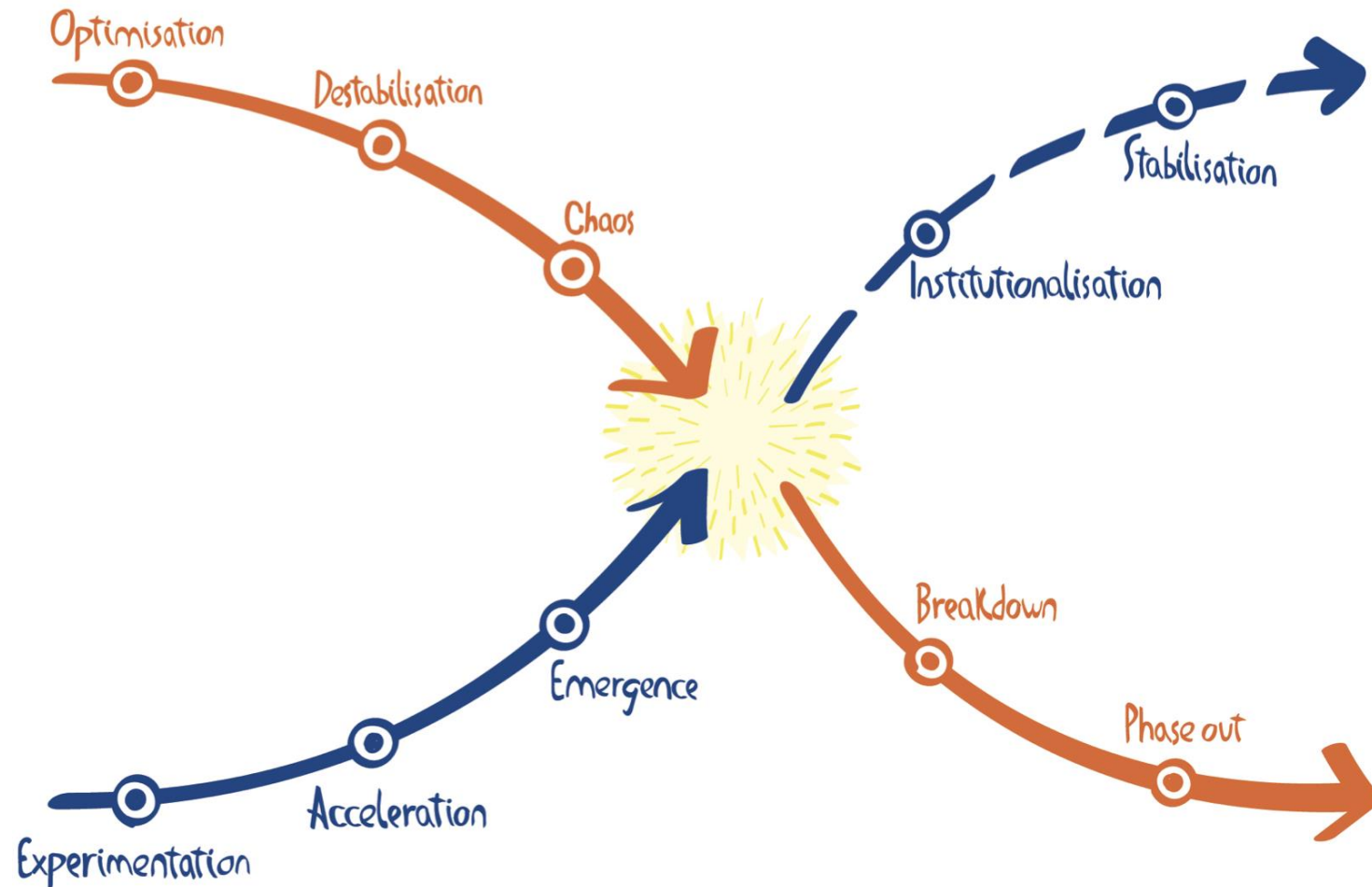
Mijn boodschap

- ‘Integrale samenwerking en integraal beleid’ = symptoombestrijding
- Ziek makende industrieën willen ook heel graag ‘samenwerken’ om hun verdienmodellen te beschermen
- **Public health successen kwamen door conflict**
- Collectief conflict vergt slimme framing en coalities

