

The revision of Italian drinking guidelines : rationale, process, results

Emanuele Scafato

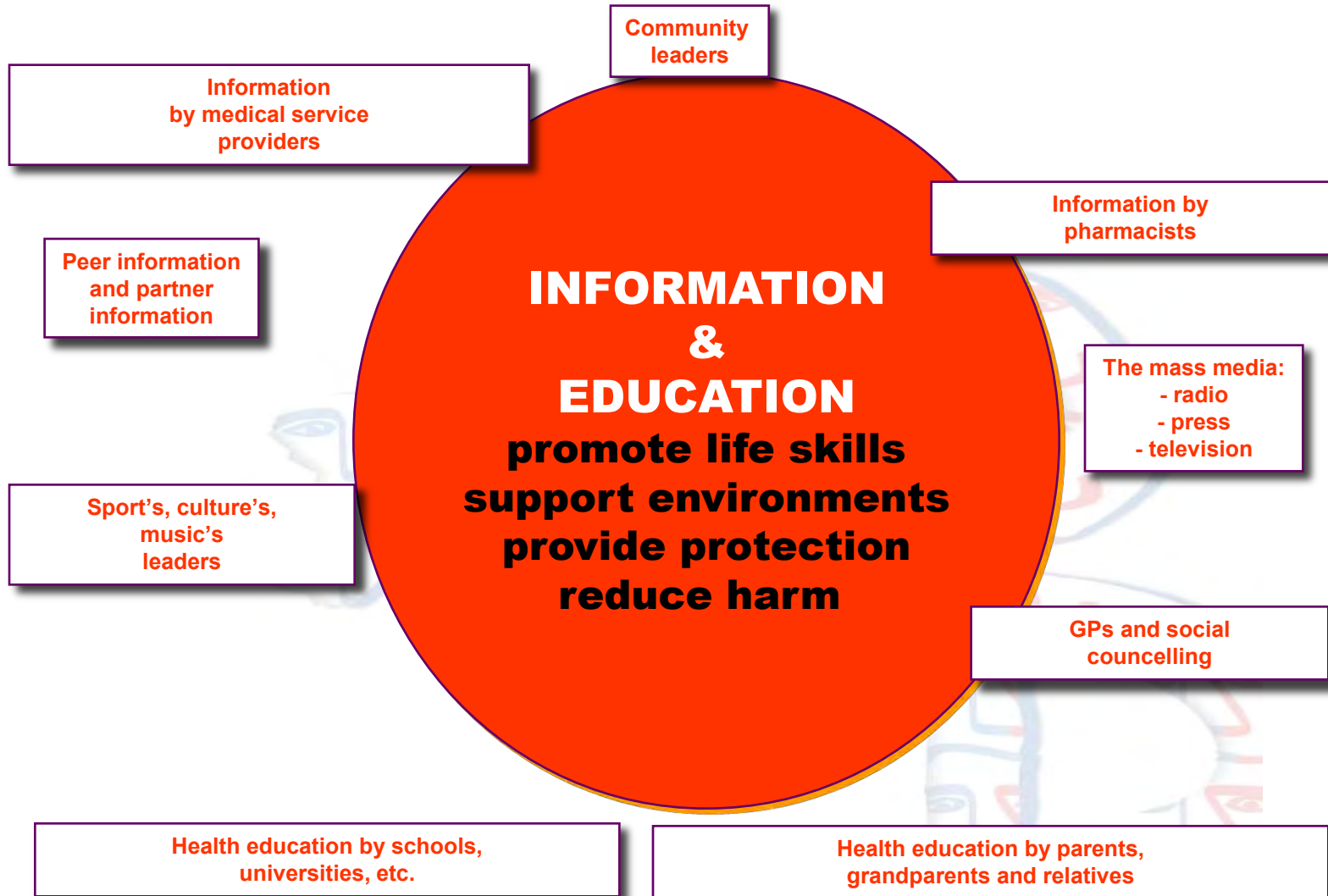
Istituto Superiore di Sanità

Direttore, WHO Collaborating Centre for Research & Health Promotion on Alcohol and Alcohol-Related Problems
Direttore, Osservatorio Nazionale Alcol - CNESPS
Direttore, Salute della Popolazione e suoi Determinanti
Centro Nazionale Epidemiologia, Sorveglianza e Promozione della Salute- CNESPS
ISTITUTO SUPERIORE DI SANITA'

Presidente SIA, Società Italiana Alcolologia
Vice Presidente EUFAS, European Federation Societies on Addictions
Board Advisor, APN Alcohol Policy Network e INEBRIA
Rappresentante Gov. CNAPA, Committee on National Alcohol Policies and Actions



HOW TO DEAL WITH ALCOHOL PREVENTION INFORMATION, EDUCATION, TRAINING, RULES...





4th Awareness Week on Alcohol Related Harm

21 - 25 November 2016

We simply cannot afford little action in the area of tackling alcohol related harm. It is one of the best investments we can make for our children's health and future.

- Mariann Skar, Secretary General, European Alcohol Policy Alliance

CONSAPEVOLEZZA AWARENESS

4th Awareness Week on Alcohol Related Harm

21 - 25 November 2016

#awarh16



Join us and show your support for AWARH16!

THUNDERCLAP

#awarh16

Join Now!



GUIDELINES & AWARENESS

GENERAL POPULATION INFORMATION

PROFESSIONAL'S TRAINING

PREVENT & EMPOWER



ALCOHOL DRINKING in ITALY . 2014



Consumers (11+)

34 millions
[M=14 millions - F=10 millions]

Daily Consumers (11+)

12 millions
[M = 9 millions - F = 3 millions]

Harmful Drinkers (11+) at risk consumers)

8,3 millions
[M = 6 millions - F = 2, 3 millions]



Consumatori a rischio (11-25)

1,5millions

Consumatori a rischio (11-17)

790.000

Consumatori a rischio (18-20)

260.000

Consumatori a rischio (21-25)

470.000

Consumatori a rischio (65+)

2,7 millions

Consumatori a rischio (65-74)

1,5 millions

Consumatori a rischio (75-84)

900.000

Consumatori a rischio (85+)

300.000

Exceeding nutritional guidelines on daily basis

5,8 millions
[M = 4,1 millions - F = 1,7 millions]

Binge drinkers (11+)

3,3 millions
[M =2,6 millions - F =700.000]

Binge drinkers (11-25)

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HARMFUL drinkers (11+)

720.000
[M = 460.000 - F = 260.000]

Alcohol use disorders

73.000 in carico





Identifying the gap between need and intervention for alcohol use disorders in Europe

Colin Drummond¹, Antoni Gual², Cees Goos³, Christine Godfrey⁴, Paolo Deluca¹, Christoph Von Der Goltz⁵, Gerhard Gmel⁶, Emanuele Scafato⁷, Amy Wolstenholme¹, Karl Mann⁵, Simon Coulton⁸ & Eileen Kaner⁹

National Addiction Centre, Institute of Psychiatry, King's College London, London, UK,¹ La Unitat d'Alcoholologia de la Generalitat, Institut de Psiquiatria i Psicologia (IDIBAPS), Hospital Clinico i Provincial de Barcelona (HCPB), Barcelona, Spain,² Anton Proksch Institute, Vienna, Austria,³ Department of Health Sciences, University of York, York, UK,⁴ Central Institute of Mental Health, Mannheim, University of Heidelberg, Heidelberg, Germany,⁵ Swiss Institute for the Prevention of Alcoholism and other Drugs (SIPA), Lausanne, Switzerland,⁶ National Observatory on Alcohol (CNESPS), Istituto Superiore di Sanità (ISS), Rome, Italy,⁷ Centre for Health Service Studies, University of Kent, Canterbury, UK⁸ and Institute of Health and Society, Newcastle University, Newcastle, UK⁹

WHAT RESEARCH QUESTIONS REMAIN TO BE ANSWERED?

Our literature review has identified gaps in knowledge about the prevalence of AUDs and the availability of alcohol interventions in Europe. Within the AMPHORA project work package on 'Early identification and treatment', we aim to evaluate the public health impact of screening and brief interventions and treatment in a variety of health settings across Europe. Further, we aim to conduct a needs assessment for AUDs across various European countries to assess the gap between need and access to interventions, and explore the factors that may be responsible for differences between countries.

Question 1: what are the characteristics of the alcohol intervention systems in a range of European countries?

Question 2: what is the alcohol intervention service provision in Europe?

Question 3: what is the prevalence of AUD and gap in access to alcohol interventions across a range of European countries?





Scafato et al. *Addiction Science & Clinical Practice* 2013, **8**(Suppl 1):A66
<http://www.ascpjournal.org/content/8/S1/A66>



MEETING ABSTRACT Open Access

A survey on the early identification and brief intervention for hazardous and harmful alcohol consumption in primary health care: the European Alcohol Measures for Public Health Research Alliance (AMPHORA) project

Emanuele Scafato¹, Claudia Gandin^{1*}, Silvia Ghirini¹, Lucia Galluzzo¹, Sonia Martire¹, Lucilla Di Pasquale¹, Alfredo Cuffari²

From International Network on Brief Interventions for Alcohol and Other Drugs (INEBRIA) Meeting 2013 Rome, Italy. 18-20 September 2013

<http://www.amphoraproject.net/w2box/data/e-book/AMPHORA%20ebook.pdf>

Alcohol Policy in Europe: Evidence from AMPHORA

Edited by Peter Anderson, Fleur Braddick, Jillian Reynolds and Antoni Gual

Report on the mapping of European need and service provision for early diagnosis and treatment of alcohol use disorders

Deliverable 2.5, Work Package 6
 The public health impact of individually directed brief interventions and treatment for alcohol use disorders in European countries

Amy Woistenholme, Colin Drummond, Paolo Deluca, Zoe Davey, Catherine Elzerbi, Antoni Gual, Noemí Robles, Jillian Reynolds, Cees Goos, Julian Strizek, Christine Godfrey, Karl Mann, Evangelos Zois, Sabine Hoffman, Gerhard Gmel, Hervé Kuendig, Emanuele Scafato, Claudia Gandin, Simon Coulton, Joan Colom, Lidia Segura, and Begoña Baena

CHAPTER 9: ALCOHOL INTERVENTIONS AND TREATMENTS IN EUROPE
 Amy Woistenholme, Colin Drummond, Paolo Deluca, Zoe Davey, Catherine Elzerbi, Antoni Gual, Noemí Robles, Cees Goos, Julian Strizek, Christine Godfrey, Karl Mann, Evangelos Zois, Sabine Hoffman, Gerhard Gmel, Hervé Kuendig, Emanuele Scafato, Claudia Gandin, Simon Coulton & Eileen Kaner.....65



Figure 1. Are GPs familiar with standardised alcohol screening tools?

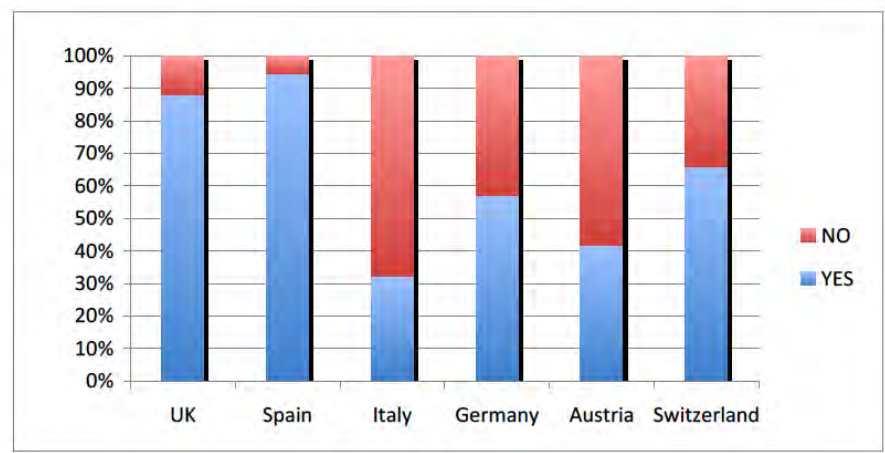
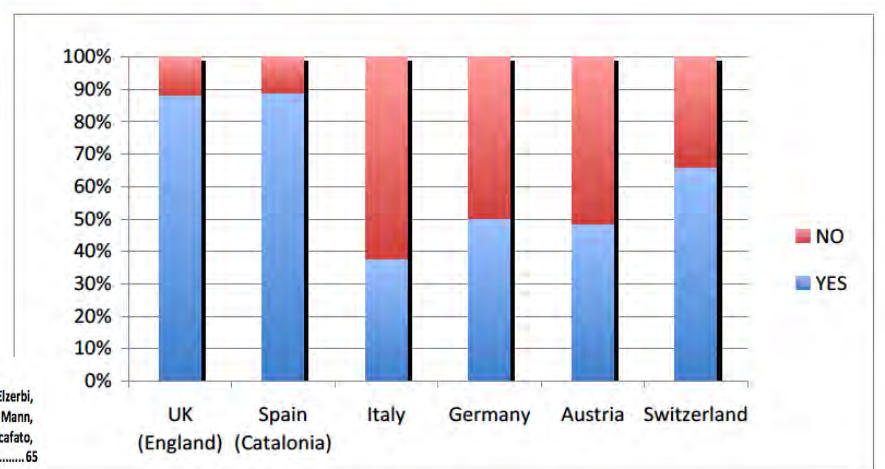


Figure 2. Are GPs familiar with brief interventions?



