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

Emanuele Scafato

Istituto Superiore di Sanità
HOW TO DEAL WITH ALCOHOL PREVENTION
INFORMATION, EDUCATION, TRAINING, RULES…

INFORMATION & EDUCATION
promote life skills
support environments
provide protection
reduce harm

- Information by medical service providers
- Peer information and partner information
- Sport's, culture's, music's leaders
- Community leaders
- Information by pharmacists
- The mass media: - radio - press - television
- GPs and social counselling
- Health education by schools, universities, etc.
- Health education by parents, grandparents and relatives
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
## ALCOHOL DRINKING in ITALY 2014

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Males</th>
<th>Females</th>
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Identifying the gap between need and intervention for alcohol use disorders in Europe

Colin Drummond¹, Antoni Gual², Cees Gooss³, 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 Clínic 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, UK,⁸ and Institute of Health and Society, Newcastle University, Newcastle, UK,⁹

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?
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 Scafato, Claudia Gandin, Silvia Ghiria, Lucia Galluzzo, Sonia Martire, Lucilla Di Pasquale, Alfredo Cuffari

From International Network on Brief Interventions for Alcohol and Other Drugs (INEBRIA) Meeting 2013

Rome, Italy. 18-20 September 2013


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)
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.
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.
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

Alcohol services
NHS SERT-Centres

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

FORMAL REPORTS MoH / ISS-CNESPS

Osservatorio Nazionale Alcol - ISS-CNESPS - World Health Organization Collaborating Centre for RESEARCH and HEALTH PROMOTION on ALCOHOL and ALCOHOL-RELATED HEALTH PROBLEMS
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
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
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)

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
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.
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:

1 standard unit = 12 grams

Sei a rischio per la salute

if daily consumption is higher than:

- 0 Units for ages 0 to 16
- 1 Unit for ages between 18 and 20, and over 65
- 1-2 Units for women
- 2-3 Units for men

Birra 330 ml
Vino 125 ml
Aperitivo 80 ml
Cocktail alcolico 40 ml

1 bicchiere = 1 unità = 12 grammi di alcol
Italian Society of Alcoholology Scientific 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 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)*

<table>
<thead>
<tr>
<th>Beverage</th>
<th>&gt;1 lt a day</th>
<th>From ½ lt a day</th>
<th>1-2 glasses a day (less than ½ lt)</th>
<th>More seldom</th>
<th>Seasonally</th>
<th>No consumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mineral Water</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Sparkling beverages (except water)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Beer</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Wine</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

