

Brexit could lead to thousands of extra heart disease and stroke deaths

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Thousands of extra deaths from heart disease and stroke might become a reality in England over the next decade if Britain presses ahead with Brexit on March 29, reveals research published in the online journal *BMJ Open*.

The UK is heavily dependent on [fruit](#) and [vegetable](#) imports-84% and 48%, respectively in 2017-and costs for these are set to rise significantly after Brexit, say the researchers.

But a 'no deal' Brexit will be the costliest and most harmful, generating around 12,400 extra cardiovascular deaths over the next decade in England, as fruit and vegetable intake drops, they calculate.

Brexit-the impending exit of the UK from the European Union (EU) in a couple of months' time-will have profound implications for many sectors. But few studies have looked at the potential impact on health of leaving this large trading bloc.

To address this, the researchers used the IMPACT food policy model, which combines a wide range of dietary intake, economic, and health data to estimate the potential impacts of four different types of Brexit.

The four scenarios were: (1) [free trade agreement](#) with the EU and half of those countries outside Europe which have trade deals with the EU; (2) free trade agreement with the EU only; (3) no-deal Brexit with no preferential arrangements with any country and the need to fall back on the World Trade Organisation (WTO) rules; and (4) a 'liberalised trade regime' whereby the UK trades under WTO rules, but doesn't have any tariffs imposed on fruit and vegetable imports.

The scenarios assumed an increase in trade tariffs and transaction costs-added costs for additional border checks-which the UK will have to pay on imported goods after Brexit.

Their calculations showed that a no deal Brexit would lead to the greatest price hikes. For example, price would rise by almost 17% for bananas, by over 14% for citrus fruit, and by almost 15% for tomatoes.

Fruit and vegetable intake, which is already below recommended levels for more than half of the UK population, would fall further still under each of the scenarios. But again, a no deal Brexit would be associated with the greatest projected drop: around 11.4% for fruit and just over 9% for vegetables.

The number of associated deaths from [heart disease](#) and stroke would rise for every Brexit scenario modelled, the calculations show, but a no deal scenario would be the most harmful, contributing an extra 12400 deaths between 2021 and 2030-equivalent to a rise of nearly 2%, the estimates show.

Allowing for a potential annual increase of 2% in home-grown fruit and vegetable production to counter more expensive imports did not substantially affect the estimates.

This is a modelling study, and the data used for the calculations may not always be indicative of future trends, so the figures are estimates only.

Nevertheless, the findings echo those of other analyses on price rises in a post-Brexit world, say the researchers.

And there are likely to be other ramifications of Brexit for food production and consumption, they add: currently around 80,000 seasonal workers, mostly from EU countries, harvest home-grown produce.

Without their free movement permitted under EU single market rules, the availability of fresh home-grown produce is likely to reduce, pushing up prices further. And food quality and safety may also be affected if EU regulations are relaxed to boost commercial competitiveness, say the researchers.

"Post-Brexit trade policy could increase price and decrease intake of

fruit and vegetables, thus increasing [cardiovascular disease] mortality in England," they write.

"The UK government should therefore carefully consider the population health implications of Brexit during upcoming negotiations and post-Brexit planning, particularly adverse changes to food systems," they conclude.

More information: Impacts of Brexit on fruit and vegetable intake and cardiovascular disease in England, *BMJ Open* (2019). [DOI: 10.1136/bmjopen-2018-026966](https://doi.org/10.1136/bmjopen-2018-026966)

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