GUIDELINES : WHY ?

KNOWLEDGE & EVIDENCE BASE

can influence

PREVENTION

INFORMATION

AWARENESS

can drive and improve

ALCOHOL POLICIES

PUBLIC HEALTH RESPONSES

MONITORING NEEDED





LEGAL & PUBLIC HEALTH FRAMEWORK

- **LAWS and REGULATIONS**
- **NATIONAL HEALTH PLAN**
- **NATIONAL ALCOHOL AND HEALTH PLAN**
- **NATIONAL COMMITTEE**
(Consulta Nazionale Alcol)





IMPROVING POLICY BY LAWS AND REGULATIONS

The Frame Law on Alcohol (nr 125/2001)



Art. 2 - Aims

This law:

- *ensures all people's rights, especially children and adolescents, to a family, community and working life protected from the consequences of alcoholic beverages abuse;*
- *fosters access to health and social treatment services for heavy drinkers and their families;*
- *promotes information and education on the negative consequences of alcohol consumption and abuse;*
- *promotes research and ensures adequate standards of training and updating for professionals dealing with alcohol related problems;*
- *supports non profit non-governmental and voluntary organisations which aim is to prevent or reduce alcohol-related problems.*



Carta Europea sull'Alcol

A sostegno del progressivo sviluppo del Piano d'Azione Europeo sull'Alcol, la Conferenza di Parigi invita tutti gli Stati Membri a promuovere politiche globali sull'alcol e ad attuare programmi che esprimano, conformemente alle esigenze dei contesti economico-giuridici e socio-culturali dei diversi Paesi, i seguenti principi etici ed obiettivi, tenendo conto del fatto che questo documento non conferisce diritti legali.

Tutti hanno diritto a una famiglia, una comunità ed un ambiente di lavoro protetti da incidenti, violenza ed altri effetti dannosi che possono derivare dal consumo di bevande alcoliche.

Tutti hanno diritto a ricevere, fin dalla prima infanzia, un'informazione e un'educazione valida e imparziale sugli effetti che il consumo di bevande alcoliche ha sulla salute, la famiglia e la società.

Tutti i bambini e gli adolescenti hanno il diritto di crescere in un ambiente protetto dagli effetti negativi che possono derivare dal consumo di bevande alcoliche e, per quanto possibile, dalla pubblicità di bevande alcoliche.

Tutti coloro che assumono bevande alcoliche secondo modalità dannose o a rischio, nonché i membri delle loro famiglie hanno diritto a trattamenti e cure accessibili.

Tutti coloro che non desiderano consumare bevande alcoliche o che non possono farlo per motivi di salute o altro hanno il diritto ad essere salvaguardati da pressioni al bere e sostenuti nel loro comportamento di non-consumo.

Frame LAW 125/2001

Transforming principles into RIGHTS

Art. 2.

(Finalità')

La presente legge:

- a) **tutela il diritto delle persone**, ed in particolare dei bambini e degli adolescenti, ad una vita familiare, sociale e lavorativa protetta dalle conseguenze legate all'abuso di bevande alcoliche e superalcoliche;
- b) **favorisce l'accesso** delle persone che abusano di bevande alcoliche e superalcoliche e dei loro familiari a trattamenti sanitari ed assistenziali adeguati;
- c) **favorisce l'informazione e l'educazione** sulle conseguenze derivanti dal consumo e dall'abuso di bevande alcoliche e superalcoliche;
- d) **promuove la ricerca e garantisce adeguati livelli di formazione** e di aggiornamento del personale che si occupa dei problemi alcolcorrelati;
- e) **favorisce le organizzazioni del privato sociale** senza scopo di lucro e le associazioni di automutuo aiuto finalizzate a prevenire o a ridurre i problemi alcolcorrelati.



The Frame Law on Alcohol (nr 125/2001)

All over Europe, the 2001 n. 125 Italian law represents a unique example of implementation of what was established in accordance with the principles of the European Parliament Resolution (12 March 1982) on alcohol related problems in the European Community countries, the Council Resolution and the Resolution of the Government representatives of Member States (29 March 1986) on alcohol abuse, and the World Health Organisation guidelines. **Actually this is the example of a full endorsement of the WHO European Alcohol Action Plan and of the European Charter on Alcohol principles reported in the Italian aims at the art. 2 of the law as the aims of the law.**



IMPROVING ALCOHOL SERVICES MONITORING



Periodical evaluation

- *Services activities*
- *Regions' activities devoted to the Law 125/2001 aims implementation*



Minister of Health yearly report to PARLIAMENT

(set by Law 125/2001)



ALCOHOL REPORTS

*Ministero del Lavoro, della Salute e delle Politiche Sociali
Dipartimento della Prevenzione e della Comunicazione
Direzione Generale della Prevenzione Sanitaria
ufficio VII dell'ex Ministero della Salute*

**RILEVAZIONE ATTIVITÀ
NEL SETTORE DELL'ALCOLDIPENDENZA
– ANNO 2006 –**

**Alcohol services
NHS SERT-Centres**

DIPARTIMENTO DELLA PREVENZIONE E DELLA COMUNICAZIONE
DIREZIONE GENERALE DELLA PREVENZIONE SANITARIA
DELL'EX MINISTERO DELLA SALUTE

RELAZIONE DEL MINISTRO DEL LAVORO, DELLA SALUTE E DELLE
POLITICHE SOCIALI AL PARLAMENTO SUGLI INTERVENTI REALIZZATI
AI SENSI DELLA LEGGE 30.3.2001 N. 125 "LEGGE QUADRO IN MATERIA DI
ALCOL E PROBLEMI ALCOLCORRELATI"

ANNI 2006-2007

**Law 125/2001
implementation.
Epidemiological report
Policies by Regions
Actions by MoH**

FORMAL REPORTS MoH / ISS-CNESPS



A summary of the information is included in the Report of the Minister of Health to the Parliament on the Health Status of the Country



ALCOHOL RISK: SETTING THE LIMITS, MONITORING THE RISK



RISK DEFINITION

POPULATION AT RISK

INDICATORS

GUIDELINES

UPDATING NATIONAL RISK DEFINITION

The definition of hazardous drinkers (SIA-ISS criteria)

The change in definitions used in ITALY in year 2000 for “*hazardous drinkers*” are based on those of the World Health Organization (WHO), which defines “hazardous” consumption as levels or behaviours that can result in harm if they persist.

The modalities of consumption that are generally considered to identify the risk are:

- the frequency of alcohol consumption
- the quantities of alcohol consumed
- the frequency of binge drinking

UPDATING NATIONAL RISK DEFINITION & INDICATORS

The definition of hazardous drinkers (ITALY , 2000)

According to the Italian guidelines for a healthy diet developed by INRAN **hazardous drinkers** were subjects who fulfil one of the following criteria:

- 1) women who consume more than 20 grams per day (1-2 glasses)
- 2) men who consume more than 40 grams of alcohol per day (2-3 glasses)
- 3) people aged 16-18, who consume more than 1 glass of any alcoholic beverage per day
- 4) people aged 16-18, who consume more than 1 glass of any alcoholic beverage per day
- 5) people aged over 65 who consume more than 1 glass of any alcoholic beverage per day

FURTHERMORE

- 6) all individuals who consume on one occasion more than 6 glasses (binge drinking).

1 standard unit = 12 grams

2003 NUTRITIONAL GUIDELINES

14

Framework for alcohol policy in the WHO European Region

Alcohol-free situations

Certain sectors of society and certain life circumstances should be alcohol free.

In particular, there should be no alcohol consumption during childhood and adolescence and in the environment surrounding young people. Other important situations and circumstances that should be alcohol free are in road traffic, in the workplace and during pregnancy.



e) Bisogna inoltre usare particolare cautela in certe ben identificate fasi della vita e in certi gruppi di popolazione a rischio. **Nell'infanzia e nell'adolescenza occorre evitare del tutto l'uso di bevande alcoliche**, sia per una non perfetta capacità di trasformare l'alcol, sia per il fatto che più precoce è il primo contatto con l'alcol, maggiore è il rischio di abuso. Le donne in gravidanza e in allattamento dovrebbero astenersi completamente dal consumo di alcolici, o comunque diminuire drasticamente le dosi (1 U.A. una volta o al massimo due volte la settimana). L'alcol infatti si distribuisce in tutti i fluidi e le secrezioni e quindi arriva al feto, attraversando la barriera placentare, e al bambino, tramite il latte, rischiando di provocare seri danni. **Nell'anziano l'efficienza dei sistemi di metabolizzazione dell'etanolo diminuisce in maniera rilevante, e il contenuto totale di acqua corporea è più basso; è perciò consigliabile limitare il consumo di alcolici ad 1 U.A. al giorno.** Gli alcolisti in trattamento e gli ex alcolisti devono assolutamente astenersi dal consumo di qualsiasi bevanda alcolica.

f) Estrema attenzione deve essere posta al problema delle interazioni tra alcol e farmaci. Chi segue una qualsiasi terapia farmacologica deve consigliarsi con il proprio medico curante sull'opportunità di bere alcolici. Identica attenzione deve essere rivolta anche ai comuni farmaci da banco, per molti dei quali è da suggerire l'astensione dal consumo concomitante di alcolici.

60

DISSEMINATING NEW NUTRITIONAL GUIDELINES

0 – 1 – 1-2. – 2-3

According to the Italian guidelines for a healthy diet developed by INRAN/ ISS/SIA **hazardous drinkers** are subjects who fulfil one of the following criteria:

Sei a rischio per la salute
se il consumo giornaliero è superiore a :

0 Unità fino ai 16 anni		1 Unità tra i 18 e i 20 anni ed oltre i 65 anni		1-2 Unità per le donne		2-3 Unità per gli uomini
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Ministero delle Politiche Agricole e Forestali

INRAN
Istituto Nazionale di Ricerca per gli Alimenti e la Nutrizione

LINEE GUIDA PER UNA SANA ALIMENTAZIONE ITALIANA



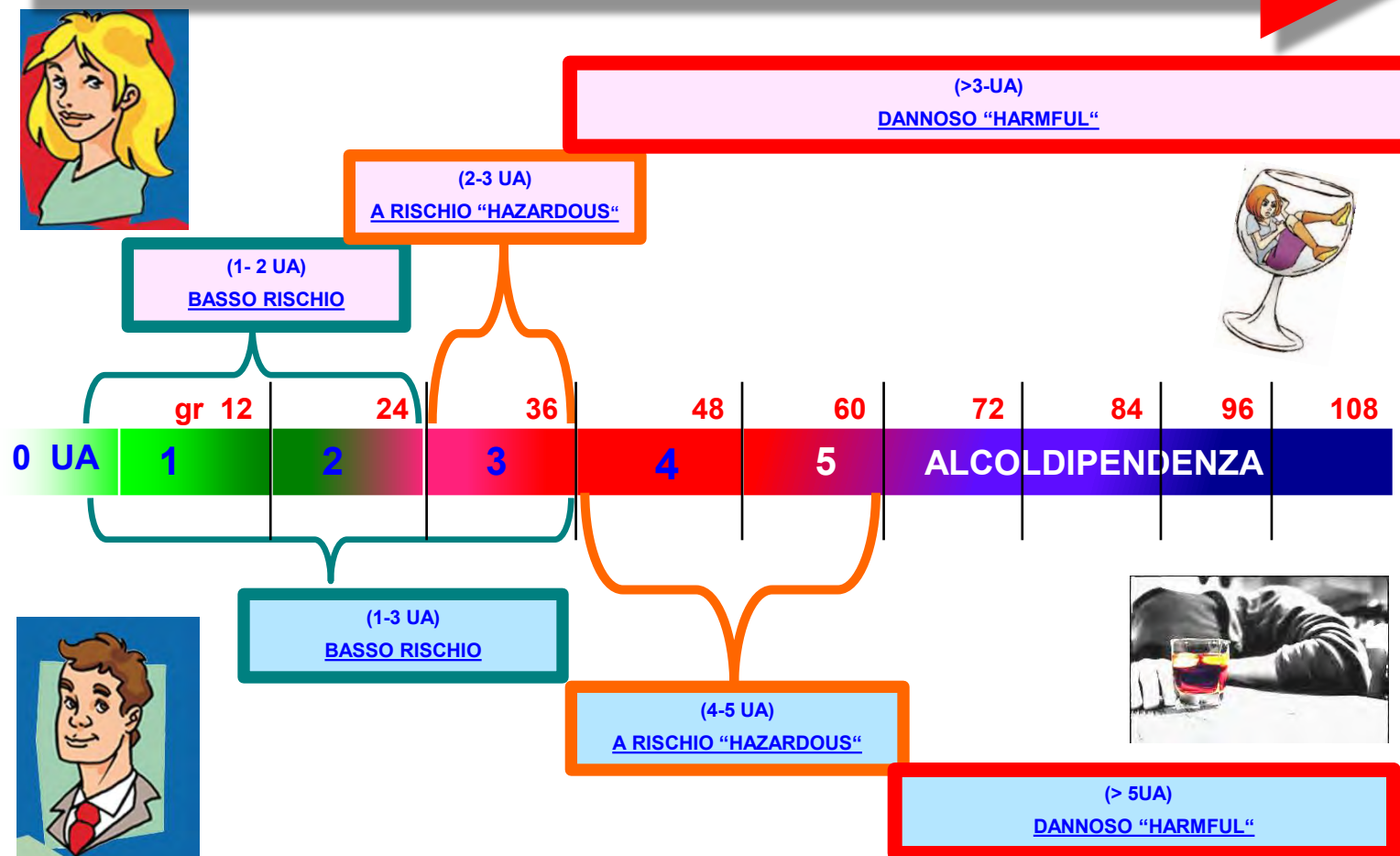
Birra 330 ml	Vino 125 ml	Aperitivo 80 ml	Cocktail alcolico 40 ml
			
