

Alcohol, health and policy: the Italian perspective

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During the last few years the majority of the National Health Plans (NHP) produced by the EU Member States followed a general population approach looking at the epidemiological findings in the different contexts and social realities and setting “evidence based” targets, objectives or goals. Starting from year 2000 this kind of approach received a renewed impetus according to the new suggestions coming from the World Health Organisation Health 21 as well as from the documents, recommendations and programmes of the European Commission, Council and Parliament.

The prevalent use of terms like “health determinants” in spite of “risk factors” in the more recent National Health Plans in Europe is a good indicator of the evolution of the decision and policy-making process toward a modern conceptual model positioning health and not disease at the centre of the health strategy, reducing the mortality approach use and stressing the need for a reduction of exposure to determinants of diseases and injuries. In this light, alcohol could represent an emblematic example of a multidimensional approach in connecting

health and social aspects for which an “evidence based prevention” approach needs to be strengthened according to the figures coming from different EU Countries.

The promotion of primary and secondary prevention, as well as of programmes linked to alcohol abuse and related problems, has found full implementation in Italy within the 1998-2000 NHP and its two main targets to be reached within year 2000:

To reduce by 20% the prevalence of male and female drinkers consuming respectively more than 40 gr. and 20 gr. alcohol a day.

To reduce by 30% the prevalence of drinkers consuming alcohol between meals.

In order to reach these targets by the year 2000, a number of strategies and actions were identified for many strategic areas (Information, Drink Driving, Legislation, Advertising and so on). Italy is now going ahead with a new NHP 2000-2003 and is setting new targets on alcohol and a scientific as well as politic debate was opened to identify what alter-

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native strategies and programmes (looking at the past experience, checking for present and future needs) might be effectively implemented today.

The third phase of the European Alcohol Action Plan, the EU proposal for a Council's Recommendation on "**Drinking of alcohol by Children and Adolescents**" (COM/2000/236), the **Community action in the field of public health; health strategy of the European Community 2000-2006** (COM/2000/285 final) and the **WHO**

exposure to avoidable individual risk factors and determinants of diseases (*mortality, morbidity, prevalence, incidence and disability*); b) the improvement in both health and life expectancy (quality and length of life).

Looking at the process leading to the definition of the Italian health targets it was agreed to start from the definition of the basic useful items to be considered. This first step identified the following:

INDICATOR: a numerical measure (direct or proxy) related to the target and describing quantitative or qualitative specific aspect of individual's or population's health

BASELINE: the most recent, available measure (official authoritative statistics) of the specific indicator

TARGET: a specific outcome to be reached during a three year span starting from a defined baseline

ACTIONS: strategies to be implemented at different levels (public health, social, legislative etc.)

Declaration "Young People and Alcohol" are working to free the greatest potential of actions, measures and initiatives for reducing the overall level of and the health inequalities in the alcohol attributable burden of disease. The need for a much formalised approach in standard methodologies devoted to alcohol use monitoring as well as a much more developed system of alcohol information are the base for a concrete step towards common modalities in alcohol monitoring, reporting and dissemination strategy.

The widening of the information data set represents a crucial step and a milestone to be achieved to help finalising European as well as national strategies on alcohol related harm and risk.

Alcohol as a Health Target

Setting targets is a peculiar outcome of the health planning process implying that specific values of a used indicator are taken into account in a decision-making process and selected as a health or social (or both) policy objective. The results of the implementation of some targets is obviously influenced by the availability of specific indicators and by the data linked to them. The use of national health planning is mainly devoted to achieving specific public health strategy outcomes, namely a) the improvement in the health status of the population by reducing the

The PER CAPITA alcohol consumption is currently used in Italy to monitor or compare trends in time series but it is not considered a good indicator for the public health aims for two main reasons:

- a) it is considered much more representative of the sale than the use of alcohol (even if it is linked to the average level of alcohol problems in the population)
- b) it does not identify the real distribution of alcohol consumption among individuals and the related patterns of consumption (sex, age, geographical distribution and so on)

Starting from the PER CAPITA consumption and looking at the prevalence of drinkers (by gender and age) it was considered appropriate to move towards indicators related to the analysis of PREVALENCE and TRENDS (patterns and behaviours) in :

- Daily alcohol consumption (wine, beer)
- Alcoholic beverages consumption between meals
- Crude quantity (predefined categories) of alcohol and/or frequency of consumption

Prevalence of consumers seems much more appropriate to identify people who are exposed to alcohol as a risk factor. This is also linked to the need to tailor actions and information in a more detailed and targeted way. Furthermore this indicator estimates the number

of individuals who present higher *levels of exposure* to alcohol (distribution by age and gender).

