

The puzzle of Italian drinking

Trends in alcohol consumption, harms and policy:
Italy 1990–2010

Trends and patterns in alcohol consumption in Italy since the 1990s

In Italy, as in other southern European countries, the time-honoured cultural tradition of drinking has been passed down through generations, and a bottle of wine has been usually set at the dining table to accompany family meals. This article aims to contribute to understanding the changes in Italian drinking consumption and patterns during the last twenty years. We shall also look back a couple of decades to set the context for the more recent changes. We shall examine the more significant drinking trends and patterns among the whole population, closely focusing on young people, and will analyse the main national and local alcohol policies. By way of conclusion, we shall also consider social and cultural determinants of change, as these have clearly influenced Italian alcohol consumption during this period. Since the 1970s, alcohol consumption has regularly and almost uniquely decreased in Italy. In fact, after reaching a peak in 1970 of 16.01 litres of pure alcohol

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ABSTRACT

A. Allamani & F. Beccaria & F.Voller: The puzzle of Italian drinking.

During the recent decades, a significant process of change in alcohol consumption patterns is currently ongoing in Italy. This is especially obvious in the decreased wine consumption during the last 40 years, which parallels the decrease in deaths from liver cirrhosis. The drinking patterns of younger people have also changed during the last two decades, even if traditional values and practices are still retained. There is no evidence to suggest that planned public health policies had any substantial impact on these changes.

■ KEYWORDS

Alcohol policy, consumption, harms, trends, Italy

consumed per capita, the consumption – of wine in particular – began to diminish progressively and dramatically, dropping by 39 per cent to 9.8 litres per capita in 1990; a further 30 per cent drop occurred in the next 15 years, reaching 6.9 litres per capita in 2005 (Table 1). The Italian consumption levels are currently among the lowest in any European country (World Health Organisation 2009).

Still, Italy remains a country of wine drinkers even today. For example, in 2005, wine accounted for 73 per cent of the overall consumption in terms of grams of pure alcohol intake. In the same year, beer consumption represented 22 per cent of the total pure alcohol intake, having increased almost threefold in 1970–2005, while spirits accounted for 5 per cent of

the total amount, with a decrease of 70 per cent between 1970 and 2005 (Osservatorio Permanente sui Giovani e l'Alcool 2007; World Health Organisation 2009).

In contrast to the overall decrease in consumption, some studies have estimated that the total number of consumers in Italy has been increasing even if they are drinking less on the whole. For example, between 1993 and 2005, the share of consumers drinking any amount of alcoholic beverages during the preceding three months increased from 74 per cent to 81 per cent of the population aged 15 and over (Osservatorio Permanente sui Giovani e l'Alcool 2007). If confirmed, these results may imply that during the last years, moderate drinking has become more common among the population at

Table 1. Italy: per capita alcohol consumption (litres of pure alcohol) per type of beverage (1990–2005)

Year	Spirits	Beer	Wine	Total
1990	1.0	1.3	7.5	9.8
1991	1.0	1.2	7.4	9.6
1992	1.0	1.3	7.3	9.6
1993	0.9	1.3	7.2	9.4
1994	0.9	1.3	6.9	9.1
1995	0.7	1.3	6.9	8.9
1996	0.7	1.2	6.5	8.4
1997	0.7	1.3	6.4	8.4
1998	0.6	1.3	6.2	8.2
1999	0.5	1.4	6.2	8.0
2000	0.5	1.4	6.1	8.0
2001	0.4	1.4	6.0	7.8
2002	0.4	1.4	6.1	7.9
2003	0.4	1.5	6.1	7.6
2004*	0.4	1.5	5.7	7.2
2005*	0.4	1.5	5.0	6.9

Sources: WHO Health for All Database 2009 and *Osservatorio Permanente sui Giovani e l'Alcool 2007.

the expense of risky drinking, which may have dropped (Osservatorio Permanente sui Giovani e l'Alcool 2007).

There have always been *regional differences* in alcohol consumption in Italy, where southerners tend to drink less than those living in the north of the country. In the northeast, which has the highest percentage of regular drinkers, in the northwest and in the central regions, there are slightly more alcohol consumers than in the south (Scafato et al. 2009).

As regards *gender*, men drink on average twice as much as do women, who are more occasional consumers than men (Osservatorio Permanente sui Giovani e l'Alcool 2007). In terms of age, the rates of both regular and occasional consumers (in 2005) were similar in all age groups, with a peak between 24 and 34 years.