oppure	oppure	oppure	
4,5°	12°	18°	36°

1 bicchiere = 1 unità = 12 grammi di alcol

1 standard unit = 12 grams

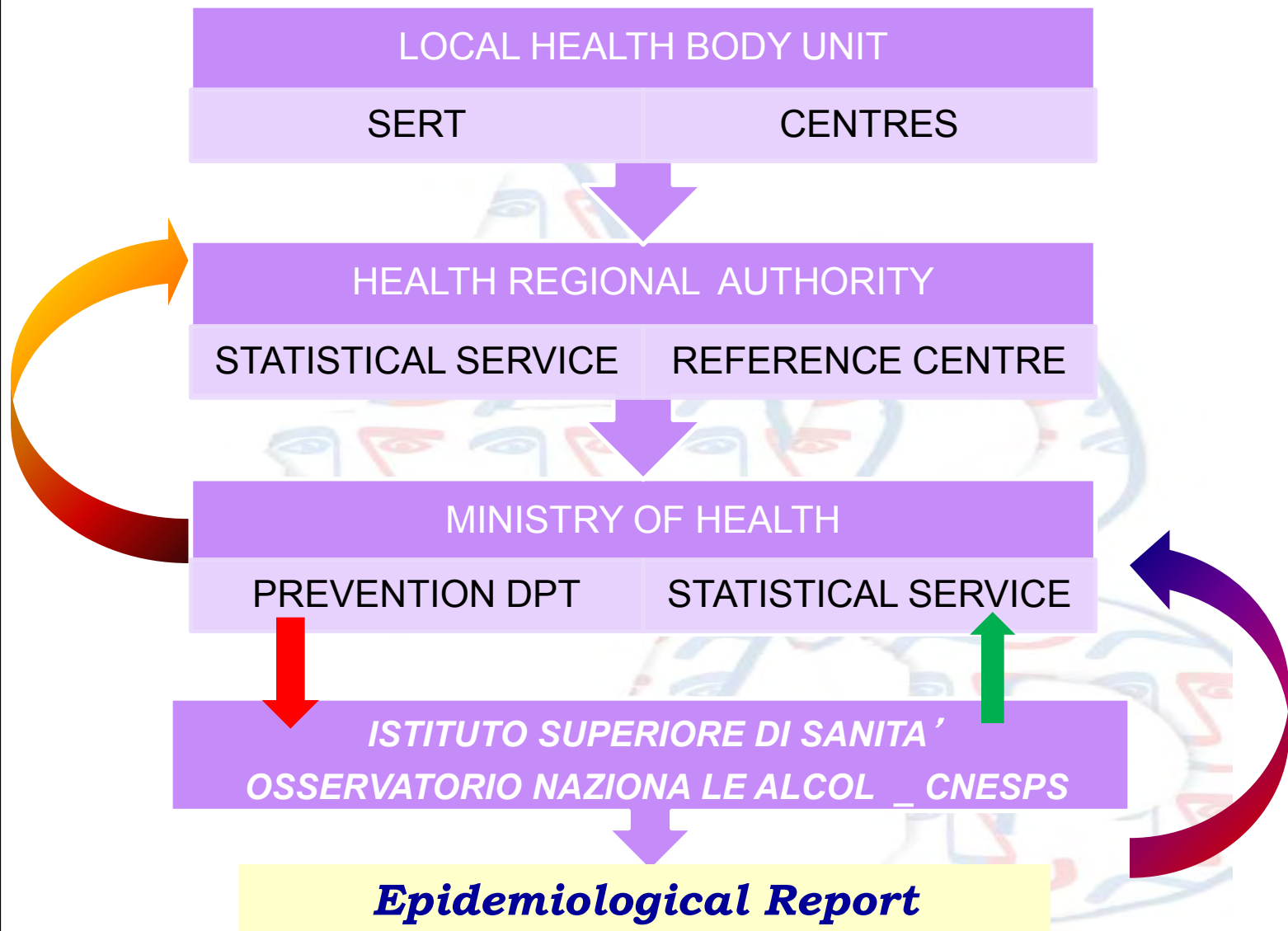
Italian Society of Alcohol Science debate Alcohol drinking RISK as a *continuum*

Adattamento delle differenti linee guida internazionali: EMANUELE SCAFATO, ISS-ONA 25/10/2012



E. SCAFATO, SIA 2013, ROMA

Alcohol MONITORING SYSTEM FLOW



ALCOHOL USE MONITORING and RISK DEFINITION ISTAT YEARLY "MULTISCOPO" SURVEY on Lifestyle and Health Status

BEVERAGES

(PEOPLE >11 YEARS OLD)

What is the amount of the following beverages that you usually drink?

(Only one answer per line)

	>1 lt a day	From ½ lt to 1 lt a day	1-2 glasses a day (less than ½lt)	More seldom	Seasonally	No consumption
Mineral Water	1	2	3	4	5	6
Sparkling beverages (except water)	1	2	3	4	5	6
Beer	1	2	3	4	5	6
Wine	1	2	3	4	5	6

(If you drink beer or wine daily)

How many glasses of wine or beer do you drink daily?

	Number of glasses a day
Beer (1 glass = One 330ml beer mug, One can).....	<input type="text"/>
Wine (1 glass =125 ml).....	<input type="text"/>

ISTAT YEARLY "MULTISCOPO" SURVEY

(Answer this question only if you drink alcoholic aperitifs, bitters or spirits daily, otherwise step to the following question)

How many glasses of alcoholic aperitifs, bitters or spirits do you daily drink totally?

Number of glasses a day

(all subjects >11 years old)

Do you usually drink wine or alcoholic beverages between meals?

- Every day..... 1
- Sometime a week..... 2
- More seldom..... 3
- Never..... 4

What is the amount of the following beverages that you usually drink?

(Only one answer per line)

	> 2 shots a day	1-2 shots a day	Some shots a week	More seldom	On rare occasions	No consumption
Non alcoholic aperitifs.....	1	2	3	4	5	6
Alcoholic aperitifs.....	1	2	3	4	5	6
Amari (Bitters).....	1	2	3	4	5	6
Spirits (or liquors)	1	2	3	4	5	6



ISTAT YEARLY "MULTISCOPO" SURVEY

on Lifestyle and Health Status

(ADDED in 2001)

During the last 12 months. Have you ever drunk alcoholic beverages (including wine and beer)?

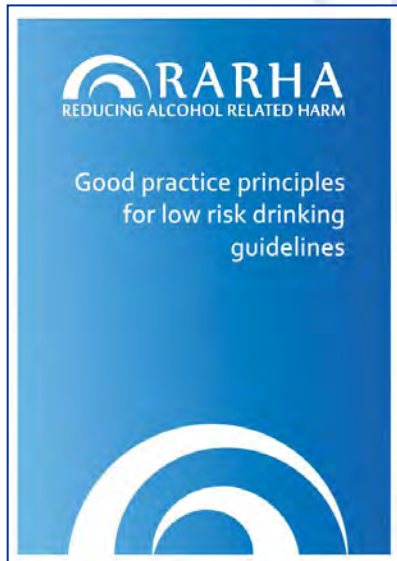
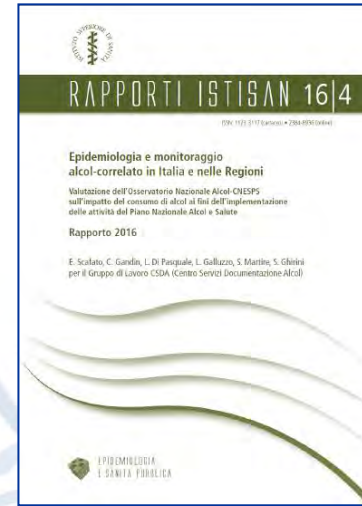
- Yes 1
- No, but I drank in the past 2
- No, I don't drink 3

During the last 12 months, Have you ever drunk 6 or more glasses of alcoholic beverages, even different, on a single occasion

- NO 1
- YES 2 → no of times (one night, during a party, being alone, etc...)?



Alcohol : epidemiology and monitoring





Monitoring alcohol : basic for policy



Box 1: Development of the alcohol policy framework in Italy in the years 2000⁹

Legislative framework till 2000

- Provision of treatment and rehabilitation services.
- BAC limit for driving, use of RBT.
- Licensing for production and sale.
- Age limit for serving alcohol (16 years).
- Restrictions on advertising.

Framework law on alcohol and alcohol-related problems 125/2001

- Adequate availability of prevention, treatment and rehabilitation services.
- Alcohol was prohibited in most work places.
- BAC limit for driving was reduced, sale of alcohol along highways was restricted.
- Yearly budget: education and prevention EUR 1 million, monitoring and research EUR 0,5 million each.
- National Committee on Alcohol.
- Yearly progress report to Parliament.
- Yearly national Alcohol Prevention Day organised in April since 2001.

The 3rd National Health Plan 2006–2008

- Endorsed by agreement between the State and the Regions in 2007.
- Aims: to promote healthy life styles and prevent chronic illnesses.
- Addresses nutrition, physical exercise, smoking, alcohol.

Developments 2007–2008

- Sale of alcohol in discos prohibited after 02:00 by law in 2007.
- State-Region agreement in 2007 on mandatory BAC and drugs control for public transport and for work involving high risk for community safety.
- 1st National Conference on Alcohol, organised by the Ministry of Health & the National Committee in October 2008.

The 1st National Alcohol and Health Plan 2007–2009

Part of the National Health Plan. Objectives:

- Increased awareness of alcohol-related risks.
- Reduced high risk consumption.
- Reduced share of consumers among under 18s.
- Reduced risk of alcohol-related problems in the family, workplace, and drinking environments.
- Reduced alcohol-related violence, child abuse and family problems.
- Accessible and effective treatment to at risk consumers and persons with alcohol dependency.
- Dissemination of methods for early identification of persons at risk, increasing ability of problem drinkers to control their behaviour.
- Protecting from pressures to drink children, young people and those who choose to abstain.



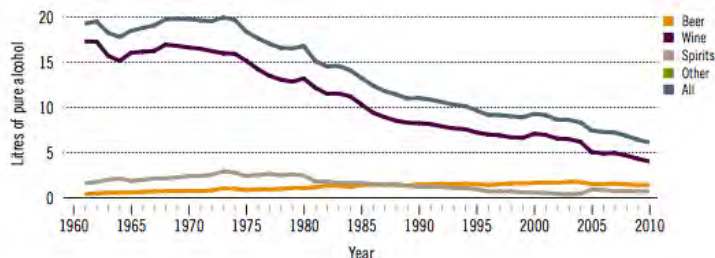
Italy

Total population: 60 509 000 > Population aged 15 years and older (15+): 86% > Population in urban areas: 68% > Income group (World Bank): High income

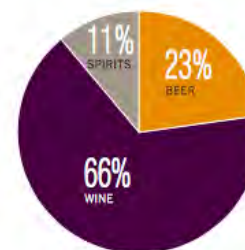
ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2010

Data refer to litres of pure alcohol per capita (15+).