*(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).........
                   Wine (1 glass =125 ml)..................................
```

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**Osservatorio Nazionale Alcol - World Health Organization Collaborating Centre for Alcohol Use Monitoring and Health Promotion on Alcohol and Alcohol-Related Health Problems**
**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)*

<table>
<thead>
<tr>
<th>Beverage Type</th>
<th>&gt; 2 shots a day</th>
<th>1-2 shots a day</th>
<th>Some shots a week</th>
<th>More seldom</th>
<th>On rare occasions</th>
<th>No consumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non alcoholic aperitifs............</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Alcoholic aperitifs..................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Amari (Bitters)......................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Spirits (or liquors) ..............</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
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  □
No, but I drank in the past  □
No, I don't drink  □

During the last 12 months. Have you ever drunk 6 or more glasses of alcoholic beverages, even different, on a single occasion (one night, during a party, being alone, etc...)?

NO  □
YES  □  → no of times  □□□□□
Alcohol: epidemiology and monitoring
## Monitoring alcohol: basic for policy

### Box 1: Development of the alcohol policy framework in Italy in the years 2000

<table>
<thead>
<tr>
<th>Legislative framework till 2000</th>
<th>Framework law on alcohol and alcohol-related problems 125/2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provision of treatment and rehabilitation services.</td>
<td>• Adequate availability of prevention, treatment and rehabilitation services.</td>
</tr>
<tr>
<td>• BAC limit for driving, use of RBT.</td>
<td>• Alcohol was prohibited in most work places.</td>
</tr>
<tr>
<td>• Licensing for production and sale.</td>
<td>• BAC limit for driving was reduced, sale of alcohol along highways was restricted.</td>
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<tr>
<td>• Age limit for serving alcohol (16 years).</td>
<td>• Yearly budget: education and prevention EUR 1 million, monitoring and research EUR 0.5 million each.</td>
</tr>
<tr>
<td>• Restrictions on advertising.</td>
<td>• National Committee on Alcohol.</td>
</tr>
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</table>

### The 3rd National Health Plan 2006–2008

- Endorsed by agreement between the State and the Regions in 2007.
- Aims: to promote healthy lifestyles 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.
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%)
AT RISK DRINKING BEHAVIOURS – ITALY 2003-2015

Maschi Femmine
Almeno un comportamento a rischio
Consumo abituale eccedentario
Binge drinking

<table>
<thead>
<tr>
<th>Year</th>
<th>Maschi</th>
<th>Femmine</th>
</tr>
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<tbody>
<tr>
<td>2003</td>
<td>30.5</td>
<td>23.2</td>
</tr>
<tr>
<td>2005</td>
<td>23.0</td>
<td>15.1</td>
</tr>
<tr>
<td>2006</td>
<td>30.5</td>
<td>11.7</td>
</tr>
<tr>
<td>2007</td>
<td>30.5</td>
<td>11.0</td>
</tr>
<tr>
<td>2008</td>
<td>13.0</td>
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<td>2009</td>
<td>10.8</td>
<td>13.0</td>
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<td>6.5</td>
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<tr>
<td>2014</td>
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DRINKERS (AGE 11+), ITALY (2007-2014)

Consumatore a rischio  Consumatore  Non consumatore o missing

FEMMINE

MASSI
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Setting low risk drinking guidelines: the lesson learnt and the continuos 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.
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.
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.
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.
Italian Guidelines: the revisions
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.
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).
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.
IF YOU DRINK ALCOHOL, BE MODERATE

- 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

<table>
<thead>
<tr>
<th>1986 revision - n. 7 messages</th>
<th>1997 revision - n. 7 messages</th>
<th>2003 revision - n. 10 messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be careful to your body weight</td>
<td>Check your body weight and do physical activity</td>
<td>Check your body weight and constantly do physical activity</td>
</tr>
<tr>
<td>Less fats and cholesterol</td>
<td>How many fats and what kind of fats</td>
<td>Fata: select the quality and limit the quantity</td>
</tr>
<tr>
<td>Increase the intake of starch and fibre</td>
<td>Increase the intake of cereals, legumes and fruit</td>
<td>Increase the intake of cereals, legumes and fruit</td>
</tr>
<tr>
<td>Cake: how and how much</td>
<td>Sugar and cakes: how and how much</td>
<td>Sugar and cakes, soft drinks: within correct limits</td>
</tr>
<tr>
<td>Salt? The Best is Less</td>
<td>Salt? Better not to exceeding</td>
<td>Salt? The Best is Less</td>
</tr>
<tr>
<td>Alcohol: if yes, with moderation</td>
<td>Alcoholic beverages: if yes, with moderation</td>
<td>Alcoholic beverages: If yes, only in moderate quantities</td>
</tr>
<tr>
<td>How and why varying</td>
<td>How and why varying</td>
<td>Vary often your choices for the meals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Drink abundant water every day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Special suggestions for special person</td>
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<tr>
<td></td>
<td></td>
<td>Food safety is also your duty</td>
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</tbody>
</table>
La giusta misura
Non esiste un consumo di alcol sicuro per salute. Tuttavia, se si decide di bere scegliendo bevande a bassa graduazione alcolica e consumando gradualmente piuttosto che in un’unica occasione, si possono limitare i rischi per la salute.
Infine, non si devono superare le quantità consigliate 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 grami di alcol puro ed equivale a un bicchiere di birra, un bicchiere di vino o un bicchiere di orto.
No a "bore per ubriacarsi!"
Nel tempo l'alcol si accumula nel corpo, aumentando il rischio di malattie. La nuova abitudine, particolarmente diffusa tra le fasce giovanili, si caratterizza per un consumo di alcol in fretta e con gli amici in una festa. Questo modello di consumo è contrario alla propria salute e può portare a comportamenti a rischio che ne derivano in funzione della quantità di alcol ingerito.
Mai alla guida