As for drinking patterns, the reduction in the overall consumption of *wine* has been partly compensated for by an increase in the consumption of more expensive high-quality wines, and to a lesser extent of sparkling wines, often consumed on special occasions (meeting friends, enjoying a special dinner) and sometimes also in contexts which involve no food. This trend has been also supported by the wine industry, which has created new expensive wines since the 1970s (Cipriani & Prina 2007). In general, there has been a decrease in wine drinking at lunchtime because the new urban working pattern favours lunch at work, with little or no alcohol, instead of meals at home (Cipriani & Prina 2007; Osservatorio Permanente sui Giovani e l'Alcool 2007). There has also been a significant increase in *beer* consumption, especially among younger people. Beer was traditionally drunk at home or in bars and

more frequently during the warm season to quench one's thirst. Since the 1970s, however, its consumption has regularly increased, especially at restaurants when eating pizza, and among younger people. *Spirits* are drunk occasionally at friends' homes or in bars and pubs, as well as together with friends after or before meals in urban areas. Sweet liquors and digestives are more often drunk by people of the lower classes and by women. By and large, the Mediterranean pattern – moderate consumption with meals – seems to prevail, among women in particular (70 per cent of women as opposed to 47 per cent of men) (Scafato et al. 2009).

Hazardous drinkers are also met in Italy. In 2006, drinkers (11 years or older) of more than 40 grams of pure alcohol per day (if male) numbered at 15.8 per cent and of more than 20 grams (if female) at 3.8 per cent (9.2 per cent of the total population). Male binge drinkers (11 years or older) who drink more than 6 glasses of any alcoholic beverage on one occasion amounted to 13.9 per cent, while 3.3 per cent of the women belong to this category (8.4 per cent on average). These figures appear to be in line with, or lower than, those in previous years (Scafato et al. 2009).

At the same time, the number of people who experienced one or more episodes of drunkenness in the last three months increased to 6.9 per cent of the population (aged 13 and over) in 2005, compared to 4.1 per cent in 1993 (Osservatorio Permanente sui Giovani e l'Alcool 2007). In keeping with the Osservatorio's survey, which interviewed 2,067 Italians aged 13 and over in 2005, 3.2 per cent of the respondents were *alcohol dependent* according to Cage's definition (two positive answers).

In 2008, immigrants made up about 7 per cent of the total Italian population. They are especially prone to be exposed to the risk of alcohol misuse or abuse, partly because of the stress of the cultural changes they are faced with (Allamani et al. 2009).

Alcohol consumption by younger people

The young Italians' attitudes to alcohol have recently been compared to those in northern European countries (Beccaria 2010a). In order better to understand the changes which have taken place in the Italian drinking culture it may be useful to have a framework of drinking patterns among young people. Initial research was primarily conducted at a local level, dating back to the 1980s, and focused almost exclusively on the type and quantity of beverages consumed and episodes of drunkenness. Toward the end of the 1980s, younger people were more and more the target of these investigations, which were mainly conducted in schools (Monarca 1993). The next twenty years saw constant increases in the level of awareness of the problem of alcohol consumed by younger people. This was also emphasised by the mass media, which began to give more coverage to the phenomenon, especially in the context of the "Saturday night bloodbaths", where alcohol was a major factor.

Consumption trends only began to be monitored systematically in two types of sample surveys at a national level in the early 1990s: Doxa (Osservatorio Permanente sui Giovani e l'Alcool 1992; 1994; 1998; 2000; 2007) and Multiscopo Istat (ISTAT 2006; 2008; 2009; 2010; Scafato et al. 2002; Scafato et al. 2004; Scafato 2005;

Scafato et al. 2006). These surveys showed a stable distribution of alcohol consumption, albeit with an ongoing reduction in the regular consumption of wine with meals in favour of alcohol consumption on occasions which do not involve food, when younger people seem to prefer other alcoholic beverages. This change may have contributed toward the constant decline in alcohol consumption by the population at large.

While the Multiscopo-Istat surveys conducted at the start of the millennium showed increases in the consumption of spirits by younger people, as also of binge drinking, the latest figures from 2009 tell a different story. The sole exception is consumption outside mealtimes, which continues to increase in all age groups. This trend is often interpreted too simplistically as a radical change toward a drinking culture more typical of northern European countries.

Recent research has compared different generations in Italy and Finland (Beccaria 2010b) as regards traditional practices of consumption. It appears that these practices are as popular as ever among younger people in Italy. Although daily consumption at home and at mealtimes seems to be restricted to relatively few male youths mainly in the middle and lower classes, other younger people, although not regular consumers of alcoholic beverages, still drink just before meals (aperitif). This is part of a modern culture, which sees wine as a means of expressing competence and style. Such observations do not contrast with the consumption figures shown above, as they are compatible with the reduction in the daily consumption of wine, which

has been replaced by a healthier attitude and yet remains socially important.

One aspect that has not changed at all during the last twenty years is socialisation into alcohol. Italian youngsters are introduced to alcoholic beverages, mainly wine, but also beer and sometimes liquor, in a family context. These moments often have a ritual value, marking the milestones in a child's life: he/she progresses from merely tasting to having an occasional sip to enjoying alcoholic beverages with the adults in the family.

However, the available figures show that drinking by younger people has changed indisputably. This does not mean that it has necessarily changed toward a more northern European style of drinking. The only European research – ESPAD (Hibell et al. 2009) and HBSC (Currie et al. 2008) – that enables us to examine the drinking habits of younger Italians from a comparative viewpoint appear to refute the contention that Italian youths are emulating the drinking habits of their northern European contemporaries.