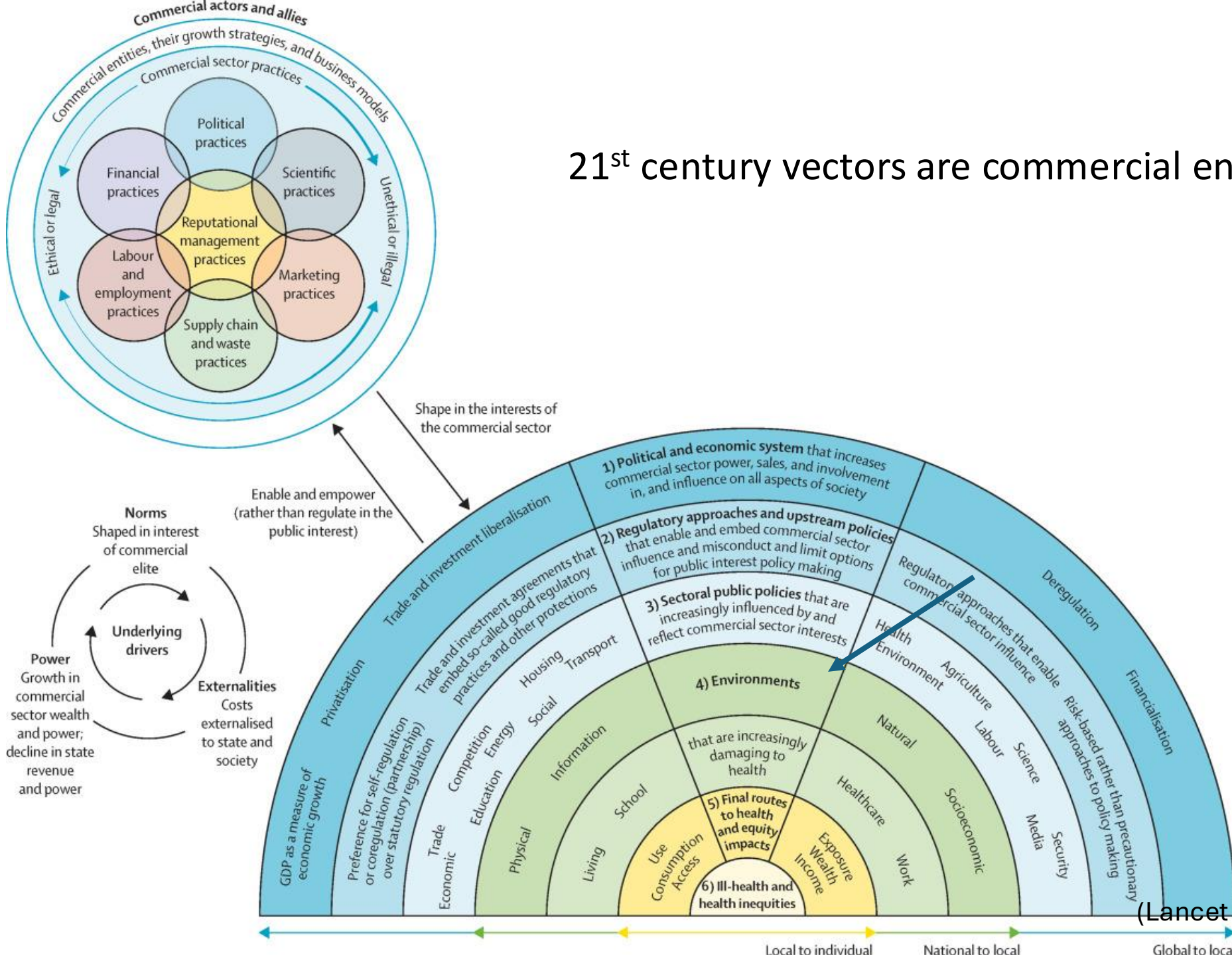
Public health boekte successen door vectoren te confronteren met economisch pragmatisme, activisme en wetenschappelijke doorbraken



Transitietheorie: opbouw nieuw systeem vergt conflict met oude systeem



21st century vectors are commercial entities



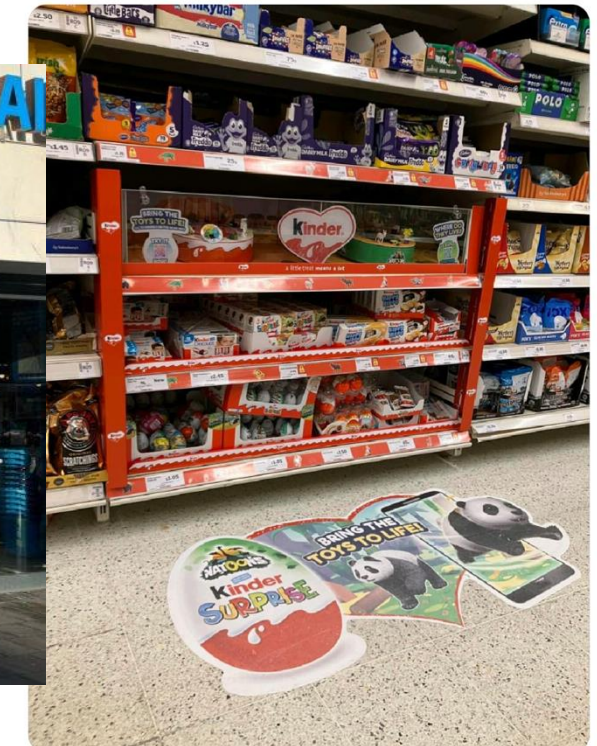
(Lancet Series on CDoH, 202

'Iron laws of public health' of 'best buys' werken, maar de markt is slimmer dan de marktmeester