Non esistono quantità dia alcol sicure alla guida. Il livello di concentrazione di etanolo nelle urine per i minori di 21 anni, per i non beventi e per i professionisti del volante, non si è ancora determinato.

SONO INOLTRE CONSIDERATI COMPORTAMENTI A RISCHIO:
- Binge drinking, cioè il consumo di alcol in un'unica occasione di 6 o più unità alcoliche equivalenti (contenenti 12 g di alcol)
- Consumo di alcoolici per le donne in gravidanza e in allattamento
- Consumo di qualsiasi bevanda alcolica per gli alcolisti in trattamento e gli ex alcolisti

2012-2013 S.I.A. & MoH NEW GUIDELINES

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

EMANUELE SCAFATO 25/10/2012
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)

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

• 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”
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.
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.
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.
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<tbody>
<tr>
<td></td>
<td>Wine (ml)</td>
<td>Alcohol (gr)</td>
<td>Wine (ml)</td>
<td>Alcohol (gr)</td>
<td>Wine (ml)</td>
<td>Alcohol (AU)</td>
<td>Alcohol (AU)</td>
</tr>
<tr>
<td>Men</td>
<td>500 ml</td>
<td>3.5 AU</td>
<td>450-600 ml</td>
<td>3.3 AU</td>
<td>450 ml</td>
<td>2.3 AU</td>
<td>2 AU</td>
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<tr>
<td></td>
<td>4 AU</td>
<td>42 gr</td>
<td>3.6 - 4.8 AU</td>
<td>3.6 AU</td>
<td>250-365 ml</td>
<td>24 gr</td>
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<td></td>
<td>48 gr</td>
<td></td>
<td>43 - 58 gr</td>
<td>40 gr</td>
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</tr>
<tr>
<td>Women</td>
<td>300 ml</td>
<td>2.5 AU</td>
<td>250-350 ml</td>
<td>2.5 AU</td>
<td>350 ml</td>
<td>1.2 AU</td>
<td>1 AU</td>
</tr>
<tr>
<td></td>
<td>2.5 AU</td>
<td>2.5 gr</td>
<td>2 - 2.8 AU</td>
<td>2.8 AU</td>
<td>125-250 ml</td>
<td>12 gr</td>
<td></td>
</tr>
<tr>
<td></td>
<td>30 gr</td>
<td></td>
<td>24 - 34 gr</td>
<td>34 gr</td>
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</tr>
<tr>
<td>Elderly</td>
<td>220 ml</td>
<td>2.3 AU</td>
<td>311 ml</td>
<td>30 gr</td>
<td>1 AU</td>
<td>12 gr</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.8 AU</td>
<td>28 gr</td>
<td>2.5 UA</td>
<td>30 gr</td>
<td></td>
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<tr>
<td></td>
<td>22 gr</td>
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</tbody>
</table>
WHAT NEXT?
The alcohol working group of the revision of Italian Guidelines

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2 Dipartimento di Scienze Cliniche e di Comunità, Università degli Studi di Milano, Milano.
The new “Hot Points” of the next dietary guidelines for alcohol

- Alcoholic beverages, included 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.
Graphical representations of Guidelines

NO MORE appropriate ...
How to translate this shift in the next version of Italian Guidelines?

Nutrient goals
Nutrient requirements/recommendations

Dietary Guidelines
Policy Document

Changing the message protective vs harmful

Food guides & other educational materials

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

- Dietary Reference Intakes
- Risk for nutrition related diseases
- Consider the balance of risk for cancer and the effect on CVD

Dietary Guidelines

- Traditional habit
- Food preferences
  - Stimulated by industry
- Food selection
  - Perceived as protective for health
  - Suggested by the health sector practitioner
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.
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

European Code Against Cancer

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 behaviors. 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 (broadly similar to walking briskly for 30 minutes); 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

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.

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

INFORMATI!
Rivolgiati al tuo medico di fiducia
o ai servizi specialistici e di alcologia.
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.
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 socioeconomica.
NAT. PREV. PLAN - CENTRAL ACTIONS
ALCOHOL

CANCER PREVENTION

LIFESTYLES CHANGES

PREVENTION OF ADDICTIONS

TRAFFIC ACCIDENTS PREVENTION
Emanuele Scafato - Direttore WHO CC for Health Promotion and Research on Alcohol and Alcohol-related Health 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’alcol dipendenza. 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

ALCOLO e Gravidanza: sei sicura?
Una vita che nasce teme l'alcol
Proteggi il tuo bambino: in gravidanza non bere
INCREASING AWARENESS
ALCOHOL PREVENTION DAY 2001-2014

http://www.epicentro.iss.it/alcol
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 FOR EVIDENCE-BASED GOOD PRACTICES

ALCOHOL PREVENTION DAY

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

5. Public Awareness Interventions

Since 2001, the NOA-CNERS-EUI has organized and sponsored twelve editions of the APD. The APD event (http://www.alcoholpreventionday.org) is held on a national and international level. In the public awareness and the prevention of alcohol-related problems, the European Union (EU) establishes public awareness about the risks of alcohol consumption and the dangers of excessive drinking. The APD is an excellent opportunity to promote healthy lifestyle choices, especially among young people, by raising awareness of the risks associated with excessive alcohol consumption.

The APD is an opportunity to raise awareness about the importance of public awareness and early interventions to reduce alcohol-related harm. It is a collaborative effort involving public health professionals, policymakers, educators, and community leaders. The APD aims to increase public awareness about the risks of excessive alcohol consumption and promote healthier lifestyles. It is an opportunity to engage with young people and promote healthy choices.

Key Takeaways:

- The APD is an opportunity to promote healthy lifestyle choices, especially among young people, by raising awareness of the risks associated with excessive alcohol consumption.
- The APD is a collaborative effort involving public health professionals, policymakers, educators, and community leaders.
- The APD aims to increase public awareness about the risks of excessive alcohol consumption and promote healthier lifestyles.

References:

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 & PARTICIPATION

Health and Social Outcomes

- Quality of life
- Independence
- Equity

Rome ISS 1999
The need for RENEWING the challenge for the Third Millennium is STILL ... INVESTING FOR HEALTH

Health for All

All for Health

Rome ISS 1999