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EDITORIAL

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# Proposal for the enhancement of alcoholology (prevention, treatment and rehabilitation of alcohol problems): the position of Società Italiana di Alcologia (SIA), Federazione Italiana degli Operatori dei Dipartimenti e dei Servizi delle Dipendenze (FeDerSerD) and Società Italiana Tossicodipendenze (SITD)

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Prevalence of alcohol use and alcohol use disorder (AUD) is high overall: mean lifetime prevalence of alcohol use worldwide is 80% and the average population lifetime of AUD is 8.6%.<sup>1</sup> Alcohol consumption is responsible for over 200 diseases and for 14 different types of cancer involving every medical discipline;<sup>2</sup> moreover, alcohol related problems and diseases represent a great burden from social and economic points of view, accounting 1.5-2.5% of Gross Domestic Product (*Prodotto Interno Lordo* [PIL]).<sup>3</sup>

In the last decades there was a growing effort from international organization such as World Health Organiza-

tion (WHO) to restrain alcohol abuse.<sup>4,5</sup> Moreover, several institutional documents have been published also in Italy in order to translate international recommendations in specific action to promote alcohol abuse prevention treatment and rehabilitation,<sup>6,7</sup> leading to a reduction in alcohol global consumption and in total alcohol consumers in Italy in the last 50 years.<sup>8</sup> Moreover Italian parliament legislates on alcohol and alcohol problem with Law 125/2001<sup>9</sup> defining important issues concerning public health, inpatient and outpatient treatment services and prison health. Unfortunately the recommendation of National Institute of Health (ISS) and the indication of Law 125/2001 were

frequently disregarded, and there are high levels of heterogeneity between regions<sup>10</sup> and an insufficient attention to alcohol issue in socio-sanitary systems: only 10% of the 670,000 people affected by AUD are involved in outpatient treatment programs<sup>8</sup> and less than 10% of the 8 millions of Italian people with hazardous drinking (binge drinking or high risk drinking) are intercepted by the sanitary system and have received a brief intervention on moderate drinking behaviour or quit drinking.<sup>11</sup>

On the light of this considerations the scientific societies accredited by the Italian Health Ministry in the field of “alcoholology” (*Società Italiana di Alcolologia* [SIA], *Federazione Italiana degli Operatori dei Dipartimenti e dei Servizi delle Dipendenze* [FeDerSerD] and *Società Italiana Tossicodipendenze* [SITD]) created a board of expert to define specific actions to enhance Italian alcoholology and to close the gaps between regions and services.

A peculiar characteristic of alcoholology is the coexistence of many cultural aspects, able to interpret the phenomena of alcohol abuse from different points of view: social and sanitary, familiar and individual, physical and psychological, institutional and informal. This complexity has been translated in many different ways to approach alcoholology, that have contaminated each other producing the best results when collaborating together in multidisciplinary network intervention.<sup>12, 13</sup> Many examples of this modality of work can be found: 1) the multiprofessional team of the addiction outpatient services (*Servizi per le Dipendenze* [SerD]); 2) the collaboration with associations (Alcoholic Anonymous [AA], Under treatment Alcoholics Association Club [ACAT], etc.) and with social services; 3) the multidisciplinary team work of inpatient health unit for detoxification; 4) the collaboration of alcoholologist in the local health commission for the eligibility of driving license; and 5) the health multidisciplinary commission for liver transplantation eligibility etc.

Despite numerous excellence areas in the Italian territory, the rehabilitation network is not yet ubiquitous; thus, a specific effort in terms of resources and of continuing education is warranted. This is fundamental to revitalize formal and informal network dealing with alcohol problem: a specific plan of education and dialogue in all Italian territories is necessary to reconnect operators and volunteers of Social and Sanitary Public System, of cooperative and no-profit associations and of self-help group, to guarantee the dialogue between hospital, territorial services and rehabilitation residential programs and between disciplines (social science, toxicology, internal medicine, psychiatry,

psychology, counseling, public health, family medicine, pediatrics, gastroenterology, cardiology etc.).

In the light of this, from an organizational point of view, alcoholology should be present both in hospitals for inpatient treatment and in territorial services for outpatient treatment. Despite the indications of Essential Level of Assistance (Presidential Law of Ministry Council 12/01/2017) and the indications included in Law 125/2001, the Health Italian System is deeply jeopardized with serious differences between territories that the regionalization of health competence has not helped to reduce. Thus, it is recommended the presence of alcohol dedicated beds in hospitals and of an Alcoholology Unit in hospitals that represent a hub in each of the 20 Italian regions; it is also recommended that each healthcare authority provide the presence of an Alcoholology Outpatient Treatment Unit to supervise alcoholology local network. Moreover, in the contest of territorial medicine, alcoholology should be considered a part of the addiction medicine, with his specific peculiarity, converging in the Addiction Department and avoiding the combination with psychiatry or disciplines other than addiction medicine, in order to preserve the over mentioned cultural peculiarity in everyday work.

Thinking about the engagement of the alcoholology network a specific engagement should be profuse for the formation and integration of family doctors that should be the principal actors of early detection of AUD and hazardous drinking, and that should be the principal expert of brief intervention that has proven to be one of the most cost-effective interventions in alcoholology<sup>14</sup> despite being highly underutilized. Another sensible point of the alcoholology network are self-help group and familiar communities that has demonstrated efficacy in the long term<sup>15</sup> for alcohol recovery. Moreover, they are totally free for health service. However, they are still underused considering that only the 3% of AUD's patient are involved.

Another problem underlined by the board of expert is that the complexity of the interventions and of the network in alcoholology and the absence of scientific recommendation produced by the Italian scientific societies, led to the heterogeneity of treatment and services organization. This determine inequity of the system and confusion in patients that are differently treated based on the service in which they are cared for. To avoid this problem, besides the already mentioned continuous education, the development of Italian scientific research on alcohol problems and the publication of Italian alcoholology guidelines from scientific societies, jointly with the validation of Italian Health Institution, are warranted.

In the same direction of homogenizing the clinical practice in alcoholology it is important to recognize in the Italian health system the discipline of Addiction Medicine, where alcoholology it can be correctly represented. This is also important to give a common identity to professionals and to give a correct frame to new scientific research and updated clinical activity without which it is difficult to imagine sharing the same scientific culture.<sup>16-18</sup>

Last but not least, in line with the indication of Law 125/2001, the board of experts specifies the importance to promote the institution of “alcoholology” undergraduate teaching in medicine degree courses, to provide basic information on alcoholology to all physicians in order to increase the recognition and treatment of alcohol abuse and AUD in total population.

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