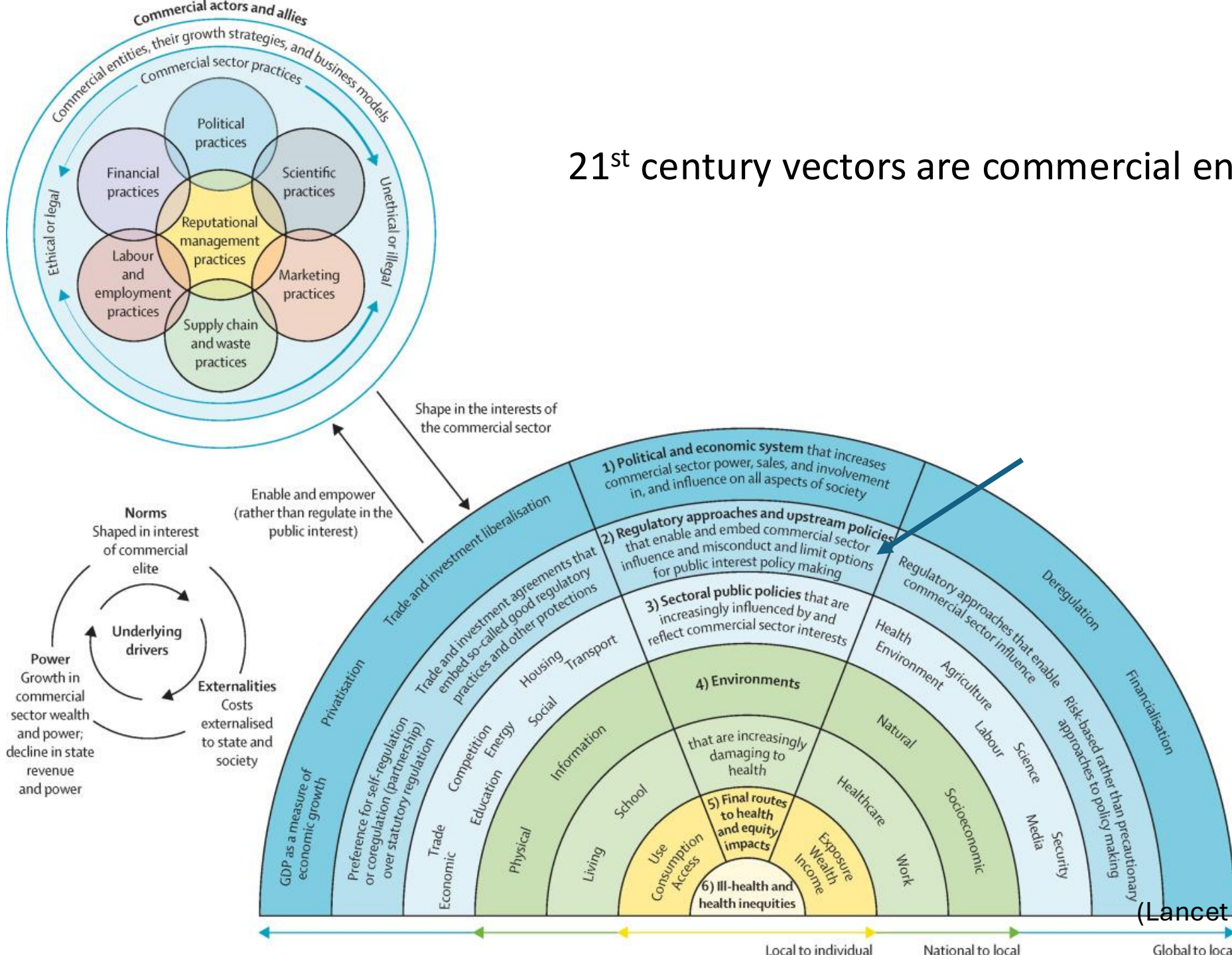


← Post

Kinder find a way around bans on aisle end displays. Create an aisle end in-aisle. At children's eye level. Nice work @ferarrouk. Their public position on advertising to children: we market "primarily to adults" and to "young people 12 years or over."



21st century vectors are commercial entities



(Lancet Series on CDoH, 202

Meta-regulering: richt je op de regels over regels

Wie mag/moet aan tafel?

Welk bewijs telt?

Welke regelgevende kaders zijn belangrijker?

