Supplementary material

Beyond the specific goals: some priority issues

The 'End game' for tobacco in Italy

Scientific societies and healthcare professionals of the Italian public healthcare system have co-signed a manifesto demanding that the State define a long-term strategy (15-20 years) for the 'end game' of tobacco in Italy, in the wake of what has already been done (New Zealand, Ireland, Scotland, Finland) or is in progress in many other countries (Australia, Uruguay, Canada). Every effective intervention against tobacco consumption in Italy reduces tax revenue from tobacco sales. Economic operators linked to the production, manufacturing and distribution of tobacco products and the consulting agencies financed by them exert pressure on governments using the argument of the reduction in state revenue. There is a strong conflict between economics (around 13 million euros/year in tax revenue, a turnover of over 20 million euros/year from tobacco sales, on top of around 200.000 employed in the sector) and health. One of the long-term strategies for 'end game' of tobacco is to harmonize the interventions to reduce the number of smokers with those of economic equilibrium – necessary to compensate for the reduced tax revenues resulting from a reduction in sales – redirecting businesses involved in cultivation, manufacturing/transformation and distribution of tobacco towards other activities of equal or superior economic gain.

Social inequality as an independent risk factor

A great emphasis must be placed on reduction of inequality, both social and regional. A recent document from the European Environmental Agency underlines the significant relationship between exposures to risk factors for health and social inequality (https://www.eea.europa.eu/articles/how-do-environmental-hazards-affect). Contrary to popular belief, social inequalities should not be

considered exclusively as distal determinants of health that act on proximal determinants (health behaviours and lifestyles). Inequalities in income, education, living conditions and occupational position represent a risk factor in themselves[1] (www.lifepathproject.eu), comparable to risk factors such as lack of physical activity and alcohol. An 'embodiment' of socioeconomic inequalities – mediated by biological mechanisms such as chronic inflammation (www.lifepathproject.eu) – has been demonstrated, that translates into years of life lost and an increase in chronic diseases. Social status as an independent risk factor explains the need to act on the social and economic determinants of health via structural interventions, primarily with regards to fiscal, economic, urban planning and welfare, and explains the futility of health promotion based solely on lifestyle modifications[2]. These novel scientific observations also lead us to evaluate in greater detail the causal role of chronic stress and mental health on quality of life, which ought to be key actions of the Italian Prevention Plan.

An issue of particular concern is the health of migrants. Italy is one of the very few countries in the world to guarantee health coverage even to illegal foreigners. What would actually be needed is to strengthen the social inclusion of the foreign population, as there are often inequalities in access, although the right is formally guaranteed.

References

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