Alcohol, health and policy: the Italian perspective

EMANUELE SCAFATO1, PIERGIORGIO ZUCCARO2, ROSARIA RUSSO2 and GLORIANA BARTOLI1
Istituto Superiore di Sanità, Osservatorio su fumo, alcol e droga, Roma

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 strengthen 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-

1 Laboratorio di Epidemiologia e Biostatistica
2 Laboratorio di Biochimica Clinica
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

**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 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:

- 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:

- **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

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)

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:

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

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:
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.

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.
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 drink-driving, 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

22. 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