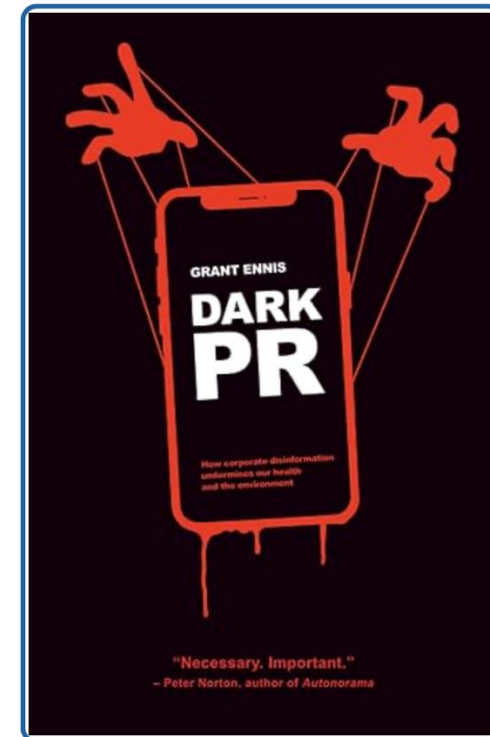


The Precautionary Principle



Mijn boodschap

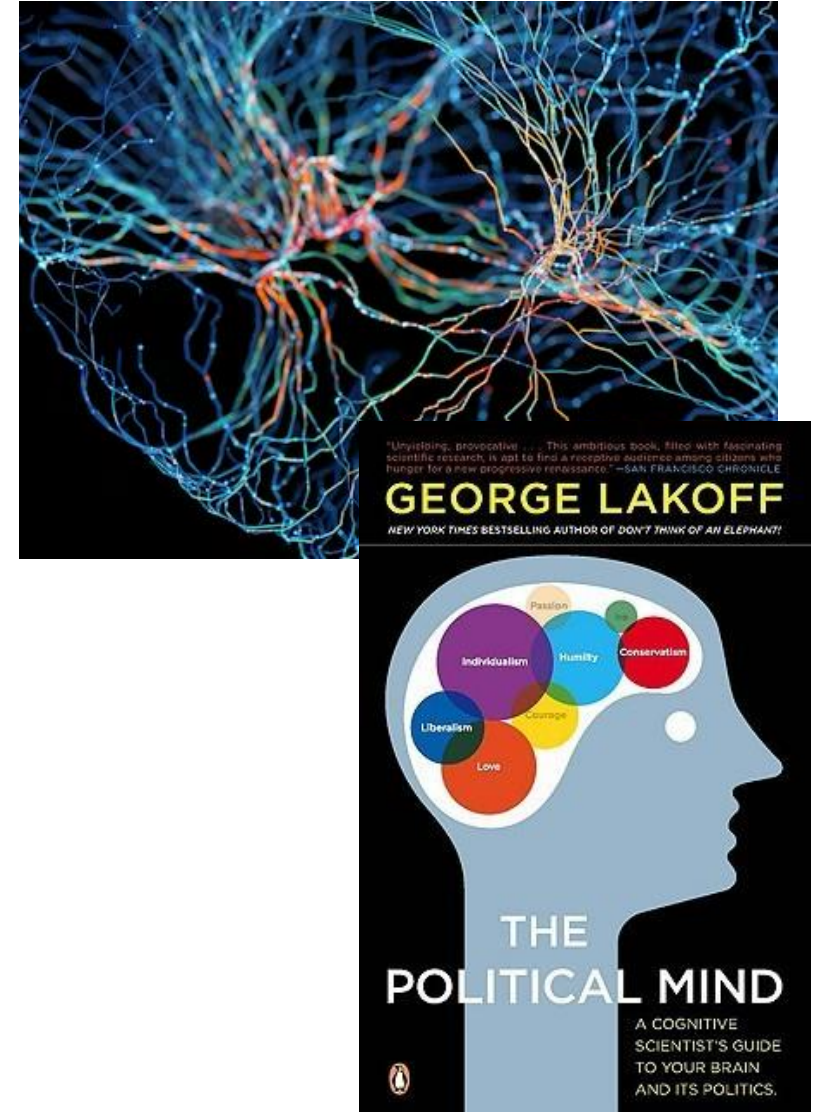
- ‘Integrale samenwerking en integraal beleid’ = symptoombestrijding
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- Public health successen kwamen door conflict
- Collectief conflict vergt slimme framing en coalities



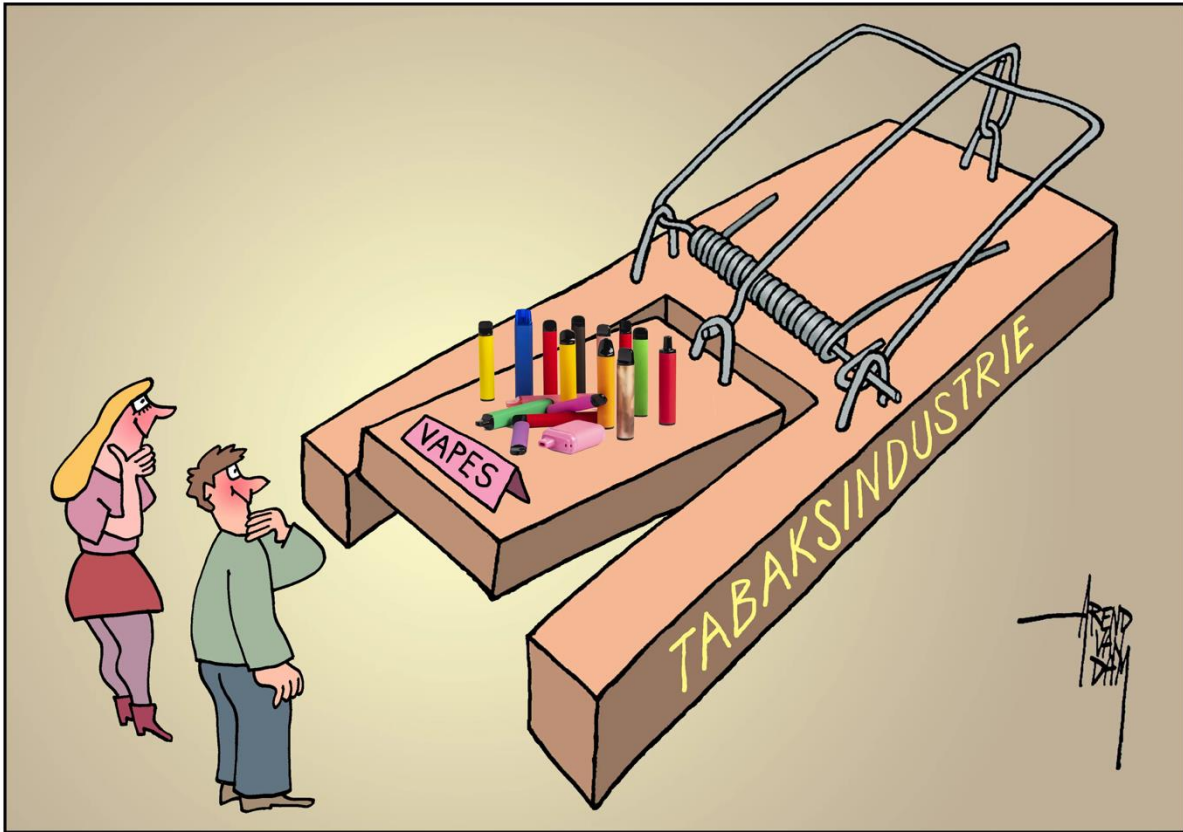
Framing is een zero-sum game

“Facts bounce off if they don’t fit the narrative”