According to Järvinen and Room (2007), who analysed the results of these surveys in detail, Italian youngsters belong to a “non intoxication culture”, characterised by a lower occurrence of alcohol abuse, while there appear to be more informal mechanisms of controlling drunkenness and more awareness about the negative effects caused by excessive consumption of alcohol.

Alcohol-related problems in the 1990s and 2000s

According to some estimates of alcohol-related mortality, 6.23 per cent of deaths among men and 2.45 per cent among

women in Italy are related to the consumption of alcoholic beverages. A total of approximately 25,000 deaths were partially or totally avoidable (Scafato et al. 2009). In 2002, 5.31 per cent of all male cancers and 3.01 per cent of female cancers in Italy were attributable to alcohol.

Liver cirrhosis mortality has been often considered a good indicator of alcohol-related harm (Edwards et al. 1994). Of such deaths in Italy, 47.7 per cent and 40.0 per cent are attributable to male and female alcohol drinking, respectively. In 2002, the age group 45–64 had the most deaths from liver cirrhosis (Scafato et al. 2009). Between 1980 and 2003 there has been a decreasing trend in deaths from chronic liver disease and cirrhosis, from 32.89 per cent in 1980 to 22.60 per cent in 1990 and to 11.41 per cent in 2003 (all ages per 100,000), which can be explained by the decreasing consumption amounts (see figure 1).

Road traffic injuries are also a typical indicator of acute drinking problems. Italian national data show a decrease from 9,275 deaths in 1970 to 7,496 in 1991. In 2007, there were 5,131 deaths on Italian roads. This decrease could similarly be attributed to the reduction in alcohol consumption, which has occurred during the same period.

We should note, however, that the national official statistics (ISTAT) show much lower figures for alcohol-related road traffic injuries than do local studies. For example, during the 2000s, alcohol-related road accidents accounted for about 2 per cent of all accidents according to ISTAT, while two surveys conducted in emergency rooms in 1998 (Fabbri et al. 2002) and in 2004–2007 (Allamani et al.

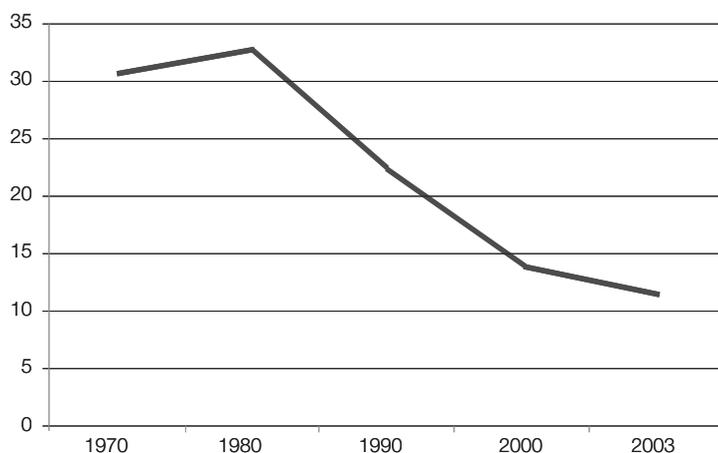


Figure 1. – Deaths for chronic liver disease and cirrhosis in Italy, all ages per 100,000 (1970–2003) – source: WHO, HFA DB 2009.

2010) concluded that 18.5 and 7.1 per cent, respectively, of all injuries were related to alcohol. Such discrepancy between official statistics and the apparently more accurate local studies can be attributed to the fact that official statistics are based only on people identified as drunk by the police at the time of the accident.

Alcohol policy measures

The first national law on the prevention of alcohol-related problems after the end of the Second World War was approved only in 1988. This law defined a Blood Alcohol Concentration (BAC) limit for drivers of motor vehicles.

During the 1990s, a number of locally planned school programmes, piloted in the 1980s, continued to educate students on how to avoid alcohol abuse. At the same time, there were some community action projects on alcohol. However, the effectiveness of these initiatives at a national level has been questioned (Ander-

son 2009).

In this section, we shall focus in more detail on the preventive policy measures, which potentially have a countrywide impact on drinking consumption. These include changes in alcohol taxation, in issuing a driving licence and changes in the BAC limits for drivers of motor vehicles. We will also address changes in the few general laws on alcohol and some preventive experiences at the community level. The norms appear in fact to have been mainly recommendations or indications, with little or no consequence in terms of national trends. Moreover, they seem to have followed the ongoing trend in consumption or the increasing focus on the risk of alcohol consumption. Attention to risk was on the rise among the general public and among those health professionals who had already started some prevention or treatment programmes as a response to problems perceived at a local level. However, some measures, such as changes in

value-added tax and excise duties and changes in the sale of alcoholic beverages were regularly enforced. Also, BAC limits for driving were enforced to some degree. Such measures may have contributed to the change in the amount of alcoholic beverages consumed and perhaps in some aspects of drinking patterns.

■ National laws

The 1990 Iervolino-Vassalli law stated for the first time that if a crime is committed by a person who is found to be an alcoholic and the punishment does not exceed three years, he (or she) can be put on probation provided that they enter an alcohol treatment programme (Anav 2007).