Some useful available indicators from ISTAT are the prevalence by sex, age (14 to >75 yrs old) and geographical distribution of :

- Wine consumers
- Beer consumers
- Consumers of alcoholic beverages between meals
- Consumers of more than 1/2 lt of wine
- Consumers of more than 1/2 lt of beer

A new standard introduced in the 1999 also takes into account spirit consumption as well more detailed categories of frequency of alcoholic beverages consumption

According to this, the National Health plan 1998-2000 identified the framework for an action on alcohol that could be summarised in the following way:

- AGE
- GENDER
- FREQUENCY OF CONSUMPTION
- QUANTITIES OF ALCOHOL CONSUMPTION
- ALCOHOLIC BEVERAGES CONSUMED

The availability of some new EVIDENCE BASED PREVENTION actions introduced by the third phase of the European Alcohol Action Plan (The Charter strategies evidence for the ten strategies in the European Charter on Alcohol) could represent the basis for the implementation at local level of some actions related to:

- School-based education (training in social skills, self-control)
- Context-specific preventive measures (pub, discos. Sport and music events)
- Drink-driving (BAC, punishment strategy ...)
- Availability of alcoholic beverages (price, legal min. age, advertising and regulations)

INDICATOR: PREVALENCE OF CONSUMERS DRINKING INAPPROPRIATE LEVELS OF ALCOHOLIC BEVERAGES (frequency: daily ;quantity: M>40 F>20 gr/day)

BASELINE: 1995 ISTAT official statistics

TARGET: DECREASE OF PEOPLE DRINKING DAILY MORE THAN A SPECIFIC LEVEL OF ALCOHOL (specifically wine and beer - accounting for 90% of a daily drinker alcoholic intake in Italy)

ACTIONS: INFORMATION, EDUCATION, LEGISLATION, TRAINING OF PROFESSIONALS, REGULATIONS

Some results from this three year experience are showed in the appendix. Some of the targets were achieved in 1999 but the increasing number of people, mainly young people aged 14-24, calls for a renewed effort to tackle an emerging unhealthy culture of drinking, far from the traditional Mediterranean patterns.

The way forward

Learning from the past, Italy will go ahead in the next National Health Plan in setting TARGETS on ALCOHOL promoting MODERATION in alcohol consumption and will monitor the drinking habits of the population taking into account at least the following variables:

The aims are that the **NHP 2000-2003** (to be implemented starting from autumn 2001) should contain a multidimensional key areas framework supporting specific targets that can :

- Promote healthier lifestyles and habits (life skills)
- Tackle misleading risk-taking cultures
- Improve settings (family, schools, communities)
- Strengthen health protection of vulnerable groups
- Decrease “gradients” within and between groups (inequities in health) and reduce harm

The proposed targets should be the following:

To reduce by 20% the prevalence of male and female drinkers consuming more than 40 gr and 20 gr alcohol a day, respectively.

To reduce by 30% the prevalence of male and female drinkers consuming daily more than 1 lt of wine or 1 lt of beer, respectively

To reduce by 30 % the prevalence of drinkers consuming alcohol between meals.

To delay the age of onset of drinking by young people

To reduce the prevalence of drinkers among adolescents particularly of those exceeding moderate quantities or consuming alcohol between meals.

The reinforcement of the preventive approach by the introduction of actions specifically devoted to young people is evident. Furthermore, the NHP took into account the Recommendations on alcohol use by youngsters adopted by the EU inviting, Member States to take action to address the problem of underage drinking through education and information, and to strengthen the enforcement of rules on alcohol sales.

