

Prevention and early intervention for alcohol related-harm – The German Situation

BPtK/NPCE “Round table on National concepts and European strategies against alcohol abuse”, Berlin, 9 April 2019

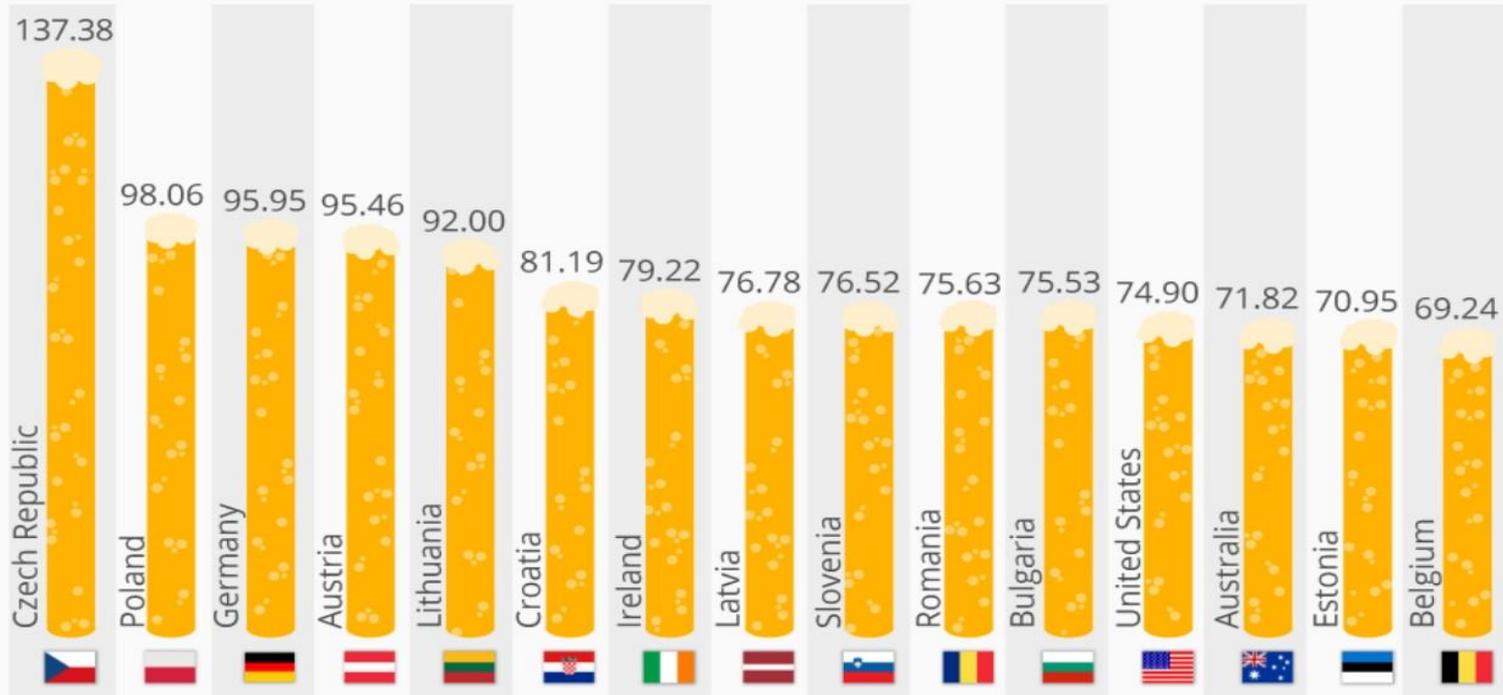
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Consumption and health damage

- 13.4 litres of pure alcohol annually is consumed per capita on average in Germany (WHO report 2018) which is significantly higher than the overall average in the WHO European Region (9.8 litres)
- Approximately one in seven adults consumes alcohol in hazardous quantities (Robert Koch Institute, 2015)
- The WHO estimates the number of people with alcohol use disorders in Germany at 9.8 percent of all men (4 percent of women).
- Germans predominantly consume beer

The Countries Drinking the Most Beer

Beer sales per capita in 2017 (in liters)



@StatistaCharts Source: Statista Alcoholic Drinks Report 2018 – Beer

Consumption, cost and health damage

In 2014, alcohol-related illnesses were the third most common reason for psychologically related sick leaves amongst men in Germany (i.e. 6.7 percent of all cases of work disability). For women, the proportion was only 1.4 percent. Around half of all people with alcohol-related illnesses also suffer from another mental disorder (Missel et al., 2013).

Legal provisions and initiatives

- Prevention measures that are internationally considered effective include: taxes on alcohol, restrictions of availability, regulations for the prevention of drunk driving and for youth protection.
- Legislators mostly restrict themselves to the dissemination of health knowledge and awareness campaigns.

Legal provisions and initiatives

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2003/2012) / No	National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.00 / 0.00
Excise tax on beer / wine / spirits	Yes / No / Yes	Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 18	Legally binding regulations on alcohol sponsorship / sales promotion (any)	No / Yes
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 18	Legally required health warning labels on alcohol advertisements / containers (any)	No / No
Restrictions for on-/off-premise sales of alcoholic beverages (any):		National government support for community action (any)	Yes
Hours, days / places, density	No, No / No, No	National monitoring system(s) (any)	Yes
Specific events / intoxicated persons / petrol stations	No / Yes / No		

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Deficits in care of alcoholics

- Only 10 to 20 percent of alcohol-dependent people receive professional help such as outpatient addiction counselling, assistance from a general physician, psychotherapy, inpatient detoxification or inpatient rehabilitation.
- Only about one third of patients that underwent addiction rehabilitation received follow-up treatment.
- Only a very small group of people with alcohol dependency received outpatient psychotherapy. Patients had to be abstinent by the tenth session at the latest for the therapy to continue.

- If a patient receives no further treatment after withdrawal treatment, the probability of a relapse within the ensuing 12 months is 90 percent (kbo-Isar-Amper-Klinikum München-Ost, 2012).
- If the patient participates in a post-withdrawal recovery programme, the one-year success rate lies between 41 and 77 percent (Bachmeier et al., 2015).

What needs to change?

Reduce alcohol consumption

- The BPTK calls for the annual alcohol consumption per capita in Germany to be reduced by at least 1 litre to bring consumption down to 7 litres of pure alcohol in the medium term.
- A 10 percent increase in the average price of alcohol in Germany would reduce the incidence of alcohol dependence by about 3 percent and the incidence of alcohol abuse by about 10 percent.
- An increase in alcohol tax in the medium term to at least the European average, including wine.

What needs to change?

- Restriction of availability by prohibiting the sale at kiosks late in the evening and at night as well as at petrol/motorway service stations.
- Ban alcohol advertising in television, radio, Internet and print media
- Nation-wide prevention programmes in schools
- Destigmatisation of alcohol-related illness

What needs to change?

- Screening for alcoholism by physicians and psychotherapists
- Expansion of outpatient psychotherapy
- Motivational short-term interventions for risky drinkers

What needs to change?

- Provision of post-treatment care after withdrawal
- There must be a seamless transition between withdrawal treatment and post-withdrawal care
- Case management for alcohol-dependent children and adolescents as well as for chronic alcoholics

A lot remains to be done –
thank you for your attention!