In August 1993, a Ministry of Health decree recommended a set of guidelines to Italian regional authorities for the prevention and treatment of alcohol addiction.

The first National Health Plan (1998–2000) aimed at cutting down the number of hazardous drinkers. The goal was further consolidated in the second, the 2000–2003 National Health Plan, which gave the Italian regional authorities autonomy in implementing alternative strategies and programmes.

The 2001 general policy law on alcohol and alcohol-related problems was aimed at promoting the access to alcohol treatment programmes for those who required treatment for alcohol-related problems, and supporting non-government and voluntary organisations in their work to prevent or reduce alcohol-related problems. Also, the consumption of alcoholic beverages was prohibited in risky working environments, and the advertising of alcoholic beverages was regulated.

The 2007–2009 National Plan on Alco-

hol and Health was funded by 4.5m euro to reduce alcohol consumption especially among youngsters, women and the elderly.

■ Changes in excise taxes

The excise duties on *wine* and intermediate products are calculated per hectolitre of end product (Table 2). For wine, the traditional alcoholic drink in Italy, the excise tax is set at zero, which is different from many other, non-southern EU countries. In 1996, the excise tax for aromatised and fortified wines, as well as for all other intermediate products, was set at 96,000 lire (euros 49.58) per hectolitre of end product, rising to 56.15 euro in 2004 and to 62.33 euro in 2005 (Anav 2007).

In May 1991, the excise taxes for *spirits* were increased by 172 per cent and were gradually increased to 1,249,000 lire (euros 645.05) per hectolitre of pure alcohol in July 1996. The excise tax on spirits was further raised to 731 euro/anhydrous hectolitre on January 2004, and to 765 euro on March 2005.

On 14 March, 2005, the Decree Law 35 increased the excise duty on *beer* to 24.63 per hectolitre, an increase of 24 per cent in that year alone.

■ Changes in VAT

In the 1970s, the value-added tax (VAT) was significantly lower both for table wine and beer than for distilled spirits. Furthermore, the VAT rate for brandy was lower than it was for whisky and gin. This indicates an effort by the state to protect domestic producers of wine, beer and brandy.

However, since 1999 a VAT of 20 per cent has been applied to all alcoholic beverages. Adopting a level VAT rate for

all types of alcoholic beverages meant that VAT rates for beer and wine were increased both in absolute terms as well as in relation to spirits.

■ Changes in laws and regulations on selling alcoholic beverages

According to the 1930 Italian Penal Code, it is forbidden to supply, and more recently also to sell, any alcoholic beverage to individuals younger than 16. It is also forbidden to provide alcoholic beverages to people who are obviously drunk, or to the mentally ill.

In Italy, alcoholic beverages can be sold in many off-premise venues as well as on most on-premise sites, such as restaurants, pizzerias, trattorias, hotels, fast food outlets, bars and cafeterias, pubs and discotheques. There are presently more than 200,000 (0.33 per 1,000 inhabitants) on-premise establishments (Rossi 2007).

Since 1998, the sale of alcoholic beverages containing more than 21 per cent alcohol by volume was prohibited from 10pm to 6am in bars and restaurants on motorways, with fines between 3,500 and 10,500 euro (in 2010). According to the new restrictions approved by the Italian parliament in 2010, no alcohol beverages can be sold in any public place after 3am.

In keeping with a national law in 1991, and with a more recent “security package” law in 2008, the police or mayors are able to issue a prohibition on the sale of beverages with more (and if needs be, less) than 21 per cent alcohol by volume in concerts, sporting events or other events with crowds of younger people in order to prevent public disorder. As a consequence, several municipalities have in the last few years enforced the prohibition on the sale

of alcoholic beverages to the underaged, or prohibited drinking in public places such as streets or parks.

According to Law 287/1991, there is only one licence that authorises the sale of all types of alcoholic beverages. As regards off and on-premise retailers, the Municipality Office for Public Stores grants the license to sell alcoholic beverages to medium-size wholesalers and retailers as well as to food markets. The license is permanent as long as the store operates and its costs are based on a municipal system of taxation. The Bersani Law from August 2006 has greatly facilitated the obtainment of this licence.

■ Driving and BAC limit while driving

In Italy, the minimum age for driving mopeds is 14, and 18 for car drivers. In 1988, a Ministerial Decree (10/8/88) established a blood-alcohol concentration (BAC) level of 0.8 grams per litre as the threshold above which driving was not permitted.

In March 2001, the Italian Parliament approved a general policy law on alcohol and alcohol-related problems (“frame” law number 125, 30 March, 2001). This law lowered the maximum blood alcohol concentration level for driving to 0.5 grams per litre. Amendments to this law were approved in 2003 and 2008, as follows:

- BAC= 0.5–0.8 implies the suspension of the driving licence for 3–6 months and a fine of € 500–2,000;
- BAC= 0.8–1.5 implies the suspension of the driving licence for 6–12 months and a fine of € 800–3,200;
- BAC over 1.5 implies the suspension of the driving license for 1–2 years and a fine of € 1,500–6,000, plus the arrest of

the driver and confiscation of the vehicle.