- Hoe hersenen bedraad zijn, lees, hoe we de oorzaken en gevolgen van fenomenen conceptualizeren, hangt af van welke frames domineren
- ...en daarmee hebben conservatieve en progressieve mensen letterlijk anders bedrade hersenen



Policy image: The manner in which a problem and associated policy solutions are characterized and understood by politicians and the public. Policy images are a mixture of empirical information and emotive appeal. When a single image is dominant, this is indicative of a successful policy monopoly. When an issue is perceived as an individual problem, government involvement is less apparent than when it is perceived as a collective problem (Baumgartner & Jones, 1991)



European Association for the Study of Obesity:

“Obesity is a chronic relapsing disease, which in turn acts as a gateway to a range of other non-communicable diseases, such as diabetes, cardiovascular diseases and cancer.”

Obesitas
Obesitasepidemie

Belastingen
Bijdragen

Ongezonde leefstijl
Verslavende verdienmodellen

Roken
Tabaksindustrie

Leefstijl
leefomgeving

Gezondheidsbetutteling
Ongezondheidsbetutteling

Leefstijlcoaching
gezondheidsbeschermi
ng

Taal is nooit neutraal

Alternatief:

Uitbuiting door

- Tabaksindustrie
- Voedingsindustrie
- Autoindustrie
- Alcoholindustrie
- Gokindustrie
- Roofleningenindustrie
- Fossiele industrie
- Chemische industrie
- Pharma industrie
- Uitzendingindustrie

















Bijdrage van verschillende determinanten

aan ziektelast, sterfte en zorguitgaven














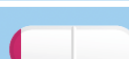



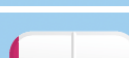


⚠ Getallen kunnen niet bij elkaar worden opgeteld!



Gedrag

		ZIEKTELAST (%)	STERFTE (x1000)	ZORGUITGAVEN € (x miljard)
	Roken	 9,4%	 20,0	 2,4
	Ongezonde voeding	 8,1%	 12,9	 6,0
	Weinig beweging	 2,3%	 5,8	 2,7
	Alcohol gebruik	 1,5%	 1,8	 0,9

Persoonsgebonden

	Hoge bloeddruk	 6,7%	 12,6	 5,6
	Hoge bloedsuikerspiegel	 6,6%	 10,2	 5,8
	Overgewicht	 3,7%	 4,2	 1,5
	Cholesterol	 0,9%	 1,1	 0,4
	Lage botdichtheid	 0,7%	 2,9	 0,4

NEVER repeat your opponents frame by saying it's wrong



Quest

Mens

Natuur

Heelal

Puzzels

Quest premium

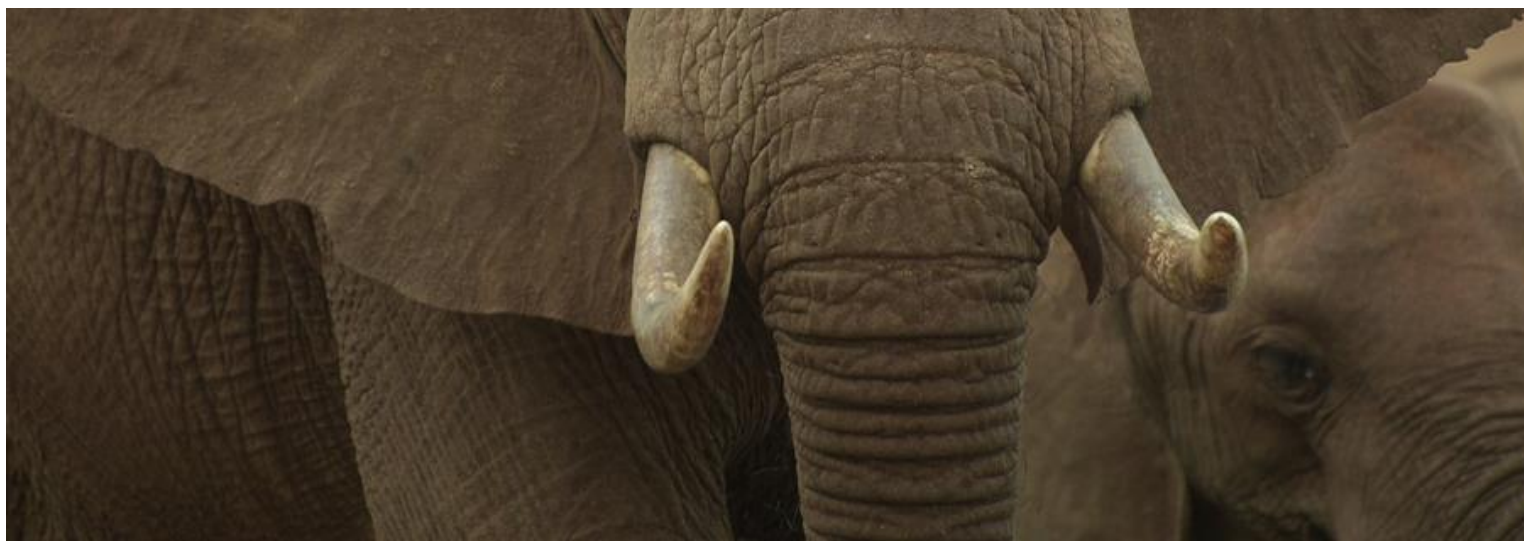
ABONNEREN

Inloggen

Is rode wijn gezond?