Unfortunately, some desired health targets have still not found room for inclusion in the NHP strategy mainly due to:

- Lack of available data
- Not consistent available data
- Inadequacy of specific indicators
- Inadequacy of time series
- Changing in monitoring standards.

Italy is not alone in facing this problem; a much more formalised approach in the information and health monitoring system is a matter of concern all over Europe asking for the development of comprehensive and standardised tools for health interviews and examination (HIS/HIS) helping the achievement of specific, common, European-based health policy gains, namely:

- To react rapidly to threats to health
- To meet changing health needs and priorities
- To tailor realistic Public Health strategies
- To provide a guide for the development of a sustainable health (outcome and evidence-based)
- To support a coherent and equitable model for public health actions at the European, national and local level
- To reduce social and health costs
- To improve the effectiveness and cost/benefit ratio of interventions

The need to broaden information is peculiar for

the development of some specific activities linked to EU activities in the field of the prevention from alcohol-related risk. One of the most recent replies of the European Commission to the European Parliament to publish detailed and reasoned proposals as a matter of urgency aimed at “*the setting of realistic, measurable, time-based and, where relevant, gender specific, HEALTH TARGETS for tackling the most significant health risks and diseases*” produced a proposal containing a comprehensive list of measures for **Community action in the field of public health; health strategy of the European Community 2000-2006** (COM/2000/285 final and Health Council position of June 2001).

The possibility to improve European and Members States’ capacity to deal with alcohol problem seems to reinforce the opportunity to fund actions or initiatives devoted to improve the collection of data and to widen information data set on alcohol. This will support the development of health promotion activities, education programmes, information campaigns to help reduce the impact that alcohol has on individuals and society .

In formulating the national strategy on alcohol, the provisional targets on alcohol in the Italian Health Plan 2001-2003 emphasise the role of local activities, appropriate to regional circumstances, in the framework of a common approach across the nation with respect to young people and alcohol, and with particular regard to children and adolescents. The development, implementation and evaluation of comprehensive health promotion policies and programmes targeted at children, adolescents, their parents, teachers and carers, at local, regional, national level is recalled by an EU proposal on a possible future European strategy on alcohol appropriately including alcohol issue as a priority.

Measures to produce and disseminate to interested parties evidence-based information on the factors which motivate young people, in particular children and adolescents, to start drinking as well as to raise awareness of the effects of alcohol drinking and of the consequences for the individual and society will be introduced in Italy also according to new legislation on alcohol. The National Committee on Alcohol, set by the new law, received a specific mandate to identify actions to boost specific initiatives addressed to young people on the dangers of drinking, with specific reference to settings such as leisure and entertainment venues, schools and driving schools and supportive of the development of specific approaches on early detection and consequent interventions aimed at preventing people becoming alcohol dependent.

Improving the consistency of information (comprehensive and coherent) is the key word for a national as well as a European framework for alcohol activities and researches devoted to pooling, exchanging and sharing experiences in a common view and to producing peculiar cost-effective strategies to reply to rapid cultural, behavioral and environmental changes and consolidating harmonization within Italy and an ongoing linkage between Member States and Community needs in public health activities.

This will help in achieving both health and social outcomes giving people more opportunities to play an active role in the individual as well as the collective process devoted to setting healthier contexts and a much safer environment.