Additional restrictions have been approved in 2010 by the Italian Parliament, such as setting the BAC limit to 0.0 for drivers aged 21 or under, and for professional drivers.

Such norms have been progressively enforced by the Italian police and have also been widely covered in the daily media and on the internet.

■ Main community prevention and policy initiatives

After the publication of the WHO European Alcohol Action Plan in 1990 (World Health Organization 1992), some community action alcohol programmes were implemented in Italy to prevent alcohol-related problems and to promote responsible drinking. There were some interesting examples, which could be replicated elsewhere in the country.

One campaign called “I would say to a friend who drinks too much” was carried out in five mid-sized cities in northern and southern Italy. The educational messages advocated responsible drinking and more information about the risks of abuse (Osservatorio Permanente sui Giovani e l’Alcool 1997).

An inter-sector and multi-component prevention project (1992–1998) in a residential area of 17,000 people in Rifredi in north-west Florence in central Italy included such measures as public information, community pre-school, elementary and middle school programmes, and alcohol training for Primary Health Care (PHC) professionals. At the end of the project, there was an increase in hospital admis-

sions for alcohol-related problems and a decrease in the rate of male risky drinkers – from 15.3 per cent to 13.5 per cent (Allamani 2007).

Another inter-sector and multi-component community action alcohol project was developed in Scandicci, a town southwest of Florence in 1999–2004. The project sought to prevent alcohol-related problems in health, education and traffic. By and large, the project partly mobilised the community members and allowed a more comprehensive understanding of community risk from alcohol consumption (Allamani et al. 2007).

Between 1999 and 2006, a community-based prevention programme involved 10 communities in northern and central Italy, intending to inform the residents about the harmful effects of alcohol. Once the interventions were evaluated, a significant reduction of self-reported alcohol consumption was observed at the end of the project (Bagnardi et al. 2010).

Some measures have recently been taken by National Health authorities to create programmes for community health professionals all over the country in order that they identify risky drinkers among their clients early enough to prevent permanent alcohol-related harm. Following the guidelines provided by WHO Europe, both general practitioners and PHC professionals should deliver a brief educational intervention to help their clients who are drinking at risk either to cut down or to stop drinking. Some projects (such as PRISMA) targeting general practitioners were recently carried out in Udine (Friuli Venezia Giulia) and Florence (Tuscany) as part of a European WHO study with several countries (see Struzzo 2005; Scafato et

al. 2006; Allamani et al. 2009).

What evidence is there of factors contributing to changes in the trend of alcohol consumption in Italy?

Alcohol policies, which are usually considered to be the main contributor to changes in consumption and alcohol-related harm, are not able to explain the changes in alcohol consumption which have occurred in Italy during the last decades. They can at most contribute to explaining these changes.

In Italy, like in other southern European countries, the significant drop in alcohol consumption – ascribed to the decrease of wine drinking – occurred before any alcohol policy acts came into force. Moreover, the formal restrictions on the consumption and sales of alcoholic beverages were approved only in the late 1980s, and have been enforced partially or not at all (Norström et al. 2002). Figure 2 shows the relation between alcohol consumption trends and the main alcohol policy measures in Italy, which first saw the light of day in 1988. The ineffectiveness of the preventive policies on the alcohol consumption trends is striking.

This decreasing trend, with no or little alcohol policy intervention, may be explained only if one considers other social, cultural and economic factors, which are not directly related to the alcohol policies. One study conducted in Italy in 2004–2005 (Allamani & Beccaria 2007) concluded that some change determinants, which were not planned policy measures, were crucially important in affecting Italian alcohol consumption. These factors included the massive 1960s urbanisation, which

kicked off a long-term change in working conditions, more demanding in terms of both attendance and attention, and in family organisation, with less frequent traditional family meals. Another factor was the increased health awareness that started to spread in the 1980s, when Italians came to pay more attention to the quality of food and to healthier lifestyles. These factors are able to explain the decrease in wine consumption in Italy, which occurred between the 1970s and 2000s. For their part, demographic changes were shown not to affect alcohol consumption trends (Cipriani & Prina 2007).

This study nevertheless shows substantial limitations in its quantitative analysis. Further research is needed to compare consumption trends, policy measures and change determinants in other European countries in the same period.

The complexities of the change in youth drinking are, in fact, discussed in a recent article in which Beccaria (2010a) examines the consistencies and changes in terms of the younger Italians' alcohol consumption. This is done through a comparison of the qualitative research conducted in the last twenty years nationally as well as more locally.