Het is een hardnekkig gerucht dat vaak rondgaat: één of twee glazen rode wijn per dag is hartstikke gezond. Maar is dit ook echt zo?

Door [Willeke van Doorn](#) Gepubliceerd op: 07/02/2023





- “Dit kabinet is geen kleuterklas”
- “Dit kabinet is niet racistisch”
- “Ik ben de baas”

Slimme coalities zijn bij elk
gezondheidsprobleem anders

Mobiliseer gewone mensen door het systeem tastbaar te maken

- Voedingsindustrie betaalt ‘shelving fees’ tbv impulsaankopen van snacks bij de kassa
- In 2 Californische steden hadden burgers en jongeren hier genoeg van en werd deze ‘ongezondheidsbetutteling’ verboden

Industry’s argument was “it’s a time for educating our kids on health choices.” I’m like I’m not gonna sit there with the line behind me, talking to my toddler about “hey buddy let me tell you about the calorie count on this”. It’s not gonna happen! And so I knew the reality; I think people understood that too

Before



After



Maak belangenconflicten kraakhelder

- Onderzoeksjournalisten
- Wayback machine voor oude versies website

the**bmj**

Research ▾

Education ▾

News & Views ▾

Campaigns ▾

Jobs ▾

Analysis

Caution is prescribed for American Academy of Paediatrics' guidelines on weight loss medications for childhood obesity

BMJ 2025 ; 390 doi: <https://doi.org/10.1136/bmj-2025-084760> (Published 07 July 2025)

Cite this as: *BMJ* 2025;390:e084760

Mobiliseer
bedrijven die last
hebben van
andere bedrijven



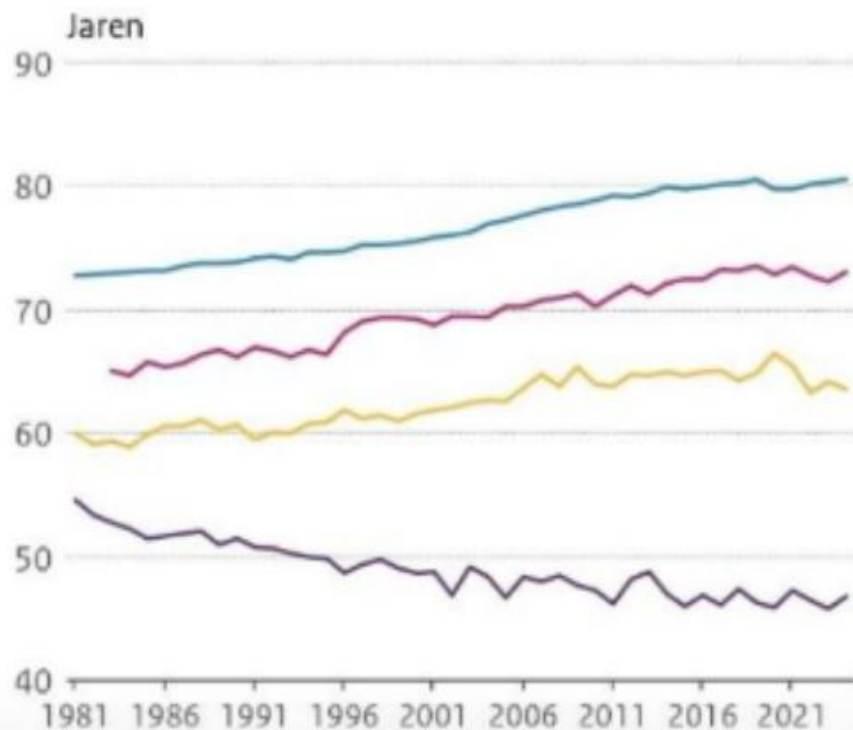
NOS Nieuws • Woensdag 6 mei, 13:48

**Ryanair-topman klaar met laveloze passagiers,
pleit voor alcoholverbod in de ochtend**



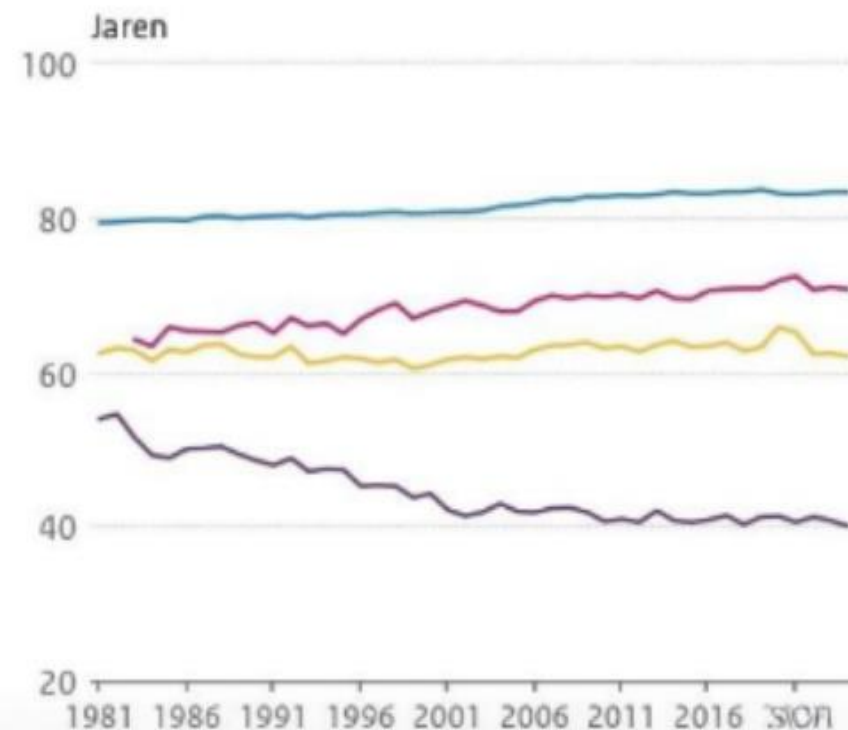
We worden eerder ziek

**(Gezonde) levensverwachting
mannen 1981-2024**



- Levensverwachting (LV)
- LV in als goed ervaren gezondheid
- LV zonder beperkingen
- LV zonder chronische ziekten