RIFERIMENTI BIBLIOGRAFICI

1. Communication from the Commission on the health strategy of the European Community (COM(2000)285 final)
2. Council Recommendation "Drinking of alcohol by children and adolescents" (COM(2000)736 final)
3. Smoking, drinking and drug taking in the European Region. WHO Euro Office, 1997
4. Community action to prevent alcohol problems. WHO Euro Office. 1999 EUR/ICP/LVNG 030301(A)
5. Decision n. 645/96/EC of the European Parliament and of the Council of 29/03/ 1996. Official Journal n. 095, 16/06/1006.
6. Conclusions of 13/11/1996 of the Council and the Ministers for Health. Official Journal n. C336, 19/12/1992, p.2
7. Conclusions of 13/11/1996 of the Council and the Ministers of Education. Official Journal n. C336, 19/12/1992, p.8
8. Health for all indicators for monitoring and evaluation of Health 21. WHO Regional Committee Resolution EUR/RC49/R10 1999
9. European Alcohol Action Plan – Third Phase. WHO Regional Committee Resolution EUR/RC49/R8 1999.
10. Alcohol- less is better. Report of the WHO European Conference Health, Society and Alcohol. Paris, 12-14 December, 1995. World Health Organization. Regional Publications, European Series, n. 70. 1996
11. Piano Sanitario Nazionale 1998-2000. (National Health Plan). Ministero della Sanità. Roma.1998
12. Legge 30 marzo 2001, n. 125 "Legge quadro in materia di alcol e di problemi alcolcorrelati" G.U. 18 Aprile 2001, n.90.
13. I consumi alcolici in Italia ed Europa e l'intervento previsto dal Piano Sanitario Nazionale 1998-2000 nel quadro dell'obiettivo n. 17 del Progetto O.M.S. "Health for All". E. Scafato, F. Cicogna. Bollettino Farmacodipendenze e Alcolismo, 1998, XXI,1, 11-20
14. Alcol: prospettive di sanità e salute pubblica per il Duemila. E. Scafato. *Alcologia – European Journal of Alcohol Studies*, 1998, X, suppl. 1-2, 14
15. The implementation of European Alcohol Action Plan. Italian perspective on alcohol issues for the twenty-first century. E. Scafato, F. Cicogna . *Alcologia – European Journal of Alcohol studies*, 1998, X, 1-2, 72-74
16. La riduzione dell'esposizione all'alcol come fattore di rischio: il razionale dell'intervento proposto dagli obiettivi di salute del Piano sanitario nazionale 1998-2000. E. Scafato. *Alcologia - European Journal of Alcohol studies*, 1998, X suppl., 1-2, 20
17. Alcopops and under-age drinkers: a new front in the fight against alcohol-related risks for the young? E. Scafato, T. Robledo de Dios. *Alcologia - European Journal of Alcohol studies*, 1998, X , 1-2, 5-9
18. La sanità del Duemila . L'Italia e lo standard europeo. E. Scafato. *Salute e Territorio.* anno XIX, 6 , 225-31, 1998
19. Alcol e malattie cardiovascolari. E. Scafato, G. Farchi. In "Dipendenze. Manuale teorico-pratico per operatori". Carocci Editore. 1999
20. Il Piano Sanitario Nazionale 1998-2000: obiettivi di salute e politiche regionali. G. Farchi, E. Scafato, D. Greco, E. Buiatti. In "La salute in Italia 1999", Ediesse, 1999
21. Le strategie per il Terzo Millennio. Il Progetto "Health 21". E. Scafato. *Salute e Territorio.* Monografia "Le Strategie per il Terzo Millennio" a cura di E. Scafato. anno XX, 114, 94-102, 1999.
22. Gli strumenti di promozione della salute in Italia. E. Scafato. *Salute e Territorio.* Monografia "Le Strategie per il Terzo Millennio" a cura di E. Scafato. Anno XX, 114, 113-115, 1999
23. Setting new health targets and policies to prevent alcohol-related risks in young people. E. Scafato. *Alcologia, European Journal on Alcohol Studies*, 1, 2000, 3- 12.
24. L'opinione dei medi di base sulla prevenzione delle problematiche alcolcorrelate. Il progetto "Drink Less": uno studio collaborativo dell'Organizzazione Mondiale della Sanità. S. Polvani, G. Bartoli, V. Patussi, U. Bartoli, F. Marcomini, E. Scafato. Bollettino per le dipendenze e l'alcolismo. UNICRI-Ministero della Sanità, 1, XXIII, , 2000, 75-82.
25. Lo stato di salute in Italia. E. Scafato. *Salute e Territorio*, XXI, 120, 2000, 84 - 88.
26. E. Scafato. La identificazione di nuovi obiettivi di salute e di nuove politiche rivolte alla prevenzione dei rischi alcol-correlati dei giovani in Europa. *Alcologia, European Journal on Alcohol Studies*, 1, 2000, 2- 11.
27. Lezioni di Piano : obiettivi di salute. Donato Greco, Gino Farchi, Emanuele Scafato. *Politiche sanitarie.* Il Pensiero Scientifico Editore., 1, 3, 2000, 161-2.