Now as before, alcohol drinks have a significant role in the lives of younger Italians, both in terms of identity and in the process of learning about oneself. The picture emerging from this comparative analysis appears to refute the homogeneous image of contemporary adolescents and youths without values and more attracted by risky behaviour than previous generations (Beccaria 2010b). Quite the opposite, Italian youths in the twenty-first century seem more aware of the effects of alcohol

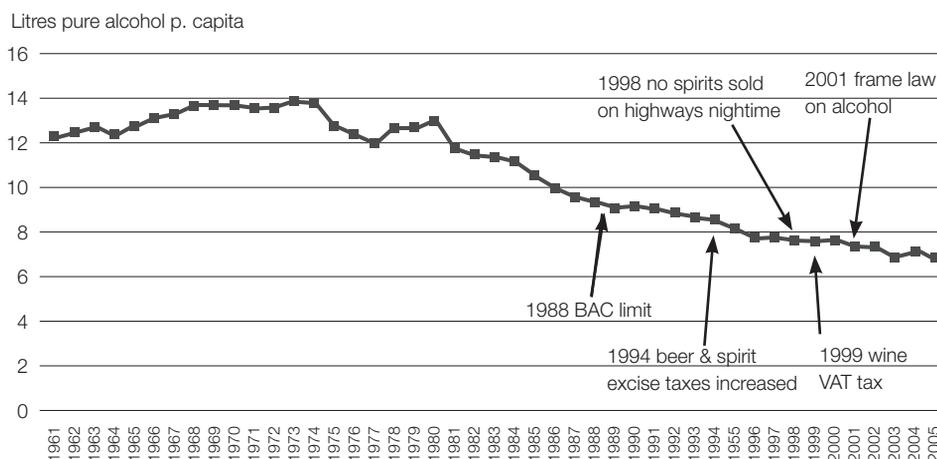


Figure 2. – Recorded alcohol consumption trends in Italy and main policy measure changes (1961–2005) source: 1960–2003: World Drink Trends 2005; 2004–2005: Osservatorio Giovani e Alcol 2007.

consumption. Social drinking remains as important to them as it was to the previous generations, and wine is still a part of their alcohol consumption, although other beverages are more relevant. The multiplicity of social roles undertaken by youths in their learning and leisure time tends toward diversified drinking styles, also as a response to the uncertainty which characterises the life of today's youth. Transgressive use value appears to be less important than in the past, possibly as a consequence of a more permissive style of education, which provides fewer chances to transgress and more opportunities to seek for new sensations.

Conclusions

A significant process of change in alcohol consumption patterns is currently ongoing in Italy. This is especially obvious in the decreased wine consumption during

the last 40 years, which seems to match the simultaneous decrease in deaths from liver cirrhosis, a traditional indicator of alcohol-related problems. The drinking patterns of younger people have changed during the last two decades, which appears to converge toward a globalising Western alcohol consumption pattern, with an increased consumption of beer and spirits in the evening and the weekends, usually in a social context.

A closer look into Italian drinking styles nevertheless shows that wine is still the most popular alcoholic beverage, while the time-honoured Mediterranean pattern of drinking with meals and among family or friends to increase the pleasure of eating is maintained, also among younger people. Moreover, drinking in order to reach intoxication is not the main drinking motive among young Italians.

There is no evidence to suggest that these

changes can be argued to stem from planned public health policies. In fact, there have been very few implemented policies, and these have often been weak and generic. By and large, during the last 20 years, taxation policy has been relatively mild. However, during the same period, national and local authorities have taken preventive action such as restrictions regarding drinking and driving and the sale of alcoholic beverages during significant public events. What their impact has been in terms of changes in consumption levels and drinking patterns is still to be determined.

The ongoing Italian situation appears as a natural laboratory, where many changes interact with steady traditions. For example, socialisation into alcohol occurs gradually during childhood within the family context, mainly thanks to the use value of wine. It is therefore reasonable to ask whether this could be a protective factor, at least in Italy and other Mediterranean drinking cultures. It would challenge the common opinion that would like to postpone the moment an adolescent is allowed to drink, in order to prevent later hazardous drinking.

Even if the nostalgia for a “healthier” Mediterranean drinking culture sometimes leads us to reach conclusions that may be simplistic, the current younger generation could be the precursors of a new twenty-first century drinking culture, based on tradition but combining the old and the modern.

Here, too, more research is needed to support this viewpoint. We need more comprehensive and culture-bound arguments on which to build prevention guidelines tailored to the collective needs of the different cultures.

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REFERENCES

- Allamani, A. & Beccaria, F. (eds.) (2007): *Contemporary Drug Problems* 34 (2): 181–378
- Allamani, A. (2007): Prevention. In: Allamani, A. & Anav, S. & Cipriani, F. & Rossi, D. & Voller F. (2007): Italy and Alcohol: A Country Profile. I Quaderni dell'Osservatorio Permanente Giovani e Alcool n. 19. Roma: Casa Editrice Litos
- Allamani, A. & Basetti Sani, I. & Centurioni, A. & Ammannati, P. (2007): Preliminary Evaluation of the Educational Strategy of a Community Alcohol Use Action Research Project in Scandicci, Italy. *Substance Use & Misuse* 42: 2029–2040
- Allamani, A. & Pili, I. & Cesario, S. & Centurioni, A. & Fusi, G. (2009): Client/General Medical Practitioner Interaction during Brief Intervention for Hazardous Drinkers: A Pilot Study. *Substance Use & Misuse* 44: 775–793
- Allamani, A. & Innocenti, F. B. & Innocenti, A. & Cipriani, F. & Voller, F. (2009): Alcohol and Tobacco Consumption among Albanian Immigrants in Florence. *Substance Use & Misuse* 44 (2): 282–300
- Allamani, A. & Holder, H. & Santarlaschi, V. & Bardazzi, G. & Voller, F. & Mari, F. & Bertol, E. & Osini, C. (2010): Incidenti stradali,

