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Barrie Margetts, Editor-in-Chief, Public Health Nutrition, replies:

All your points are all well taken, especially the last one: please see our editorial on page 169.

Vending machines in schools: to ban or not to ban?

Sir,

The publication of the UK government policy statement *Choosing Health*¹, and the recent public consultation on 'transforming school food'², have made it necessary to review the content of the machines that sell foods and drinks in schools. Geoffrey Cannon, in his 'Out of the Box' column, has reported that vending machines are to be banned from schools in England and Wales³. Unfortunately this is not the case. A conference I attended last November in Peterborough confirmed that they are here to stay⁴. The event, entitled 'Healthy Vending Machines: The Real Choice', was organised by the Health Education Trust (HET)⁵, an independent charity, and the government's Department of Health, with the support of the Automatic Vending Association (AVA)⁶, the trade association representing vending operators and their suppliers.

Joe Harvey, Director of HET, reassured the audience that, with a little help from AVA and all the food companies exhibiting at the conference, transforming automatic vending was a perfectly feasible and still very profitable 'opportunity'. The food industry and health authority representatives were assured several times that vending machines in schools have become a necessity; and that the proposed introduction of healthy foods would continue to generate considerable profits to the vending industry whilst enabling cash-strapped state comprehensive schools to retain their average annual revenue of £20 000, as demonstrated by some pilot trials. 'Healthy' vending machines were also promoted as potentially the best tools in nutrition education!

Contrary to what was stated at the conference, I remain of the opinion that 'healthy vending' is a contradiction in terms. I am sure I am not the only parent in favour of an outright ban. Because they are available 24 hours a day, 7 days a week, vending machines foster bad eating habits by

promoting continuous snacking to the detriment of a complete well-balanced lunch. They also encourage monotonous diets by allowing children to choose only their favourite foods repeatedly throughout the day. The vending of mineral water was approved at the conference, despite the right of every child to free drinking water, a right supported by HET itself.

Energy-dense fruit and cereal bars, widely promoted at the conference, will contribute to children's addiction to sugary foods. Fruit bars will be eaten as fresh fruit substitutes. 'Fresh' foods are perishable by definition: how much processing and how many additives are needed to make them suitable for safe prolonged storage, even with adequate refrigeration? Loss of nutrients will also occur. Speakers at the conference did at least admit that the higher cost of freshly prepared foods for vending machines would stigmatise children with little or no spending money and especially those on free school meals.

I left the conference with the impression that the whole event had been organised with the intention of appeasing food manufacturers rather than improving the nutrition and health of our children.

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The new nutrition: have a little faith

Sir,

I send many thanks to IUNS, for its magnificent work in launching *The New Nutrition Science* initiative¹. As a former FAO/USAID/DFID food and nutrition planning

consultant, I am delighted to see the multidisciplinary approach move centre stage.

Currently I am working with an international network of community information-centre initiatives to scale up and multiply success stories of integrated development projects that have an impact on malnutrition and other indicators of poverty. Most of my own work is linked with South Africa. I applaud Mark Wahlqvist's vision of the potential for information technology at local levels².

My thinking and experience have taught me that in general with food and nutrition policies and programmes, reductionist science is poor science. Not all disciplines have to be subjected to the laboratory methodologies of physical science to be valid. As proposed in *The Giessen Declaration*³, nutrition should include social and environmental dimensions. I would go further. National mindset surveys, like those conducted in South Africa, show that religious and other philosophies of life are vital. In Africa over half the total health budget is administered by faith-based organisations: these give credibility at community level and deal with issues such as changes of heart, spiritual health and local accountability.

The Giessen Declaration includes the concept of co-responsibility with humanity as a whole, and with the living and physical world, within its overall ethical principles. This is a good start. But I caution against misuse of its emphasis on an evolutionary approach. This could be taken as promotion of the 'social Darwinism' that has done much to rationalise racism, fascism and 'red in tooth and claw' capitalism.

For the International Congress on Nutrition to be held in Bangkok in 2009, I propose a one-day Global Nutrition Planners' Forum, along the lines of that held at the Rio congress in 1977, which I attended. This should accelerate networking and sharing of insights between delegates from international agencies, governments and non-government organisations involved in food and nutrition development at all levels.

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Diabetes: what about patterns, fruits and vegetables?

Sir,

Diabetes: what about patterns, fruits and vegetables? review article on diet, nutrition and the prevention of type 2 diabetes published in 2004 presented an overview of studies relating various dietary factors to type 2 diabetes risk and summarised the respective evidence¹. Although the authors stated in their objectives that they would evaluate the current literature on diet and lifestyle with respect to diabetes prevention, not all dietary factors discussed in the literature were included and addressed. In particular, fruit and vegetable intake and dietary patterns were not mentioned, two factors which, in my view, should have been included. Even though the evidence for their effect might not be as strong as for other dietary factors, their public health relevance implies that they should at the very least be touched upon. Prior to 2004, the results of four prospective cohort study analyses, assessing the association between fruit and vegetable intake and the risk of type 2 diabetes, were published^{2–5}. Three further prospective studies have looked at the effect of dietary patterns^{6–8}. All of these studies identified dietary patterns that were protective against type 2 diabetes, and two of these patterns included high intakes of fruits and/or vegetables. A very recent publication of a dietary pattern analysis further supports these findings⁹. Furthermore, and probably more importantly, randomised controlled trials on the effectiveness of lifestyle interventions to reduce type 2 diabetes incidence have been conducted. The interventions included recommendations to increase fruit and/or vegetable intake and significantly decreased diabetes risk^{10,11}.

In summary, there is considerable amount of information in the literature on the relationship of fruit and vegetable intake and dietary pattern to type 2 diabetes risk. In addition, although there is an extensive literature with respect to dietary antioxidants and their potential role in the pathogenesis of type 2 diabetes, as one potential underlying mechanism, these were also not mentioned (except for vitamin E). Given that the authors mentioned other dietary factors with fewer available data such as breast-feeding, fruit and vegetable intake and dietary patterns should have been included in order for this review on diet and type 2 diabetes to be comprehensive.

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