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2010



Alcohol per capita (15+) consumption (in litres of pure alcohol)

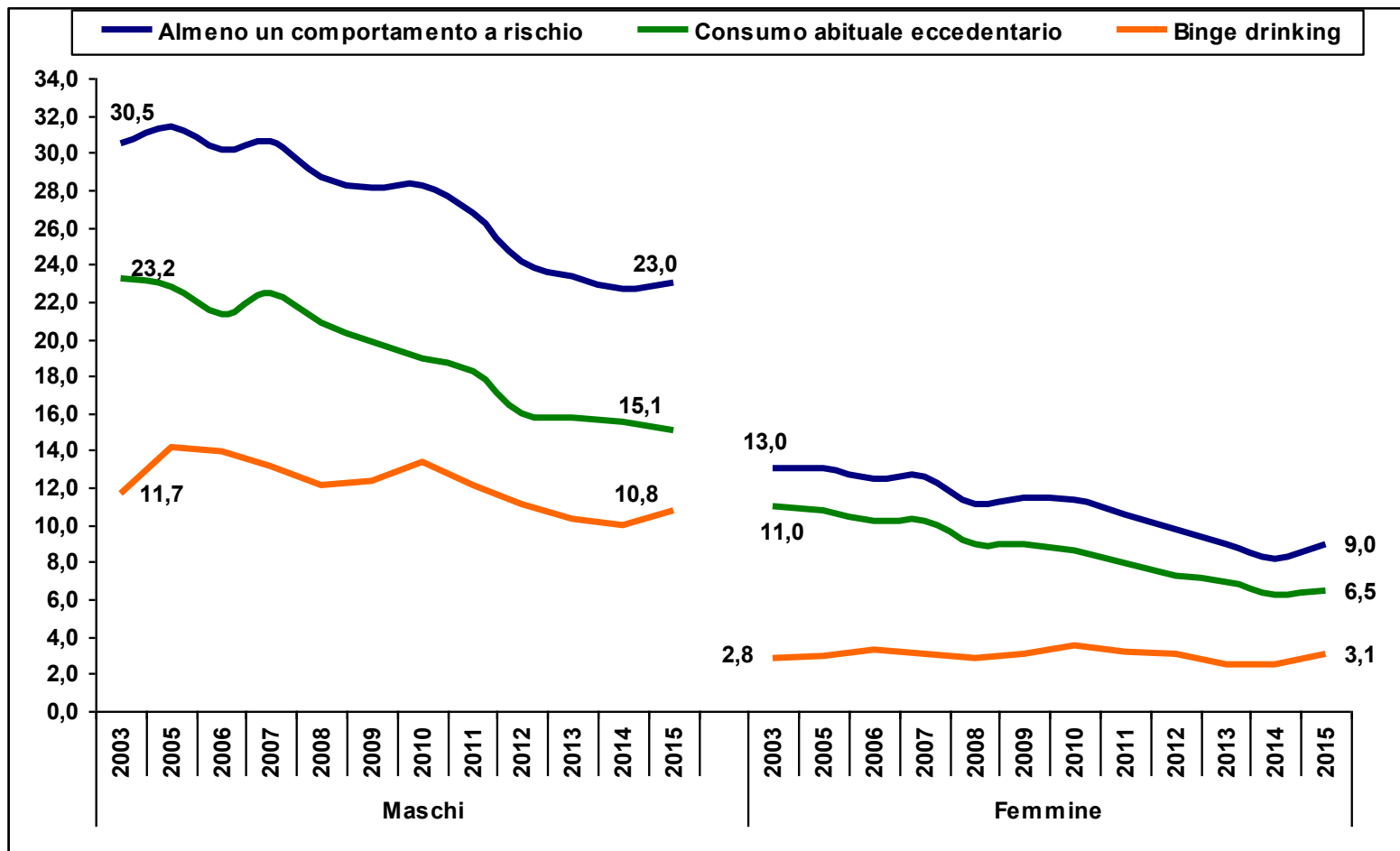
In 1975 it was close to 20 liters
 Changes in total alcohol consumption from
 2005 to 2010
decrease from 10.5 to 6.7 (36%)



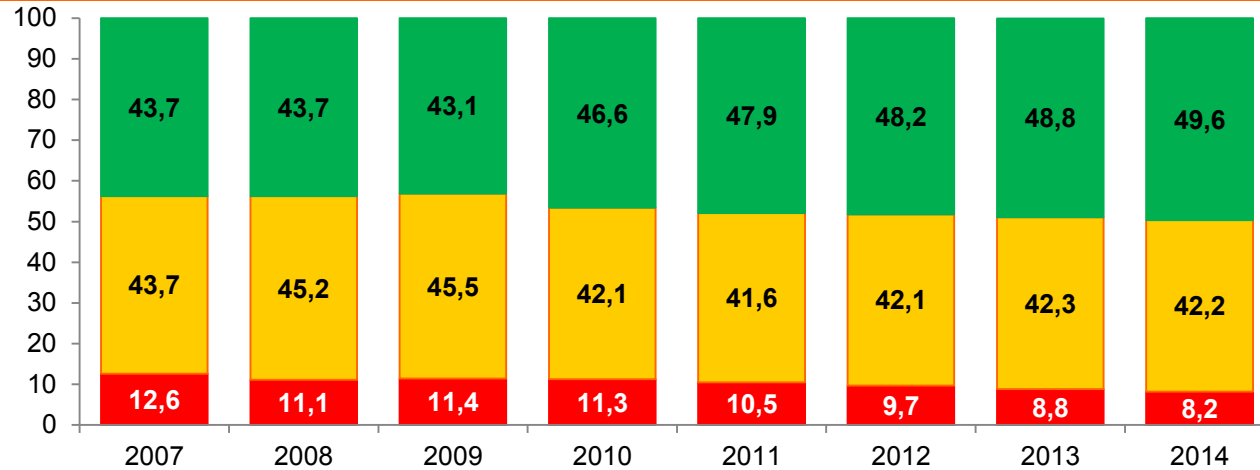
Global status report
on alcohol and health
2014



AT RISK DRINKING BEHAVIOURS – ITALY 2003-2015

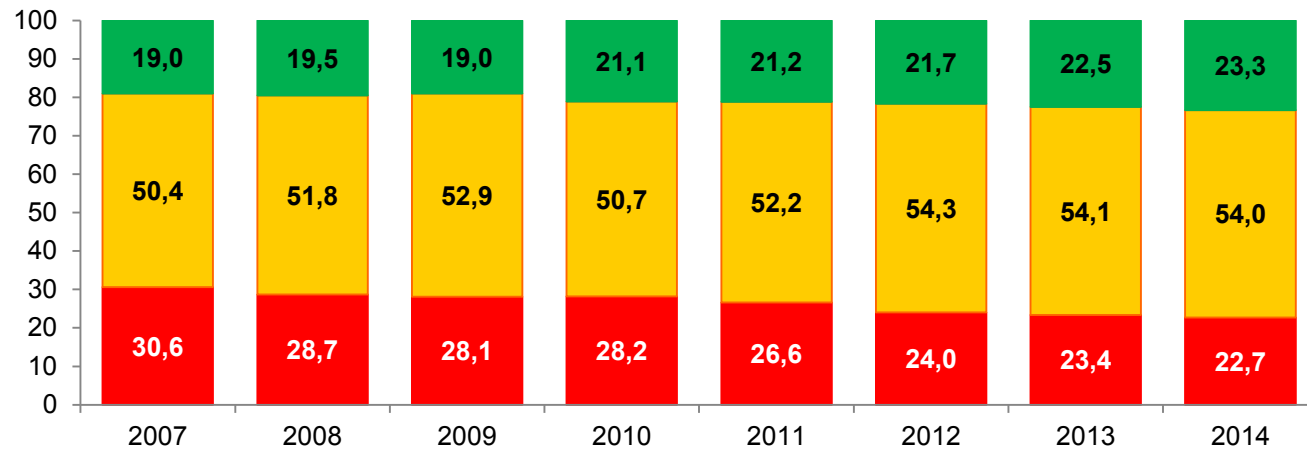


DRINKERS (AGE 11+), ITALY (2007-2014)



Consumatore a rischio Consumatore Non consumatore o missing

FEMMINE



Consumatore a rischio Consumatore Non consumatore o missing

MASCHI

ALCOHOL DRINKING in ITALY . 2014



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34 millions
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Alcohol use disorders

73.000 in carico



Setting low risk drinking guidelines: the lesson learnt and the continuous need for further improvements

The evolution of Italian guidelines provides a fair good evaluation of the changes adopted in the modalities and the process during the last decades.

The overall approach has been accompanied by formal and informal scientific contributions influencing the improvement in dealing with criteria much more compliant with the international community standard.

indicazioni nutrizionali
per la popolazione italiana

Edizione a cura
dell'Istituto Nazionale della Nutrizione
con il contributo
del Ministero della Sanità

Roma 1979

Alcohol (wine) in the Italian Dietary Reference Intakes - 1979 -

The first policy document of Italian nutritional references (1979) elaborated by the National Institute of Nutrition in collaboration with the Ministry of Health it was established a daily ration of 500 ml of wine for male and 300 ml for female

RAZIONI PER GESTANTI E NUTRICI FRA 20-39 ANNI DI ETÀ

ALIMENTI	GESTANTE Quantità al netto g	NUTRICE
Latte	450	300
Carne - Pesce - Uova (Formaggi)	150 (65)	150 (65)
Paste alimentari - Pane	300	300
Patate - Ortaggi	450	500
Frutta fresca - Agrumi	280	300
Grassi da condimento	30	35
Zucchero	30	30
Vino	300	300

RAZIONI PER GRUPPI DI ETÀ FRA 40-49 ANNI

ALIMENTI	UOMINI Quantità al netto g	DONNE
Latte	200	190
Carne - Pesce - Uova (Formaggi)	155 (65)	140 (60)
Paste alimentari - Pane	400	260
Patate - Ortaggi	410	300
Frutta fresca - Agrumi	220	200
Grassi da condimento	45	35
Zucchero	30	30
Vino	400	300

RAZIONI PER GRUPPI DI ETÀ FRA 50-59 ANNI

ALIMENTI	UOMINI Quantità al netto g	DONNE
Latte	200	170
Carne - Pesce - Uova (Formaggi)	145 (60)	135 (55)
Paste alimentari - Pane	350	280
Patate - Ortaggi	370	270
Frutta fresca - Agrumi	220	200
Grassi da condimento	45	35
Zucchero	30	30
Vino	350	220

RAZIONI PER ETÀ OLTRE I 65 ANNI

ALIMENTI	UOMINI Quantità al netto g	DONNE
Latte	200	170
Carne - Pesce - Uova (Formaggi)	145 (60)	135 (60)
Paste alimentari - Pane	280	200
Patate - Ortaggi	270	230
Frutta fresca - Agrumi	200	190
Grassi da condimento	35	25
Zucchero	30	30
Vino	220	180

RAZIONI PER GRUPPI DI ETÀ FRA 20-39 ANNI

ALIMENTI	UOMINI Quantità al netto g	DONNE
Latte	200	190
Carne - Pesce - Uova (Formaggi)	155 (65)	140 (60)
Paste alimentari - Pane	450	280
Patate - Ortaggi	430	310
Frutta fresca - Agrumi	220	200
Grassi da condimento	40	40
Zucchero	30	30
Vino	500	300

In 1979 it was established a daily ration of 500 ml of wine for male and 300 ml for female. Even in pregnant and breastfeeding women was suggested an assumption of 300 ml of wine.

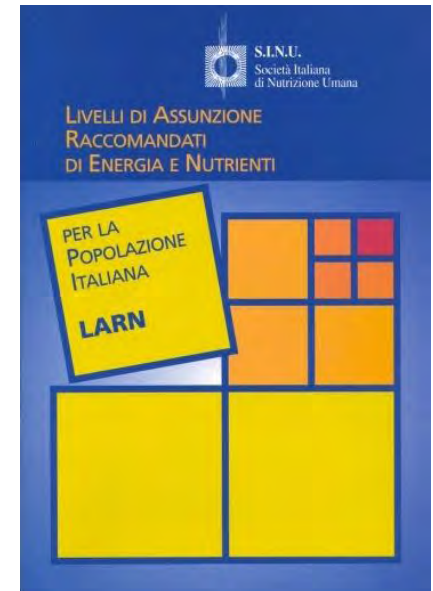
Age class	MALES	FEMALES
20-29	500	300
20-39 PREGN. / BREASTF.	300	300
40-49	400	300
50-59	350	220
>65	220	180



The Italian Dietary Reference Intakes: 1987 and 1996



In the following 10 years, the Italian dietary recommendations (LARN – Livelli di Assunzione Raccomandati di Energia e Nutrienti, 1987) focused the attention on the critical issue of alcohol consumption during pregnancy and breastfeeding and in under-18 years old youngs, pointing out the dangers in these classes of ages and physiological conditions. **However, alcohol was still considered a nutrient recommended to be consumed under the limit of 10% of total caloric requirement.** Transforming this data in alcohol units (AU) it results in 3.5 AU in male and 2.5 in female and 2 in elderly.



Quantità di alcool accettabile nella dieta: 10% fabbisogno energetico.