- bevande alcoliche e droghe. Uno studio nell'area metropolitana fiorentina (Road accidents, alcohol and illegal drugs. A study in the metropolitan area of Florence). *Toscana Medica* XXVIII (3): 15–17
- Anav, S. (2007): Taxes and Licensing. In: Allamani, A. & Anav, S. & Cipriani, F. & Rossi, D. & Voller, F (eds.): *Italy and Alcohol: A Country Profile*. I Quaderni dell'Osservatorio Permanente Giovani e Alcool n.19. Roma: Casa Editrice Litos
- Anderson, P. (2009): Evidence for the Effectiveness and Cost-effectiveness of Interventions to Reduce Alcohol-related harm. Copenhagen: World Health Organization Regional Office for Europe
- Bagnardi, V. & Sorini, E. & Disalvatore, D. & Assi, V. & Corrao, G. & De Stefani, R. & Collaborative 'Alcohol, less is better' Group (2010): 'Alcohol, less is better' project: outcomes of an Italian community-based prevention programme on reducing per-capita alcohol consumption, *Addiction* doi/10.1111/j.1360-0443.2010.03105.x
- Beccaria, F. (2010a): Stili del bere delle giovani generazioni: vent'anni di ricerche qualitative [Drinking styles of the young generations: twenty years of qualitative research]. *Salute & Società*. (English and Italian version, forthcoming in October).
- Beccaria, F. (ed.) (2010b): *Alcol e generazioni. Cambiamenti di stile e stili in cambiamento. Uno studio comparativo tra Italia e Finlandia* [Alcohol and generations. A comparative study between Italy and Finland]. Roma: Carocci. (English and Italian version)
- Beccaria, F. & Prina, F. (2010): Young People and Alcohol in Italy: An Evolving Relationship. *Drugs: Education, Prevention and Policy* 17 (2): 99–122
- Cipriani, F. & Prina, F. (2007): The Research Outcome: Summary and Conclusions on the Reduction in Wine Consumption in Italy. *Contemporary Drug Problems* 34 (2): 361–378
- Currie, C. & Gabhainn, S.N. & Godeau, E. & Roberts, C. & Smith, R. & Currie, D. & Pickett, W. & Richter, M. & Morgan, A. & Barnekow, V. (eds.) (2008): *Inequalities in Young People's Health: International Report* from the HBSC 2006/06 Survey (Health Policy for Children and Adolescents, No.5). Copenhagen: WHO Regional Office for Europe
- Edwards, G. & Anderson, P. & Babor, T. & Caswell, S. & Ferrence, R. & Giesbrecht, N. & Godfrey, C. & Holder, D.H. & Lemmens, P. & Mäkelä, K. & Midanik, L.T. & Norström, T. & Österberg, E. & Romelsjö, A. & Room, R. & Simpura, J. & Skog, O.-J. (1994): *Alcohol Policy and the Public Good*. Oxford: Oxford University Press
- Fabbri, A. & Marchesini, G. & Morselli-Labate, A.M. & Rossi, F. & Cicognani, A. & Dente, M. & Laverse, T. & Ruggeri, S. & Mengozzi, U. & Vandelli, A. (2002): Positive Blood Alcohol Concentration and Road Accidents. A prospective study in an Italian emergency department. *Emerg Medicine* 19: 210–214
- Hibell, B. & Guttormsson, U. & Ahlström, S. & Balakireva, O. & Bjarnason, T. & Kokkevi, A. & Kraus, L. (2009): The 2007 ESPAD Report – Substance Use Among Students in 35 European Countries. Stockholm: The Swedish Council for Information on Alcohol and Other Drugs (CAN) (<http://www.espad.org/>)
- Istat (2006): *L'uso e l'abuso di alcol in Italia. Report 2005*. www.ISTAT.it
- Istat (anni vari): *Incidenti Stradali in Italia* [Road Accidents in Italy]. www.ISTAT.it
- Istat (2008): *L'uso e l'abuso di alcol in Italia*. [Use and abuse of alcohol in Italy]. Report 2007. www.ISTAT.it
- Istat (2009): *L'uso e l'abuso di alcol in Italia*. [Use and abuse of alcohol in Italy] Report 2008. www.ISTAT.it
- Istat (2010): *L'uso e l'abuso di alcol in Italia*. [Use and abuse of alcohol in Italy] Report 2009. www.ISTAT.it
- Järvinen, M. & Room, R. (2007): *Youth Drinking Cultures*. Aldershot-Burlington: Ashgate
- Monarca, S. (1993): *Ricerche alcolologiche su popolazioni studentesche in Italia* (Alcohol studies on student population in Italy). *Alcologia*, supplemento al 5 (2): 63–76
- Osservatorio Permanente Giovani e Alcool (1997): *Young People between School and Work. A Community Action*. I Quaderni