**(Gezonde) levensverwachting
vrouwen 1981-2024**

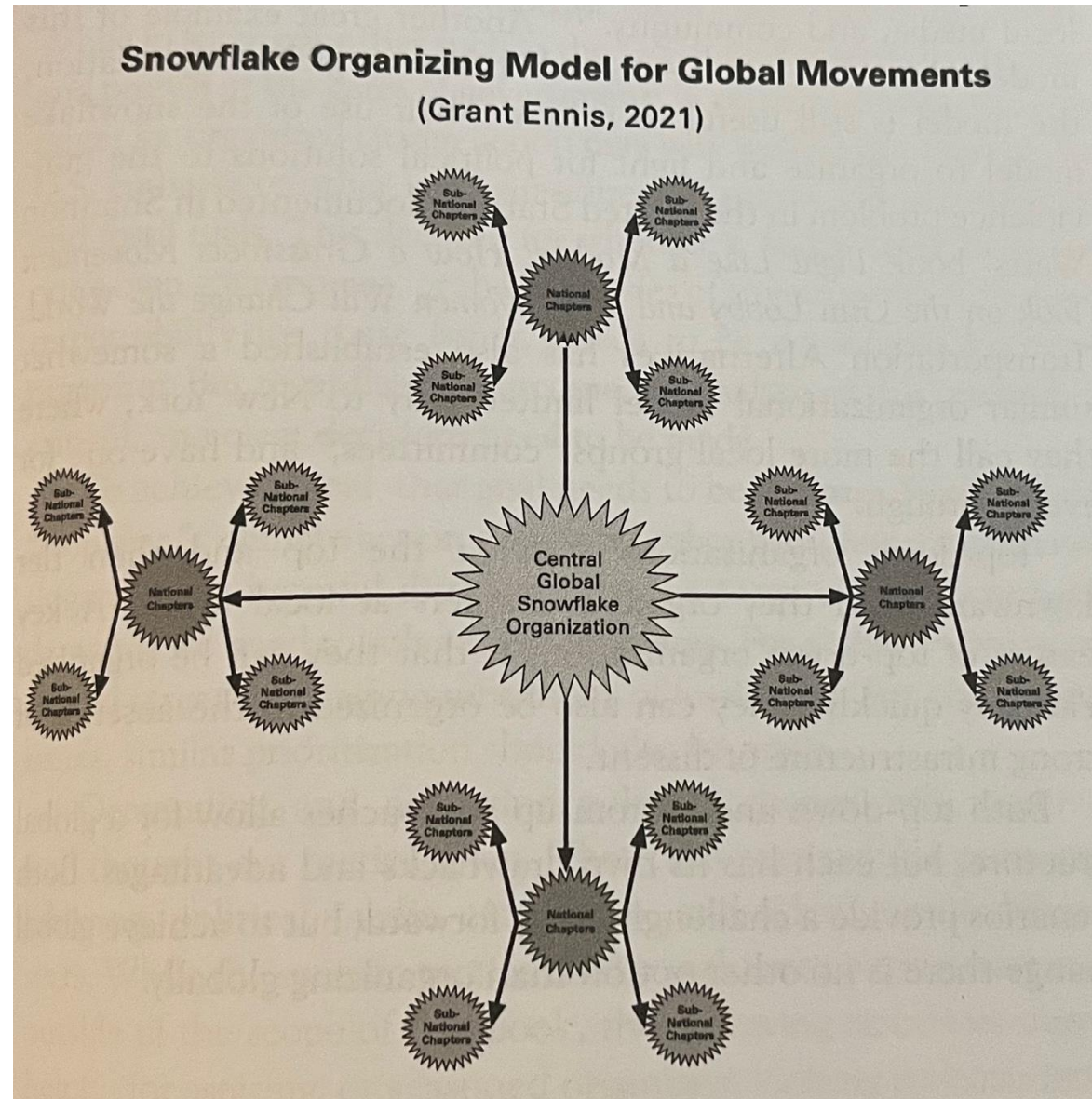
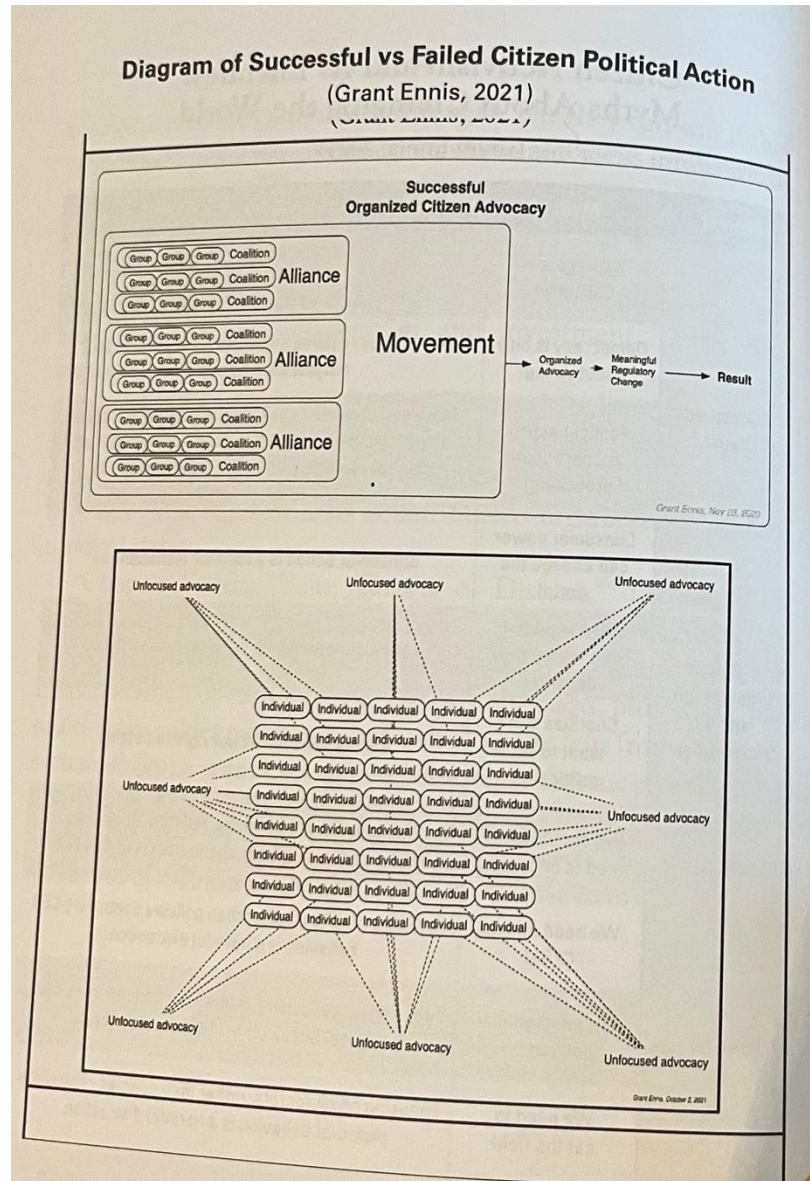