Anni	Femmine (g)	Maschi (g)
18-29	30,7	43,5
30-59	30,7	41,4
≥ 60	24,2	28,5

Italian Guidelines: the revisions

LINEE GUIDA

Attenti al vostro peso

Meno grassi e colesterolo

Più amido e più fibra

I dolci: come e quanti

Il sale? meglio poco

Alcool: se si con moderazione

Come e perché variare

PER UNA SANA ALIMENTAZIONE ITALIANA

ISTITUTO NAZIONALE DELLA NUTRIZIONE - 1986

LINEE GUIDA PER UNA SANA ALIMENTAZIONE ITALIANA
REVISIONE 2003

Ministero delle Politiche Agricole e Forestali

INRAN
Istituto Nazionale di Ricerca per gli Alimenti e la Nutrizione

LINEE GUIDA PER UNA SANA ALIMENTAZIONE ITALIANA

Controlla il peso e mantieniti attivo

Più cereali, legumi, ortaggi e frutta

Il sale? meglio non eccedere

Come e perché variare

revisione 2003

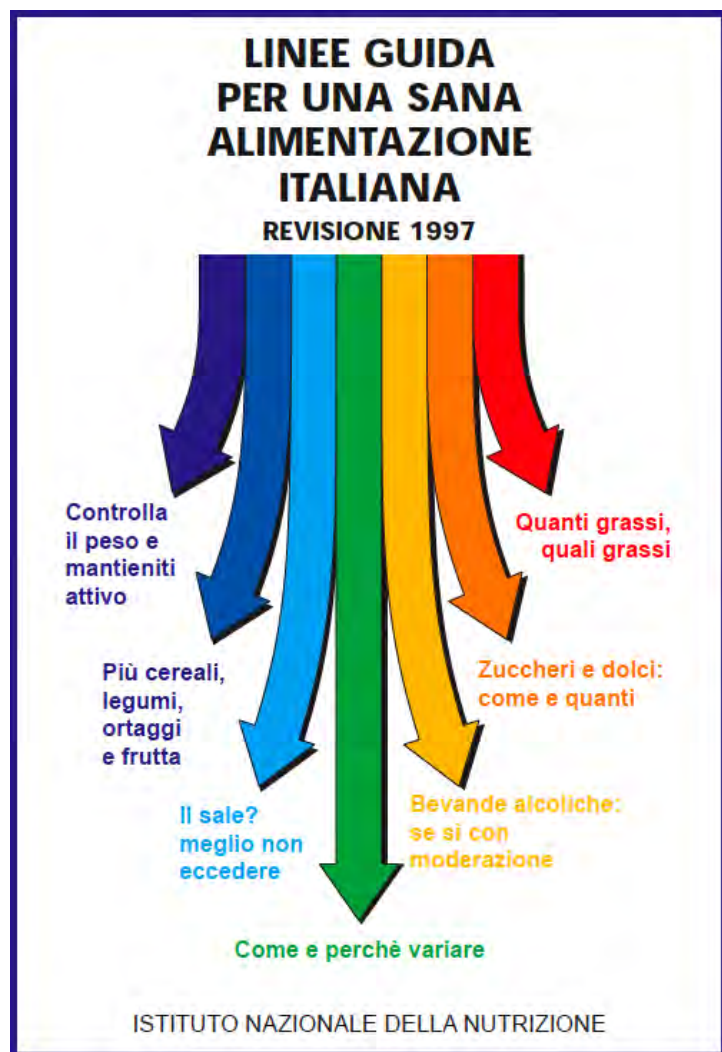
ISTITUTO NAZIONALE DELLA NUTRIZIONE

Italian Guidelines: the revisions



In the first Italian Guidelines for Healthy Nutrition[4] (1986) the acceptable quantity of alcoholic beverages was fixed at 1 g/Kg of body weight, corresponding to 450-600 ml of wine for male and 250-350 ml for female

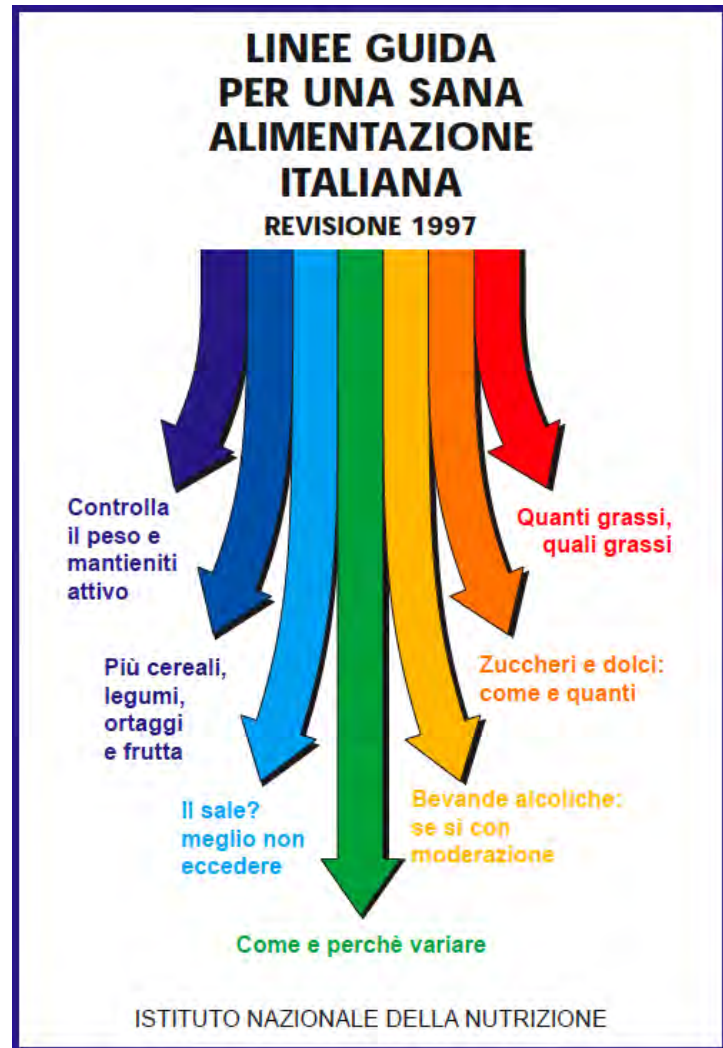
Italian Guidelines: the revisions



In the second revision of Italian Guidelines (1997) the recommendation was slightly lowered for men (450 ml/die) but maintained for women (350 ml/die) considering the differences among sex in term of body weight and metabolism capacity of ethanol. These figures were the translation of the dietary recommendations (LARN 1996) that fixed the acceptable intake of ethanol in 40 grams for male and 30 for female.

Among the various alcoholic beverages, wine was considered better because it contains antioxidants, considered protective for health. Large bibliographical production of that period pointed out the protective aspects of phenolic molecules present in wine (especially red wine) leading to a public health attitude encouraging moderate quantity of wine (and beer) consumption for protection against cardiovascular diseases. The message at that period was “alcoholic beverages: if yes, with moderation”.

Alcohol in the Italian Guidelines - 1997



- **Acceptable consumption:** *less than 450 ml/die for men and 350 ml/die for women.*
- Preference for **wine** and **beer**.
- Warning for **vulnerable groups** (children and elderly) and **physiological status** (pregnancy and lactation).

Italian Guidelines: the revisions



In Italian Guidelines (2003), even with more disclaimers than in the past, it was maintained the idea of wine (in particular) as “beneficial” respect to other alcoholic beverages.

It was introduced the concept of alcohol units (AU) corresponding to 12 grams of alcohol.

It was considered the interaction of alcohol with drugs and the importance of a reduction of intake in elderly in which ethanol metabolic capacity decreased.

In 2003 the guidelines lowered the recommended drinking levels fixing the threshold of “lower risk” to 2-3 AU for male and 1-2 AU for female and elderly.

Alcohol in the Italian Guidelines - 2003



Bevande alcoliche: se sì, solo in quantità controllata

*IF YOU DRINK
ALCOHOL, BE
MODERATE*

Bevande alcoliche:
se sì, solo
in quantità controllata



- moderate consumption (2-3 glasses for men and 1-2 glasses for women)
- prefer consumption with meals
- prefer beverages with low alcohol content (wine and beer)
- avoid consumption in childhood and adolescence, during pregnancy and lactation; reduce in the elderly
- do not have alcohol before driving

Italian Guidelines: how changed the message

1986 revision - n. 7 messages	1997 revision - n. 7 messages	2003 revision - n. 10 messages
Be careful to your body weight	Check your body weight and do physical activity	Check your body weight and constantly do physical activity
Less fats and cholesterol	How many fats and what kind of fats	Fats: select the quality and limit the quantity
Increase the intake of starch and fibre	Increase the intake of cereals, legumes and fruit	Increase the intake of cereals, legumes and fruit
Cake: how and how much	Sugar and cakes: how and how much	Sugar and cakes, soft drinks: within correct limits
Salt? The Best is Less	Salt? Better not to exceeding	Salt? The Best is Less
Alcohol: if yes, with moderation	Alcoholic beverages: if yes, with moderation	Alcoholic beverages: If yes, only in moderate quantities
How and why varying	How and why varying	Vary often your choices for the meals
		Drink abundant water every day
		Special suggestions for special person
		Food safety is also your duty



Ministero della Salute

Alcol Corretta alimentazione

Corretta alimentazione in bambini e adolescenti Corretta alimentazione in gravidanza

Droghe Fertilità

Fumo Allattamento

Buone norme igienico-sanitarie Sport e attività fisica

Calcola l'indice di massa corporea - IMC

La nostra salute

Temi e professioni

News e media

Ministro e Ministero

Vivere in salute

Vivi sano



MARTEDÌ 8 E MERCOLEDÌ 9
DELLA SALUTE

2012-2013 S.I.A. & MoH NEW GUIDELINES 0 - 1 - 2

La giusta misura
Non esiste un consumo di alcol sicuro per salute. Tuttavia, se si decide di bere scegliere bevande a bassa gradazione alcolica e consumare gradualmente per ridurre il pregiudizio alla salute.

Infine, non si devono superare le quantità considerate a basso rischio:

- > 2 unità alcoliche al giorno per gli uomini
- > 1 unità alcolica al giorno per le donne
- > 1 unità alcolica al giorno per le persone con più di 65 anni
- > zero unità di alcol sotto i 18 anni

Un'unità alcolica corrisponde a 12 grammi di alcol puro ed equivale a un bicchiere (40°).

No al "bere per ubriacarsi"
Negli ultimi anni dieci si è diffuso in particolare tra i giovani nel nostro Paese e in quantità moderate consumate nel controllo formale ed informale della guida.

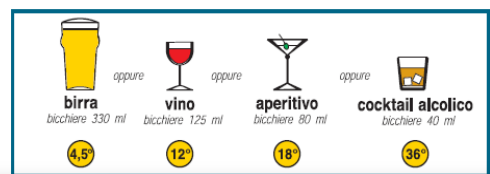
La nuova abitudine, particolarmente diffusa tra le fasce giovanili, si caratterizza per un consumo temporale di solito ristretto a 2-3 ore. Questo modello di consumo, importa la propria salute sia per i comportamenti a rischio che ne derivano in funzione della quantità di alcol consumata e può spingersi sino al coma etilico. Il binge drinking è assolutamente da evitare.

Mai alla guida
Non esistono quantità di alcol sicure alla guida. Il livello di concentrazione per i minori di 21 anni, per i neopatentati e per i professionisti del volante, è zero. Il consumo di alcol altera la capacità di rispondere prontamente agli stimoli acustici e quanto l'alcol altera la capacità di rispondere prontamente agli stimoli acustici non si è digiuni il tempo può anche ridursi a 1-2 ore.



LE EVIDENZE SCIENTIFICHE 2013 PER LE NUOVE LINEE GUIDA SUL CONSUMO DI ALCOL

Unità Alcoliche equivalenti (contenenti 12 g di alcol)



Sei a rischio per la salute
se il consumo giornaliero è superiore a:

0 Unità fino ai 16 anni	1 Unità Tra 16 e 20 anni ed oltre i 65 anni	1-2 Unità per le donne	2-3 Unità per gli uomini
-----------------------------------	---	--------------------------------------	--

0-18 anni 0 Unità	18-20 & 65+ 1 Unità	Donne 1 Unità	Uomini 2 Unità
------------------------------------	--	--------------------------------	---------------------------------

- sono inoltre considerati comportamenti a rischio
- > il **Binge drinking**, cioè il consumo in un'unica occasione di 6 o più UA
 - > il consumo di alcolici **per le donne in gravidanza e in allattamento**
 - > il consumo di qualsiasi bevanda alcolica **per gli alcolisti in trattamento e gli ex alcolisti**
- EMANUELE SCAFATO 25/10/2012

UPDATING NATIONAL RISK DEFINITION

The definition of hazardous drinkers (ITALY , 2000)

According to the Italian guidelines for a healthy diet developed by ISS – SIA – MoH **hazardous drinkers** are subjects who fulfil one of the following criteria:

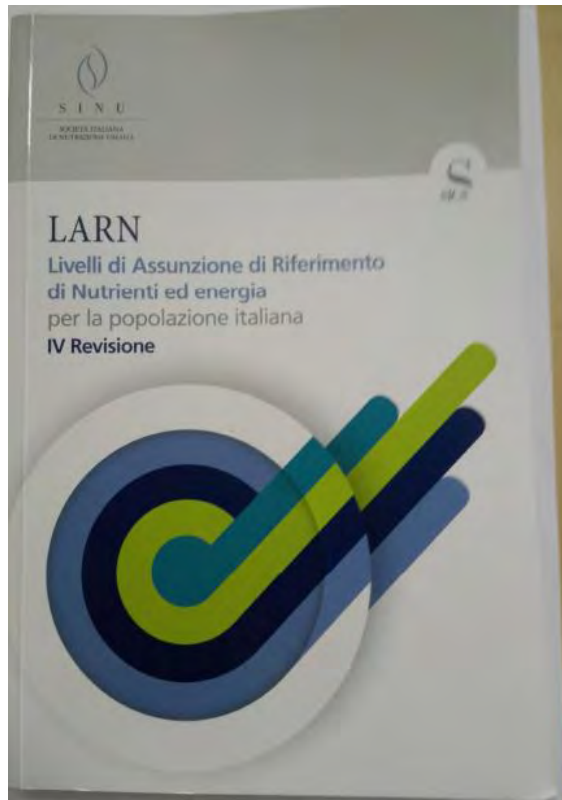
- 1) women who consume more than 12 grams per day (1 glass)
- 2) men who consume more than 24 grams of alcohol per day (2 glasses)
- 3) people aged over 65 who consume more than 1 glass of any alcoholic beverage per day
- 4) people under the age of 18, who consume ANY quantity ANY alcoholic beverage per day
- 5) people aged over 65 who consume more than 1 glass of any alcoholic beverage per day

FURTHERMORE

- 6) all individuals who consume on one occasion more than 6 glasses (binge drinking).

