

# Comment on “Life expectancy and alcohol use health burden in Poland after 2002”

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The paper provides an important analysis of changes in life expectancy in Poland, finding that Poland entered the COVID-19 pandemic in the state of a health recession [1]. The remarkable gains in the first decade of the systemic transformation, largely due to declining mortality from coronary diseases, slowed down after 2002 and had halted by the mid-2010s. Growth in life expectancy had already turned negative prior to the pandemic, which the authors attribute to a rise in alcohol-attributable mortality. This health recession contributed to a disproportionately negative health impact of the pandemic in Poland, resulting in some of the highest figures for excess deaths, reduction in life expectancy, and increases in lost years of life, in international comparisons [2-4].

One of the paper's most important contributions is to recognise the powerful role that public policy has played in shaping public health outcomes. The improvements in life expectancy in the 1990s can be linked to successful health policy programmes aimed at increasing the consumption of vegetable fat, which sparked pro-health changes in the lifestyle of the population. Policy changes can also explain the reversal in life expectancy gains since 2002. Poland's internationally outstanding, effective and comprehensive alcohol control regulations of the 1980s have been gradually curbed since the 2000s. As beer advertising returned to television (2001), the excise tax on vodka was reduced by 30% (2002), and small bottles of flavoured vodka have been marketed more (since 2010), alcohol consumption skyrocketed from 6.5 to nearly 11 litres per person per year between 2002 and 2019.

We join the authors in calling for an open and multifaceted discussion of how policy choices shape public health. The paradigm of economic neoliberalism that informed Poland's systemic transition falsely claims that there is no alternative to the free market, which should be actively promoted by policy through deregulation, liberalisation, and privatisation to “maximise” prosperity in society [4]. Poor public health outcomes are down to bad decisions of individuals and market distortions such as an ageing population and insufficient medical staff, which can arguably be remedied by introduction

of more market mechanisms. But this view ignores the social construction of individual choice, and the more fundamental causes underlying the imbalance between the demand and supply of healthcare.

Expansion of the market system into public service provision has been shown to increase inequality and undermine social and economic outcomes [5]. In the authors' study, it is undeniable that by influencing consumption, market deregulation contributed to a substantially higher number of preventable deaths due to alcohol-related diseases in Poland compared to the EU average. The neoliberal health system reform since 2002 further illuminates the fundamental causes of Poland's public health crisis. Thus, the responsibility for lifting Poland out of the health recession rests ultimately with its government. Market regulation and public investments in long-term care, prevention, and informational campaigns are an essential starting point in ensuring an affordable and equitable health care system in Poland.

## References

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## AUTHORS' CONTRIBUTIONS

JS prepared concept and design of the article. JS and HS wrote the article and finally approved it.