



Baccus, Tobacco and Venus: old and new challenges for Public Health

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Health and wellbeing is the most value that a person can have [1]. *Baccus, Tobacco and Venus* want to give a chance to take an active awareness and knowledge, about people's "health", "safety" and "life" in order to tobacco, alcohol and sexually transmitted diseases themes, aiming to promote "prolonging life" through more scientific-oriented studies. In this context, it's necessary base focus on social-economic and cultural challenges - occurred during 20th- century in most industrialized countries- and on progress - made over the last twenty years - occurred in countries whose rapidly growing economies and that have determined and conducted to wellbeing and to the hope of a better life, even if in some case within country differences could exist [2]. However, wellbeing, but also behavioural lifestyle-related diseases (especially chronic diseases), paradoxically grew at the same time. We must not forget that not only personal characteristics and behaviour, but also economic and cultural surroundings, are the determinants of health [3]. Social surroundings (included person's social interactions and relationships), in which people live, affect and implicate their health bringing to unhealthy lifestyles changes and to unhealthy behavior patterns engaging in many health risk behaviours that increase their likelihood for the leading causes of morbidity and mortality, primarily among world's earliest civilized communities [4].

The notion of "lifestyle" has come into currency only in the past two decades and according to the Oxford English Dictionary [5], was identified by Alfred Adler, as an identity to mean a person's basic character, established early in life, which governs reactions and behaviour: "lifestyle" reflects the individual's unique, unconscious, and repetitive way of responding to (or avoiding) the main tasks of living: friendship, love, and work. The "style of life" is reflected in the unity of an individual's way of thinking, feeling, and acting and some suggestions of structured life chances.

New definition of public health is distinguished by its basis in a comprehensive understanding of the ways in which lifestyle and living conditions determine health [6]. Nowadays, lifestyles become associated with consumption of specific goods and services: product involvement, according to consumer behaviour theorists, occurs when a consumer product is linked with a person's values and self concept. An "upscale" lifestyle includes consumption of high priced consumer goods that connote sophistication, style and luxury [7].

Marketing emphasize a variety of lifestyles that revolve around drinking alcohol, tobacco smoking and riding with having overeasy sexual intercourse and with multiple partners, depicting a "successful" lifestyle in which alcohol, smoke and luxury life play an integral part in achieving a "successful" identity and constitutive element for a status symbol. This is especially true for young people: adolescence is a time of opportunity, but also one of risk. There are enormous changes in the person's social interactions and relationships and they are more likely than others to develop health problems because social, economic and cultural factors



increase their vulnerability. It's well recognised that the combination of different potentially negative lifestyles elements and risk behaviours can lead adverse health outcomes, often established during youth and extend into adulthood. The national Youth Risk Behavior Survey (YRBS) [8] monitors priority health risk behaviors that contribute, to unintentional and intentional injuries, to increase likelihood for the leading causes of death, disability, and social problems among youth and adults and specifically tobacco use, and drinking alcohol and sexual behaviours [8-11]. Promoting health is public health issue, and it is impossible to prevent diseases (e.g. chronic disease), without enough data to have a clear picture of the burden of disease in a certain country. Behavioural lifestyle-related and all behavioural lifestyle-related chronic diseases are placing an increasing burden on health systems around the world and in time smoking become the most one of the health related behaviours received attention: tobacco is actually the world's leading killer in most industrialized countries. WHO Report on the Global Tobacco Epidemic, 2008 confirms that the global tobacco epidemic is one of the greatest public health threats of modern times. Tobacco use is the leading preventable cause of death and WHO estimates that, unless countries take drastic action, tobacco could kill about 8 million people every year by 2030, mostly in developing countries [12]. Compared to non-smokers, cigar smokers are at increased risk for cancer, heart disease, and pulmonary disease and have higher mortality from any cause. Passive cigar smoke may also be a health risk [13-15].