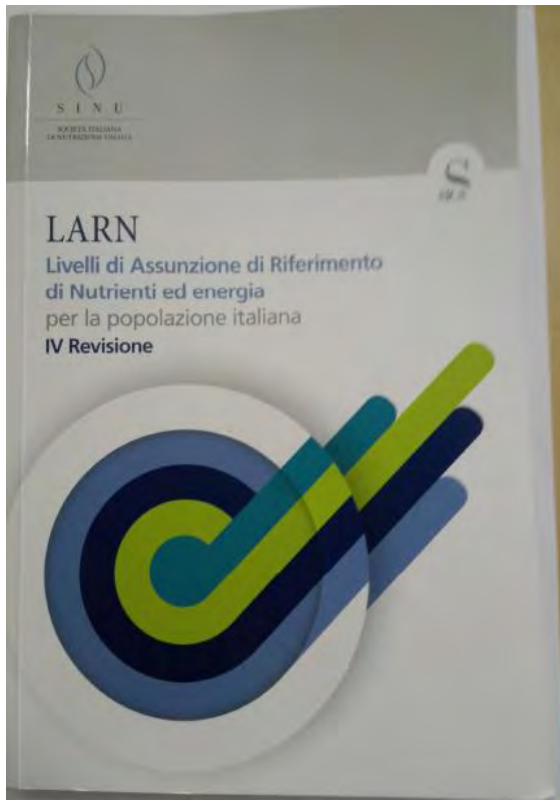
1 standard unit = 12 grams

2014 Italian Dietary Reference Intakes: the IV Revision



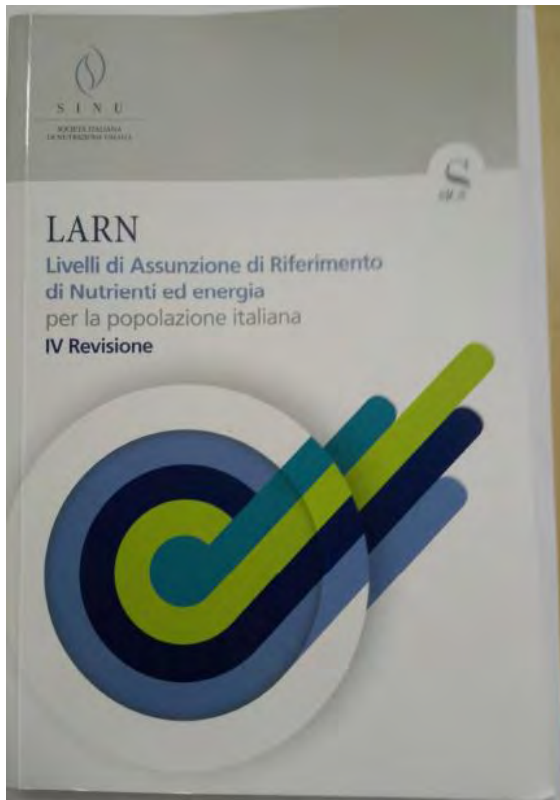
- Based on WHO (2004), US Guidelines (2010), WCRF/AIRC (2007 and 2013) for cancer risk.
- **Low risk consumption:** less than 20 g/die for men and 10 g/die for women.
- Ethanol is defined as a **non-nutrient** having a **nutritional interest**.
- Evident shift from “**potential benefit**” to “**potential harmful**”

2014 Italian Dietary Reference Intakes: the IV Revision



The most recent dietary recommendations (LARN - IV edition, 2014)[9] even confirming the quantitative aspects, changed completely the approach toward ethanol and alcoholic beverages. **Ethanol was described for the first time as a toxic, carcinogenic and psychoactive compound for which it is impossible to identify a “recommended” quantity or “acceptable” level compatible with good health.** According to international recommendations it was decided to **avoid the use of word “moderate”** since it is an inexact term for a pattern of drinking not causing health problems.

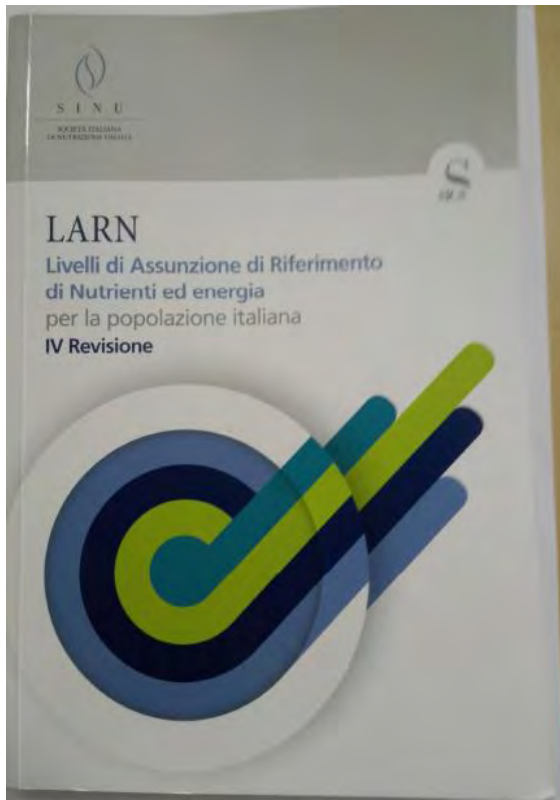
2014 Italian Dietary Reference Intakes: the IV Revision



Terms as “sensible drinking”, “responsible drinking” and “social drinking” were avoided because not univocally defined and changeable because of different cultural and ethical values. In this sense, it was defined:

- **low risk consumption:** less than 10 g/die (approx. 1 alcoholic unit) for female and 20 g/die for male.
- **hazardous alcohol consumption** is a level of consumption pattern of drinking that is likely to result in harm if habits persist corresponding to a regular average consumption of 20-40 g/die for female and 40-60 g/die for male.
- **harmful drinking** is defined as “a pattern of drinking that causes damage to health, either physical or mental” corresponding to a regular average consumption of more than 40 g of alcohol a day for female and more than 60 g a day for men.

2014 Italian Dietary Reference Intakes: the IV Revision



The reframing introduced by LARN in 2014 clearly based on a much more adequate compliance with the epidemiological and scientific evidences : guidelines cannot anymore consider a non-risk consumption but only a lower-risk consumption.

Alcohol is not anymore a nutrient but it is considered a toxic, cancerogenic compound of some nutritional interest . In term of guidelines the clear shift was from “potential benefit” to “potential harm”.

0, 1 and 2 UA are the limits identified for minors (<18) , females and 65+ and males, respectively, to be disseminated by mean appropriate communication and prevent ion strategies and initiatives

Changes in Italian recommendations on alcohol consumption

	1979 <u>Nutritional References</u>	1986 LARN (10% of Tot. Calories Intake)	1986 <u>Linee Guida</u> (1g/Kg body weight)	1996 LARN	1997 Linee Guida	2003 Linee Guida	2014 LARN
	<u>Wine (ml)</u>	<u>Alcohol (gr)</u>	<u>Wine (ml)</u>	<u>Alcohol (gr)</u>	<u>Wine (ml)</u>	<u>Alcohol (AU)</u>	<u>Alcohol (AU)</u>
Men	500 ml 4 AU 48 gr	3,5 AU 42 gr	450-600 ml 3,6 – 4,8 AU 43 - 58 gr	3,3 AU 40 gr	450 ml 3,6 AU 43 gr	250-365 ml 2-3 AU	2 AU 24 gr
Women	300 ml 2,5 AU 30 gr	2,5 AU 31 gr	250-350 ml 2 – 2,8 AU 24 – 34 gr	2,5 AU 30 gr	350 ml 2,8 AU 34 gr	125-250 ml 1-2 AU 12 – 24 gr	1 AU 12 gr
Elderly	220 ml 1,8 AU 22 gr	2,3 AU 28 gr	311 ml 2,5 UA 30 gr	30 gr		1 AU 12 gr	1 AU 12 gr

WHAT NEXT ?

The alcohol working group of the revision of Italian Guidelines

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Carlo La Vecchia²

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3 Dipartimento di Epidemiologia, IRCCS-Istituto di Ricerche Farmacologiche “Mario Negri”, Milano.



The new “Hot Points” of the next dietary guidelines for alcohol

- Alcoholic beverages, including wine and beer, are **not protective** for health and could be **harmful**.
- If you decide to drink alcohol **be aware** of the **risk for cancer**.
- The protection for cardiovascular diseases could be reached with other dietary strategies such as increase F&V, reduce salt, reduce obesity, etc.

The Traditional Healthy Mediterranean Diet Pyramid

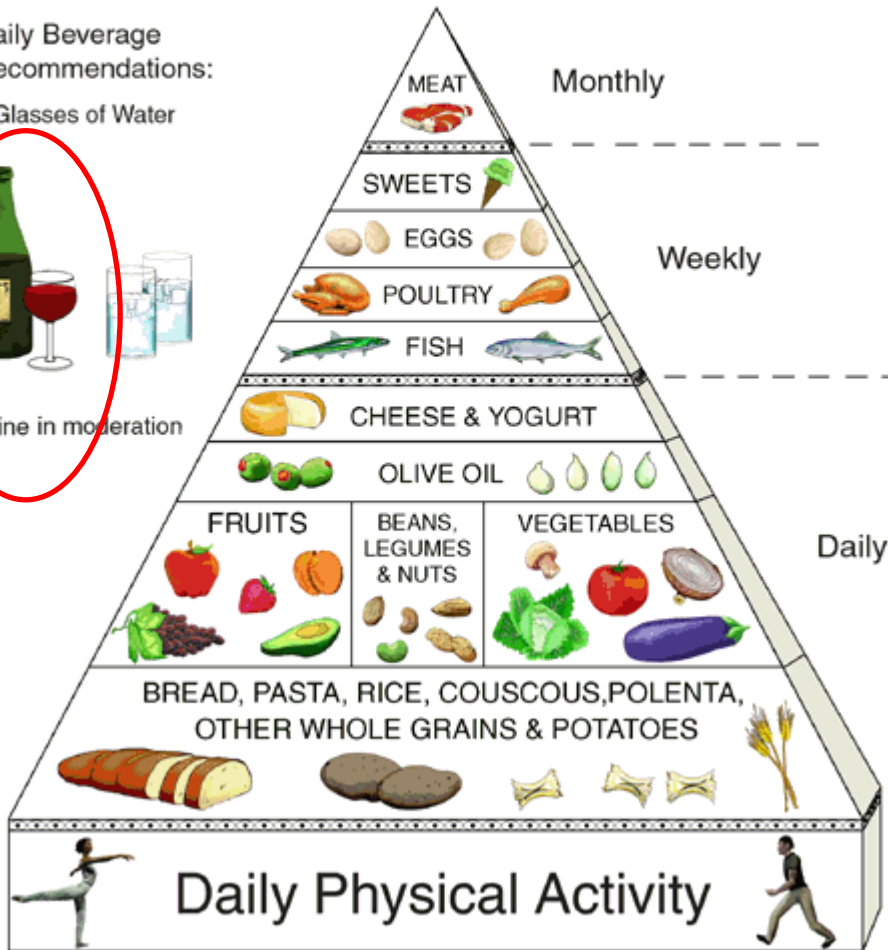
Graphical representations of Guidelines

Daily Beverage Recommendations:

6 Glasses of Water



Wine in moderation

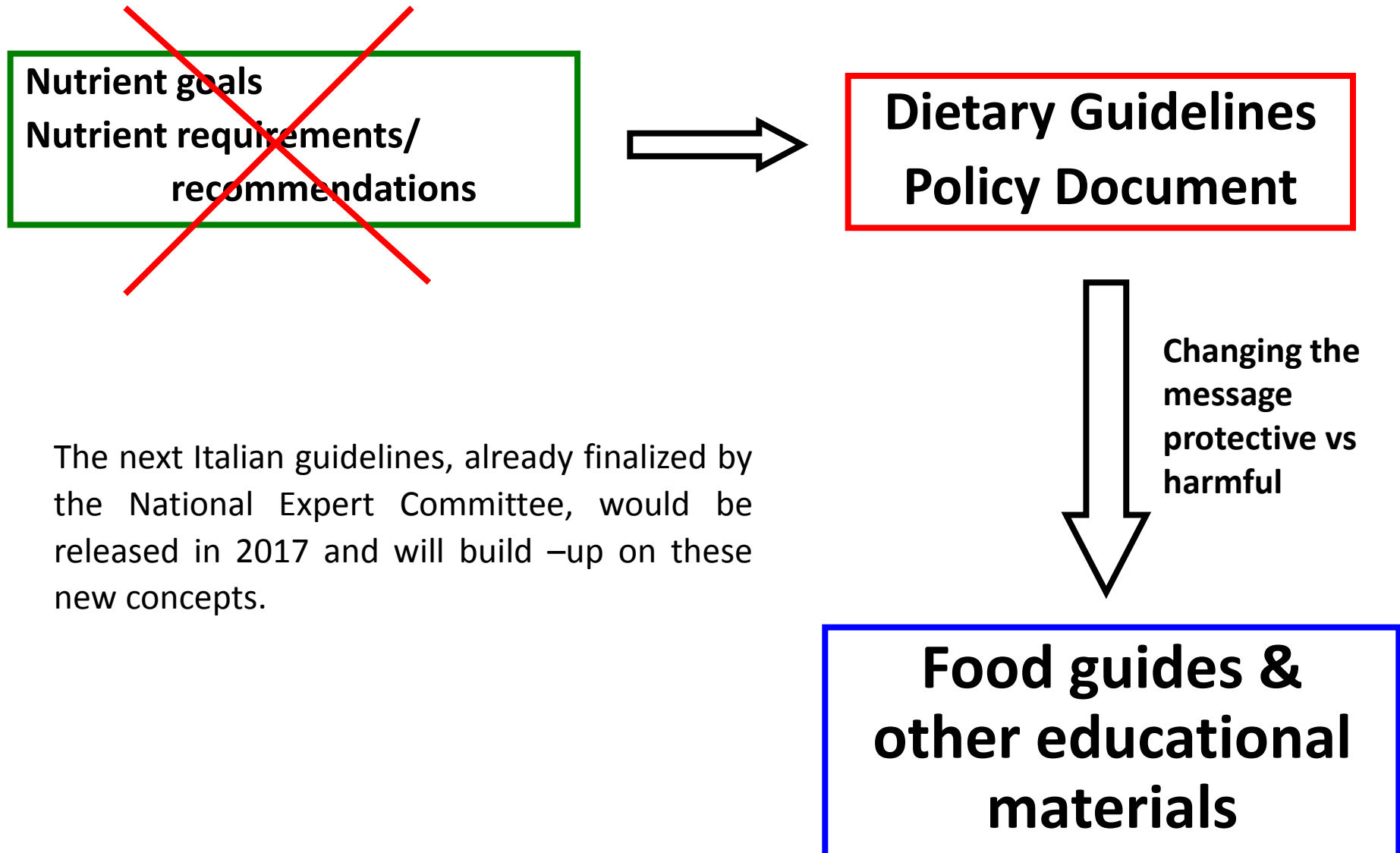


NO MORE appropriate ...

© 2000 Oldways Preservation & Exchange Trust

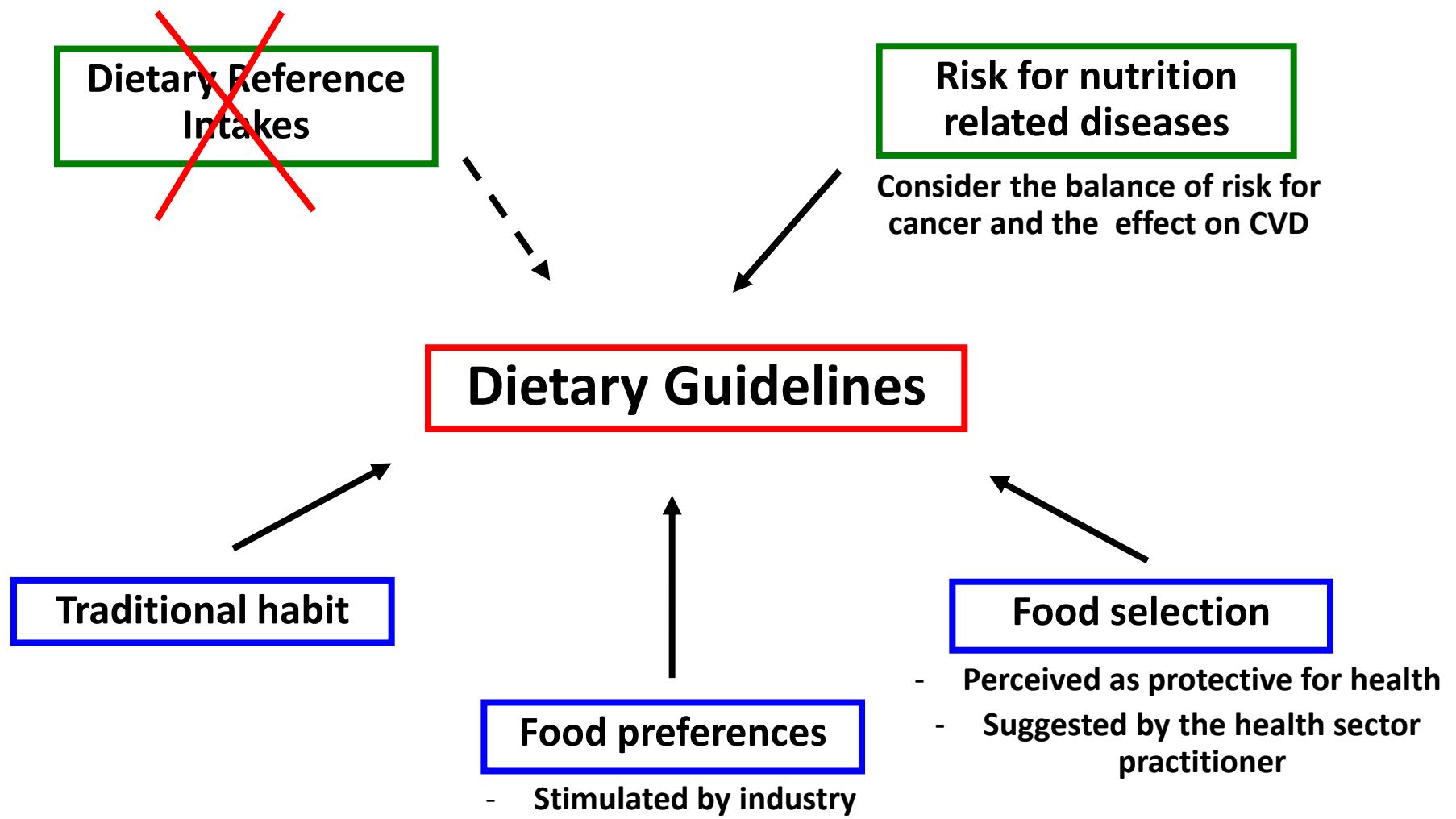


How to translate this shift in the next version of Italian Guidelines?



The next Italian guidelines, already finalized by the National Expert Committee, would be released in 2017 and will build –up on these new concepts.

SCIENTIFIC + PRACTICAL CRITERIA FOR INCLUSION/EXCLUSION OF ALCOHOLIC DRINKS IN DIETARY GUIDELINE



The confirmed “Hot Points” of the next dietary guidelines on alcohol

Yes, if...

1. ...you are adult
2. ...you are in good health
3. ...you have a complete and balanced diet
4. ...you have normal weight
5. ...you limit your intake
6. ...you drink alcohol only during the meal
7. ...you are NOT pregnant or lactating
8. ...you do not get medicine
9. ...you do not have to drive or use instrument potentially dangerous that require concentration.
10. ...you do not suffer for other dependencies.



What the next message?



Alcoholic beverages: If yes, only in moderate quantities

If you drink alcohol of any type, limit your intake. **Not drinking alcohol is better for cancer prevention (<http://cancer-code-europe.iarc.fr/index.php/en/>).**



Avoid alcohol. If you drink alcohol of any type, limit your intake.

EUROPEAN CODE AGAINST CANCER

International Agency for Research on Cancer

World Health Organization

European Code Against Cancer

HOME | 12 WAYS | ABOUT CANCER | SCIENTIFIC JUSTIFICATION | ABOUT THE CODE

European Code Against Cancer

12 WAYS TO REDUCE YOUR CANCER RISK


You are here: 12 ways / Alcohol [Print the Code](#)

Questions & Answers

- Tobacco
- Second-hand smoke
- Healthy body weight
- Physical activity
- Diet
- Alcohol**
- Sun/UV exposure
- Pollutants
- Radiation
- Breastfeeding
- Hormonal therapy
- Vaccination and infections
- Screening

OTHERS

- Pharmaceutical drugs



12 WAYS TO REDUCE YOUR CANCER RISK

Alcohol

🍷 If you drink alcohol of any type, limit your intake. Not drinking alcohol is better for cancer prevention.

There is strong evidence that people can reduce their risk of cancer by adopting healthy dietary and activity behaviours. In European populations, people who follow a healthy lifestyle that adheres to the recommendations for cancer prevention have an estimated 18% lower risk of cancer compared with people whose lifestyle and body weight do not meet the recommendations. This risk reduction was estimated for a healthy lifestyle that includes: being a normal body weight (a body mass index [BMI] between 18.5 and 24.9 kg/m²) and avoiding foods that promote weight gain, such as sugary drinks and fast foods; being moderately active for at least 30 minutes per day; breastfeeding (for women); eating mostly foods of plant origin; limiting intake of red meat; avoiding processed meats; and limiting consumption of alcoholic drinks.

- Is drinking alcohol a cause of cancer?
- Apart from cancer, is alcohol consumption a cause of disease?
- Do all types of alcoholic drinks increase the risk of cancer?
- Why does drinking alcohol cause cancer?
- What if I drink alcohol and smoke tobacco?
- Can I reduce my risk of cancer if I stop drinking alcohol?
- What is worse, episodic heavy drinking or moderate drinking every day?
- Is drinking small amounts of alcohol good for my heart?
- How much is a standard drink?
- How much can I reduce my risk of cancer by limiting my alcohol intake?

SIA, SOCIETA' ITALIANA ALCOLOGIA L'ALCOL E' CANCEROGENO



Società Italiana di Alcolgia

**LE BEVANDE ALCOLICHE
SONO CANCEROGENE PER L'UOMO*
L'ALCOL
CONTENUTO NELLE BEVANDE ALCOLICHE
È CANCEROGENO PER L'UOMO***

**L'ALCOL
È UNA SOSTANZA CANCEROGENA.
COME IL FUMO DI TABACCO.**



*IARC, Int. Ag. Res. Cancer, WHO Monographs (2010)

**Più bevi, più aumenti il rischio di sviluppare il cancro:
anche a partire da un solo bicchiere.**

INFORMATI!

**Rivolgiti al tuo medico di fiducia
o ai servizi specialistici e di alcolgia.**

Conclusive remarks

- The introduction of the concept of low risk drinking respect to vague “moderate consumption” completely changed the approach to guidelines for alcohol consumption.
- The risk of cancer associated with alcohol consumption shifted the consideration of alcohol intake from “potential benefit” to “potential harmful”.
- There is a need to change the messages related to alcohol consumption at different level, health sector, consumers, sector communicators.
- The protection for cardiovascular diseases could be reached with other dietary strategies such as increase F&V, reduce salt, reduce obesity, etc.
- Strongest messages against the consumption of alcohol and revision of the promotion of wine consumption in the graphical representation of guidelines is under development.





Ministero della Salute

Piano Nazionale della Prevenzione

2014-2018

Contribuiscono al carico globale delle malattie non trasmissibili i disturbi mentali che costituiscono un'importante causa di morbosità, influenzano le altre malattie non trasmissibili e ne sono a loro volta influenzati. Ad esempio, esistono evidenze scientifiche che la depressione predispone all'infarto e viceversa. I disturbi mentali e le malattie non trasmissibili oltre ad avere fattori di rischio in comune, quali le abitudini sedentarie e il consumo dannoso di **alcol** presentano strette connessioni con le caratteristiche tipiche delle fasce di popolazione economicamente svantaggiate, quali il basso livello di istruzione e di condizione socio-economica.



