

VOLUME 61 · NUMBER 4 · DECEMBER 2019

PANMINERVA MEDICA



EDIZIONI · MINERVA · MEDICA

PUBBLICAZIONE PERIODICA TRIMESTRALE - POSTE ITALIANE S.P.A. - SPED. IN A. P. D.L. 353/2003 (CONV. IN L. 27/02/2004 N° 46) ART. I, COMMA I, DCB/CN - ISSN 0031-0808 TAXE PERÇUE

EDITORIAL

Alcohol use disorders: illness or other?

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The question is complex and very current; it concerns the phenomenon of alcohol, which involves politics, economics, conflicts of interest, aspects of health, and aspects of disease, illness, prevention and health promotion. Borrowing what follows from an editorial in the British Journal of Addiction “No ‘Alcoholism’, please, we’re British”¹ we should start from “No Alcoholism, we’re people”.

Certainly, in recent years some terms in the field of alcohol have created a cultural and scientific debate that has challenged the terminology used so far. This debate should not be seen as a sophisticated debate, but a debate that brings us back to the human value of life which cannot be delegated to anyone, neither professional nor institution. This view is an alternative to the concepts of disease/pathology.

In Italy we have the tradition of “Public Happiness.” In Muratori² the concept of *public happiness*, the bond between the reforms plan and ethics remains implicit. The coexistence of enlightened politics and an economy regulated according to the benevolent collective is proposed as the driving force. A modern economy that was born in Italy in the eighteenth century, as opposed to the previous Machiavellian culture.

The definition of alcoholism arises, not from a medical necessity to define this phenomenon, but from the need to remove the “drunk” and “alcoholic” stigma.

At the same time, defining alcoholism as a disease has led society to view it solely as a medical problem and has activated a very large economy that has involved many sectors: pharmaceutical industry, rehabilitation programs and models, insurance etc.

This process has also led to removing and not highlighting the responsibilities of the production and advertising sector.

Alcohol producing multinationals have developed, over the last thirty years, a skilled marketing campaign in which they have not substantially denied alcohol damage but have minimised them, often highlighting the alleged beneficial effects, as in the case of resveratrol, in correlation with wine intake,^{3, 4} which have been proven to be fake, scientifically.

The certification of alcoholism as a “disease” has triggered a clinical-economic process, which still governs the social-health approach: in which a person feels ill, the doctor certifies his/her disease and society attributes them to be sick. In this sense, with regard to the patients and their (at this point) three facets of the concept of illness, we can affirm that: illness allows them to give meaning to their illness, disease allows access to medical care and the sickness (social problem/dysfunction) frees them from working duties and entitles them, if necessary, to financial aid.

Edward Griffith *et al.*⁵ affirm that the Alcohol Dependence Syndrome may partly explain why some people continue to drink too much despite the negative consequences. Measuring and conceptualising this unique dimension should help design more powerful, multidimensional and interactive models. With this affirmation, an appeal is made in the spirit of openness and interdisciplinary investigation, rather than for perseverance, with the unproductive rhetoric of the debate on “disease”.

A public health approach, inclusive of mental health, in its most authentically existential and cultural meaning,

which has as its fundamental element, the promotion of health and which recognizes the close link between the lifestyle of consumption and the availability of alcoholic beverages and alcohol-related problems, implies the adoption of a global, multi-sectoral and multilevel approach, in order to grasp the peculiarity of emerging needs in the context of complex inter-sectoral dynamics (health, work, housing policies, education, environment, etc.).

In 1994, Vladimir Hudolin⁶ urged the need: “... to change the current sanitary and general culture that accepts only that which can be measured, weighed, observed at a microscopic level or diagnosed with precise and objective investigative methodologies, as scientific. With this I would not deny the importance of everything that can be measured, counted and directly observed, but that represents only a small part of human life. By emphasizing only this aspect, we risk to devalue as much of the human characteristics that distinguish man from all other life forms on the planet as unscientific”.

The strong Hudolinian invitation to complexity emerges and relates to reading and intervention on the phenomenon of the relationship between human beings and alcohol (alcoholology). Alcoholology represents a critical interpretative paradigm for reading and gaining knowledge (diagnosis) about every human suffering, for the role of scientific disciplines and the professional practices that deal with health, illness and existential distress. Alcoholology pushes public health, inclusive of mental health, to act on the factors of personal and systemic resilience, on the personalization of care and on the social dynamics of the communities, in a global vision that does not neglect the particulars.

Alcoholology is a training ground for innovation in all disciplinary fields.^{7, 8}

In Italy, the movement of alcoholology has developed its own strong identity and specificity that has witnessed clinical and ecological approaches becoming less and less opposed, so we feel we can propose three approaches to try to determine a paradigm shift:

1) Act with an Ecological-Social approach which means a way of asking oneself and interpreting the bonds that exist between people and the different components that constitute a family or local community, in which all behavioral problems including alcohol-related ones, but also cultural, economic, political, environmental, have their origin and their solution in existing social relationships.

2) Educate, and implement, to anthropological spirituality, which does not mean, to claim to have and impose particular value contents, but recognizes and adopts those

values that are truly human, universal, intercultural, ecumenical, and immediately perceptible as well.

3) Promoting the culture of Choice and the Common Good, is a good deal of relationships, it is a special form of relational good, because it is relationships between people that constitute the good.

In conclusion, overcoming the categorical/classification distinction means recognising that what is identified as alcoholism is nothing but one of the many expressions of drinking behaviour that constitutes a risk in itself. This does not mean, nor lead the fight against alcohol, nor promote prohibition, nor deny the reality of alcohol-related problems or the differences between low-risk eating at meals, episodes of intoxication, harmful consumption and the complexity of some situations.

Instead, it means understanding and deepening the relationship between these differences, their continuity, and the paradigmatic value for all human phenomena that always take place in a continuous and systemic process.

Drinking alcoholic beverages, like so many ordinary activities that we like to do, requires constant global critical attention.

The social ecological approach has allowed Italy to overcome the individual-substance relationship and instead to focus attention on the person in its totality and complexity including the levels of integration and social relationship.

The implementation of the culture of the common good and of choice is not a disciplinary opposition to the health-care approach; but the overcoming of the logical and practical reductionism and the recovery of that community dimension of the people who have public happiness at the base. Programs that promote, implement and educate about personal responsibility and choice are much more successful than programs that promote the theory of disease.

In this way, alcoholology becomes a multidisciplinary and multi-professional area of intervention, which can be extended to all the traditional health and social or social-health fields, in which the full participation of people and communities is promoted, all of which, starting from the definition of their relationship with alcohol, they become the protagonists of a process of self-protection and health promotion.

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Conflicts of interest.—The authors certify that there is no conflict of interest with any financial organization regarding the material discussed in the manuscript. Article first published online: July 30, 2019. - Manuscript accepted: July 18, 2019. - Manuscript received: July 10, 2019.

(Cite this article as: Patussi V, Fanucchi T, Marcomini F, Balbinot P, Testino G, Caputo F. Alcohol use disorders: illness or other? *Panminerva Med* 2019;61:429-31. DOI: 10.23736/S0031-0808.19.03726-1)