- Levensverwachting (LV)
- LV in als goed ervaren gezondheid
- LV zonder beperkingen
- LV zonder chronische ziekten

Omarm mensen waar je het op andere
thema's misschien mee oneens bent



Actie moet aansluiten bij globale bewegingen, niet afhangen van subsidies, en georganiseerd zijn





Actie moet specifieke dingen vragen van de overheid, en dat tot vervelens toe blijven herhalen



Danielle Cohen ✓ • 1st

Pathologist at Leiden University Medical Center

1yr • 🌐

- 📣 STOP DE VAPE-EPIDEMIE
- 📣 Accijns Accijns Accijns
- 📣 Betutteling Rocks
- 📣 Zeg JA tegen NicotiNEE
- 📣 Stop de lobby: WHO FCTC 5.3
- 📣 Stop de nieuwe vapeshop: vergunningenstelsel nu!
- 📣 Duurt Lang.....

Doe mee! Check www.vapenjouwkeuze.nl

De nieuwe WUR-hoogleraar en de verwarring over UPF

+ exclusief voor betalende leden gezondheid selectie ciarán forde kees de graaf michael gibney nova upf wur

24 feb. 2022, 7:27 ⌚ 8 min 📄 Artikel delen



Huib Stam

Schrijft alleen nog over mooie dingen



Aanbevelingen

CONFLICT ZOEKEN IS PROFESSIONEEL EN NODIG

- Back to the old skool: public health gericht op populaties
- Vervang leefstijlframe consequent door collectief frame (en zorg ondertussen in stilte voor hoogrisicogroep)
- Follow the money, altijd, ook als je niet weet waar te beginnen
 - Pro-tip 1: financiering verenigingen, inkooprol (lokale) overheden en semi-publieke organisaties
- Stop naïviteit tav bedrijven met evident belangenconflict
 - Pro-tip 3: werk samen met MKB, en met missie-gedreven bedrijven en investeerders
 - Pro-tip 4: richt ergernis op overheid als die belangenconflicten toe laat en gezondheidsbeschermende taak na laat
- Help de burger zich politiek en juridisch te mobiliseren

Opdracht

Bespreek in groepjes wat nodig is vwb:

- Openbaar maken belangenconflicten
- Framing
- Coalitievorming (welke organisaties, hoe georganiseerd)
- Specifieke 'asks'

Kies zelf een thema of een van onderstaande:

- Nicotine (gaat al veel goed)
- Gokken (...)
- Alcohol (zeer diep vastgewortelde frames/sociale normen)
- Voeding (veel verwarring)

Een pleidooi voor organisatie voor moderne gezondheidsbescherming

Dank voor uw aandacht

Voor meer info over lokale aanpak commercial
determinants of health

https://www.gezondlevennetwerk.nl/local/userfiles/tools/Slidedeck_Commerciële_determinanten_van_gezondheid_op_lokaal_niveau..pdf

Luc Hagens, PhD

Amsterdam UMC, dept Public and Occupational Health

l.l.hagens@amsterdamumc.nl

<https://www.linkedin.com/in/luc-hagens/>