NAT. PREV. PLAN - CENTRAL ACTIONS ALCOHOL

CANCER PREVENTION

LIFESTYLES CHANGES

PREVENTION OF ADDICTIONS

TRAFFIC ACCIDENTS PREVENTION



EAAP 2012-2020



Il portale dell'epidemiologia per la sanità pubblica

a cura del Centro nazionale di epidemiologia, sorveglianza e promozione della salute dell'Istituto superiore di sanità



Malattie e condizioni di salute - Vivere in salute - Governance sanitaria

- Alcol**
- Informazioni generali
- Osservatorio nazionale alcol
- News
 - ultimi aggiornamenti
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 - in Italia
 - in Europa
 - nel mondo
- Sistema di monitoraggio alcol correlato
 - il progetto
 - Sisma on line

alcol

Piano d'azione europeo per ridurre il consumo dannoso di alcol 2012-2020

Emanuele Scafato – Direttore WHO CC for Health Promotion and Research on Alcohol and Alcohol-related Pealth Problems, Osservatorio nazionale alcol, Cnesps-Iss

9 maggio 2013 - La disponibilità di una rinnovata cornice di riferimento per la prevenzione alcolcorrelata a livello di popolazione è un evento di pieno rilievo nel momento in cui l'Europa sta affrontando la valutazione delle strategie in atto per poter calibrare al meglio interventi di contrasto all'uso dannoso o rischioso di alcol e di supporto alla prevenzione dell'alcoldipendenza. L'Osservatorio nazionale alcol (Cnesps-Iss), Centro Collaboratore dell'Organizzazione mondiale della sanità (Oms), sin dalle prime fasi di definizione degli obiettivi del Piano d'azione europeo sull'alcol (Eaap) 2012-2020, ha collaborato all'identificazione delle priorità basate sull'evidenza e inserite nell'[European action plan to reduce the harmful use of alcohol 2012-2020](#) (pdf 6,2 Mb) di cui il Who Collaborating Centre for Research and Health Promotion on Alcohol and Alcohol-related Problems ha curato la traduzione autorizzata italiana "Piano d'azione europeo per ridurre il consumo dannoso di alcol 2012-2020" (pdf 331 kb).



FASD PREVENTION



**ALCOL e Gravidanza:
sei sicura?**

Una vita che nasce
teme l'alcol

Proteggi il tuo bambino:
in gravidanza non bere

Ministero del Lavoro,
della Salute e delle Politiche Sociali

ISS
Istituto Superiore di Sanità

OSSERVATORIO NAZIONALE
ALCOL CANSIPS

WHO COLLABORATING CENTRE
FOR RESEARCH AND HEALTH
PROMOTION ON ALCOHOL AND
ALCOHOL-RELATED HEALTH
PROBLEMS

SOCIETÀ ITALIANA DI ALCOLOGIA



TOO YOUNG TO DRINK

Bere alcol in gravidanza può causare
danni al bambino.

Con il patrocinio del
Ministero della Salute

REGIONE DEL VENETO

ASSEMBLEA REGIONALE
DEL TRIVENETO

EUROPEAN FEDERATION
OF ALCOHOLIC BEVERAGE
INDUSTRY

euicare

Ministero della Salute

INCREASING AWARENESS ALCOHOL PREVENTION DAY 2001-2014

<http://www.epicentro.iss.it/alcol>

LIBRETTI

ALCOL
E LAVORO
RISTAMPA
2005



ALCOL
LE STRATEGIE
DI PREVENZIONE
DELL'OMS
2006



ALCOL
LE STRATEGIE
DI PREVENZIONE
DELLA COMUNITÀ
EUROPEA
ED 2007



ALCOL
SAI COSA BEVI
PIÙ SAI MENO
RISCHI 2004
RISTAMPA 2006



ALCOL
SAI COSA BEVI
PIÙ SAI MENO
RISCHI DECIDI DI
CAMBIARE 2004
RISTAMPA 2006



DONNA
E ALCOL
PRIMA
ED 2007



IL PILOTA
SE GUIDI, NON
BERE PRIMA
ED 2006



Alcohol
Prevention
Day



Ministero della Salute



OSSERVATORIO NAZIONALE
ALCOL - CNESPS



WHO COLLABORATING CENTRE
FOR RESEARCH AND HEALTH PROMOTION ON ALCOHOL
AND ALCOHOL-RELATED HEALTH PROBLEMS

PIEGHEVOLI

ALCOL
QUALCHE
DRITTA
PER I PIÙ
GIOVANI
ED 2007



TELEFONO
VERDE ALCOL



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Campagna di prevenzione dell'abuso di alcol

Non perderti in un bicchiere!

Ministero della Salute

Campagna di prevenzione dell'abuso di alcol

NON PERDERTI IN UN BICCHIERE

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5.

Public Awareness Interventions

Public awareness, school-based and early interventions to reduce alcohol related harm

A TOOL KIT FOR EVIDENCE-BASED GOOD PRACTICES

Public awareness, school-based and early interventions to reduce alcohol related harm

A TOOL KIT FOR EVIDENCE-BASED GOOD PRACTICES

5.

Public Awareness Interventions



PUBLIC AWARENESS, SCHOOL-BASED AND EARLY INTERVENTIONS TO REDUCE ALCOHOL RELATED HARM: A TOOL KIT FOR EVIDENCE-BASED GOOD PRACTICES



APD -Alcohol Prevention Day

A good practice for Public Health

E. Scafato, S. Gilrini, C. Grandi, S. Martini, L. Di Pasquale, N. Parvi, R. Scipione, L. Galluzzi

National Situation

Since 2005, the NOA-CNESPS has been committed for the exploitation of the campaigns of the Italian Ministry of Health (MoH) promoted by means of the 125/2001 frame law on alcohol. Every year, formal monitoring data on alcohol are presented at the APD processed and analyzed by NOA from the national databases of the Multipurpose Survey on Households - Aspects of daily life of the National Institute of Statistics (ISTAT) and other relevant EU sources.



The most relevant evidences of the year monitoring of alcohol consumption are included in the yearly report of the MoH to the Parliament and summarized below.

In 2011 68.5% of subjects aged 18+ consumed at least one alcoholic beverages in the previous years and 27.8% of them on a daily base. The APD 2013 focused the attention on the main targets of population represented by the medium and high risk (heavy drinkers) alcohol consumption. The number of subjects with a medium risk consumption (4-5 Standard Unit - SU per day for males and about 3 SU for females) is relevant: 1,529,876 people (3.1% of subjects), for which it is essential the implementation of Early Identification Brief Intervention - EIBI programs. 815,943 individuals (1.6% of 18+ population) can be considered as "high risk" of alcohol dependence in Italy according to the WHO and EU epidemiological monitoring international classification identifying "heavy drinkers": the harmful drinkers consuming more than 5 AU (60 grams) for males and 3 AU (40 grams) for females. Four millions are considered "at risk" or harmful drinkers, namely exceeding the Italian nutritional guidelines and 3,750,000 are binge drinkers.

Essential Elements of the Campaign / Program

Since 2001, the NOA at CNESPS - ISS has organized and sponsored twelve editions of the APD. The 2013 event (<http://www.epicentro.iss.it/alcol/apd13.asp>) was held, as usual, and funded in collaboration with the Italian Ministry of Health (MoH), the Italian Society of Alcoholology (SIA), the Italian Association of Territorial Alcoholics Clubs (AIACAT) and EURO CARE Italia. The APD is as part of the yearly initiative that promotes the month of April as month of alcoholism prevention. It is a unique experience to share practical and effective actions and good practices by several regional, municipal and local realities based on the experience and commitment of voluntary associations and self-aid mutual help, including Alcoholics Anonymous, Alcolisti and Alcol NOK, and many non-conventional or formal associations ensuring valuable support to those in strong need of help as in the difficult process of rehabilitation and social reintegration. The APD is the central moment for an in depth debate that goes beyond the limit of the conference and severtbrates throughout the year, deserving attention on several and main final users roles (i.e. the institutions, researchers, health and prevention professionals, policy makers, media, civil society) and on concrete actions to be implemented by the main stakeholders involved to contribute in tackling a problem that has been demonstrated to generate each year in Italy 50 billions euros of social and health costs. The event is carried out yearly under the purposes provided by the national frame law on alcohol 125/2001, all over Europe, the Italian law represents a masterpiece of implementation of the Paris 1994 European Charter on Alcohol principles and a concrete endorsement of the results of the European Parliament Resolution for a Community strategy on alcohol, the European Alcohol Action Plans and the WHO specific international guidelines.

The XII edition of the Alcohol Prevention Day was held at ISS in Rome on April 18th 2013. The conference was the occasion to provide the year scenario drawn by the epidemiological data of the annual report of the MoH to the Parliament, pursuant to law 125/2001, produced by the NOA/CNESPS.

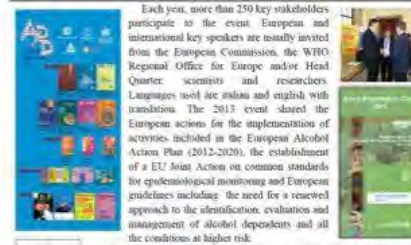
The aim of this last conference was to highlight technical-scientific and epidemiological trends observed at national, European and international level, providing an opportunity for discussion and inter-institutional debate on issues related to alcohol and emerging related problems with the hazardous and harmful alcoholic consumption (HHAC) in the Italian population. Updates and results from WHO and EU Commission activities as well as from the main EU Project AMPHORA, ODHN, ALICE RAP supported a chosen focus on the promotion of specific actions to reduce alcohol related deaths, to encourage and to support an adequate culture of prevention based on higher levels of protection of health, awareness and individual and social responsibility.

The APD worked during the last decade as a unique opportunity to share and activate the cooperation and participation of many realities, aimed to the prevention of HHAC creating a consolidated framework for professionals and practitioners activities supporting the centrality of the individuals and an higher level of health protection safety through increased level of awareness and social solidarity. Moreover, the event has been demonstrated to represent a unique and specific opportunity to stress and influence the necessity of the adoption of policies, regulations and measures on alcohol aimed at the main targets identified by European and national strategies.

ISTITUTO SUPERIORE DI SANITÀ (ISS)
National Observatory on Alcohol (NOA)
Population's Health and Health Determinant Unit
National Centre for Surveillance, Prevention and Health
Promotion (CNESPS)
WHO Collaborating Centre for Research and Health
Promotion on Alcohol and Alcohol-related Health
Problems (WHO-CC)



Results



Each year, more than 250 key stakeholders participate to the event. European and international key speakers are usually invited from the European Commission, the WHO Regional Office for Europe and/or Head Quarter, scientists and researchers. Languages used are Italian and English with translation. The 2013 event shared the European actions for the implementation of activities included in the European Alcohol Action Plan (2012-2020), the establishment of a EU Joint Action on common standards for epidemiological monitoring and European guidelines including the need for a research approach to the identification, evaluation and management of alcohol dependents and all the conditions at higher risk.

The APD is the occasion to present and renew the offer of a wide range of materials useful for the alcohol prevention in children, adolescents, pregnant women, families, policy makers and health professionals disseminated by ISS all over Italy. All public domain materials are made available at the CNESPS - ISS web page (www.epicentro.iss.it/alcol). The APD is even an opportunity for launch the National Campaign describing and introducing the results from training programs such as the EIBI (Early Identification and Brief Intervention) in the Primary Health Care (PHC).

References to the main specific national and international updated documents are given for dissemination of the principal evidence based knowledge on alcohol.

Conclusions

Each APD event is submitted to a formal evaluation by the stakeholders and the results are provided to MoH and ISS authorities. Nearly all the participants judge every year the initiative satisfactory, effective and useful in supporting alcohol prevention also considering the added value represented by the communication strategy. Since 2001 APD represents a benchmark for Regional and Municipal authorities. The format and contents are replicated at the local level involving the structures to the central and learning issues on actions and initiatives on which all the main stakeholders are committed in order to contribute to better deal with the reduction in alcohol related harms and risks across the different targets of the population. Most relevant is the integration of health and social activities solicited by the APD approach and the availability of a standardized format of information provided by NOA widely spreading the core of prevention information through the web channel.

Website and Documents

- ISS - EPIC EN IRO Webpage: <http://www.epicentro.iss.it/alcol/apd13.asp>
- Materials: <http://www.epicentro.iss.it/alcol/materiali.asp>
- Italia. Legge 30 marzo 2001, n. 125. Legge quadro in materia di alcool e di problemi alcool-correlati. Gazzetta Ufficiale n. 90, del 18 aprile 2001.
- MoH. Report of the MoH to the Parliament, available at: http://www.salute.gov.it/imgs/C_17_pubblicazioni_1686 allegato.pdf
- ISS. Annual epidemiological monitoring report, available at: <http://www.epicentro.iss.it/alcol/apd013-ISTISAN%20ALCOL%20APD%202013.pdf>

Type of support

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CONCLUSIONS

Far to represent a goal already achieved, the need for a reduction of the risks related to alcohol use will continue to represent a main aim in public health supporting the need for a change toward a more healthy drinking culture, re-discovering and strengthening the formal control of the society and remarking to individuals that drinking is perhaps one of their own responsibility.

Outcomes for the Third Millennium INVESTING FOR HEALTH

Intermediate Health Outcomes

Healthy Lifestyles

Healthy Cultures

Healthy environments
and settings

EMPOWERMENT & PARTECIPATION

Health and Social Outcomes

Quality of life

Indipendance

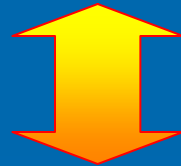
Equity

- H. EDUCATION
- H. PREVENTION
- H. PROTECTION
- SOCIAL INFLUENCE
- FACILITATION
- ADVOCACY



**The need for RENEWING the
challenge
for the Third Millennium is STILL ...
INVESTING FOR HEALTH**

Health for All



All for Health