- dell'Osservatorio Permanente Giovani e Alcool n. 9. Roma: Casa Editrice Logica
- Osservatorio Permanente sui Giovani e l'Alcool (1992): I giovani e l'alcol [Young people and alcohol]. Quaderno n. 2. Roma: Editrice Otet
- Osservatorio Permanente sui Giovani e l'Alcool (1994): Gli Italiani e l'alcol. Consumi, tendenze e atteggiamenti in Italia e nelle Regione (Italians and Alcohol. Consumption, Trends and Attitudes). Quaderno n. 6. Roma: Editrice Otet
- Osservatorio Permanente sui Giovani e l'Alcool (1998): Gli Italiani e l'alcol. Consumi, tendenze e atteggiamenti in Italia e nelle Regione (Italians and Alcohol. Consumption, Trends and Attitudes). Quaderno n. 11. Roma: Editrice Risa
- Osservatorio Permanente sui Giovani e l'Alcool (2000): Gli Italiani e l'alcol. Consumi, tendenze e atteggiamenti in Italia e nelle Regione (Italians and Alcohol. Consumption, Trends and Attitudes). Quaderno n. 14. Roma: Editrice Risa
- Osservatorio Permanente sui Giovani e l'Alcool (2007): Gli Italiani e l'Alcool. Consumi tendenze e atteggiamenti. V indagine Nazionale Doxa. (Italians and Alcohol. Consumption, Trends and Attitudes). 5th Doxa National Survey, I Quaderni dell'Osservatorio Permanente Giovani e Alcool n.18. Roma: Casa Editrice Litos
- Rossi, D. (2007): Alcohol, Economy and Diseconomy. In: Allamani, A. & Anav, S. & Cipriani, F. & Rossi, D. & Voller, F. (eds.): Italy and Alcohol: A Country Profile. I Quaderni dell'Osservatorio Permanente Giovani e Alcool n.19. Roma: Casa Editrice Litos
- Scafato, E. (2005): L'impatto sociale e sanitario dell'alcol, sintesi della presentazione all'Alcohol Prevention Day [Health and social impact of alcohol. Summary of presentation at the Alcohol Prevention Day], Roma 21 aprile (<http://progetti.iss.it/ofad/dddd/dddd.php?id=105&lang=1>)
- Scafato, E. & Allamani, A. & Codenotti, T. & Marcomini, F. & Patussi, V. & Rossi, A. & Struzzo, P.L. & Russo, R. & Gruppo Nazionale Phepa (2006): Alcohol & Primary Health Care: Guidelines. A national strategy. Salute e Territorio 155: 85–119
- Scafato, E. & Ghirini, S. & Galluzzo, L. & Farchi, G. & Gandin, C. (2009): Rapporto su raccolta e analisi centralizzata dei flussi informativi e dati per il monitoraggio dell'impatto dell'uso e abuso dell'alcol sulla salute in Italia. Osservatorio Nazionale Alcol CNESPS (Report on the centralised collection and analysis of information and data about monitoring the impact on health of alcohol use/abuse in Italy). Roma: Istituto Superiore di Sanità
- Scafato, E. & Ghirini, S. & Russo, R. (2006): I consumi alcolici in Italia: analisi e proposte. Report presentato all'Alcohol Prevention Day (Alcohol consumption in Italy: analysis and proposals. Paper presented at the Alcohol Prevention Day). Roma 20 aprile (www.epicentro.iss.it)
- Scafato, E. & Massari, M. & Russo, R. & Bartoli, G. (2002): Il consumo di bevande alcoliche: generazioni a confronto [Alcohol consumption: comparing generations]. Roma: Osservatorio Nazionale OssFAS (www.epicentro.iss.it)
- Scafato, E. & Patussi, V. & Russo, R. & Mattioli, D. & Carosi, G. & Di Pasquale, L. (2004): L'analisi dell'Osservatorio Nazionale Alcol-OssFAD sui consumi alcolici in Italia (Analysis of Osservatorio Nazionale Alcol-OssFAD on alcohol consumption in Italy) Notiziario Istituto Superiore Sanità 17 (5): 11–15
- Struzzo, P. (2005): L'intervento breve per la prevenzione delle patologie correlate al consumo di alcol: un'analisi comparativa dei fattori che influenzano il comportamento dei medici di medicina generale (Brief intervention to prevent alcohol-related harm: a comparative analysis of factors affecting GPs' behaviour). Politiche Sanitarie 6 (4): 219–225
- World Health Organization (1992): European Alcohol Action Plan. World Health Organization Regional Office for Europe. Document EUR/RC42/8, Copenhagen
- World Health Organization (2009): European Health for All database (HFA-DB). Copenhagen, WHO Regional Office for Europe. <http://www.euro.who.int/hfad> – updated: August 2009.