Remarkably, the list of known health risks continues to grow. It is estimated that smoking in Italy causes 90,000 deaths per year (equal to 15% of the overall deaths) with a decrease in life expectancy of 7.5 years. More than 25% of deaths occur in the 35 – 65 age group [16,17]. Preventing tobacco use in young people, reducing tobacco use in adults, and reducing non smokers' exposure are essential public health objectives for communities. Through tax law, the state have created incentives for a certain behavior that is regarded as favourable for the public's health but the tobacco industry fiercely resisted the tax hike and greatly outspent the coalition in terms of dollars and resources to fight it [18]. The Community Guide recommends several strategies to achieve tobacco free, in particular, increasing the price of tobacco products, mass media education campaigns combined with other interventions, a reduction of client out-of-pocket costs for effective cessation therapies, smoking bans and restrictions [19].

As tobacco use, alcohol is consumed by large proportions of people in most countries around the world and it's related to a wide variety of negative health outcomes including morbidity, mortality, and disability: alcohol consumption has been identified as an important risk factor for chronic disease and injury. Studies in both Europe and the USA [20] have demonstrated a strong association between alcohol consumption and liver cirrhosis mortality, and excess consumption increases mortality directly by increasing the risk such as cardio-myopathy, neuropathy and mental disorders. It also contributes to an increased risk of certain cancers and stroke. Alcohol-attributable injuries are of a growing concern to the public health community, with alcohol-related injuries such as road traffic accidents, burns, poisonings, falls and drownings making up more than a third of the disease burden attributable to alcohol consumption [21-25]. Overall, 4% of the global burden of disease is attributable to alcohol, accounting for approximately as much death and disability globally as tobacco and hypertension [20]. The net effect of alcohol consumption on health is detrimental, with an estimated 3.8% of all global deaths and 4.6% of global disability-adjusted life-years attributable to alcohol [26], but we have to consider also the cardiovascular risk reduction for moderate alcohol consumption [27]. In the World Health Report 2002, harmful use of alcohol made part of the list of lifestyle-related risk factors and adverse physical, mental and social consequences of harmful.



Study Research added that when adolescents are under the influence of drugs or alcohol, are more likely to engage in high-risk behaviors, such as unprotected sex [28]. In 2009, 22% of U.S. high school students who had sexual intercourse during the past three months drank alcohol or used drugs before last sexual intercourse [29]. Unsafe sexual practices and recent increases in sexual risk behaviour impact people's health: vaginal, anal, and oral intercourse place young people at risk for HIV infection, other sexually transmitted diseases (STDs) and HIV transmission among people [30]. On the other hand, the level of knowledge towards STDs needs to be improved, particularly in people in the youngest ages [31], and the availability of new molecular methods for the detection genital infection will represent an important step for the development of primary and secondary prophylactic interventions [32].

There is the urgency to a closer look at the data to identify and promoting effective behavioral prevention and strategies: successful interventions reported as characterized by extensive formative research [33,34]. Previous research and stronger research designs - strengthening evidence-based approaches and sufficient resources- skills training and clinical-cultural competency are necessary too [35]. Future research in the field of public health at the European level needs to consider never ending issue, such as infectious disease control, cardiovascular disease and cancer, health education and promotion [36]. According to previous position and public health mission, this issue aims at providing a view to build development of public health and health systems by strengthening collaboration and regular exchange health workers. Decisions as well as policy-oriented can be acquired from scientific research outcomes to coordinate the protective measures to identify and reduce unhealthy determinants for leading to improvements in disability adjusted life years (DALYs) and quality adjusted life years (QALYs) and thus for general health status of population and health outcomes.

A final requirement for policy in industrialized and developing countries alike, as Fries foresaw, is research: "At the top of the list of ...health research subjects must be the ability to postpone chronic illness, to maintain vigor, and to slow social and psychological involution. We must know for certain whether change is possible and how to accomplish it best" [37].

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