Germany
Country Report

1. Introduction

Germany is a country with a tolerant attitude towards alcohol consumption. In 2009 the per capita consumption for the total population remained at a high level with 9.7 l pure alcohol although there was a slight reduction in comparison with 2008. Germany is one of the nations with the highest per capita consumption in the European Union.

Analyses of national health statistic data revealed 74,000 annual death cases in Germany attributable to either at-risk drinking of alcohol alone or to the combined consumption of alcohol and tobacco. According to analyses for men in Germany, 12.8% of the total loss of life years and years lived with disabilities caused by all diseases and injuries are attributable to alcohol consumption. For the year 2007, the economic costs of alcohol-related diseases in Germany were estimated to be 26.7 billion €. Respective costs of 125 billion € were estimated for the European Union. Additionally, intangible costs, such as pain, suffering and life years lost caused by alcohol, were estimated to be 270 billion €.

Three social subsystems in Germany are more or less directly concerned with alcohol consumption. The first one is the legal system, the second subsystem is the health and social system and the last one is the educational system.

Prevention policy in Germany is shaped by two institutions. The Federal Centre for Health Education (BZgA) is a governmental institution that works on principles and guidelines of practical health education, trains professionals working in the field of prevention and coordinates and emphasises health education. The German Centre for Addiction Issues (DHS) is an umbrella organisation of institutions working in the field of dependence that represents the interests of its members to the government and other federal authorities. Because of the federal structure of Germany, the regional centres for addiction and prevention issues are important authorities. They are responsible for health and prevention in the federal states.

There are very few legal restrictions on alcohol production in Germany. Structural preventive measures are taken by the government in order to restrict the general availability of alcohol. These measures address alcohol distribution channels and advertisements, drunk driving and underage drinking among others.

Current preventive measures aim at a sensible, moderate consumption of alcoholic beverages, with exceptional abstinence in specific situations –e.g. pregnancy, lactation, driving, working hours- or for specific groups. Recommendations on the quantity of drinking have varied greatly since the mid-1960s and today the recommended limits are not more than 20-24 grams of pure alcohol per day for men and 10-12 grams for women -using the concept of standard drinks 20 grams means about two drinks and 10 grams about one drink-.

For 30 years, workplace addiction prevention programmes have been components of a modern human resources policy in Germany and have proven to be effective. These programmes contribute to the removal of taboos on the topic “addiction” on every management level and they are suitable to lead people at risk for drug consumption and addicted people to counselling and therapy. They are even the most effective way to raise awareness in a major part of the adult population.

Germany´s extensive experience in the field of occupational addiction prevention supports the aims of the European project. The knowledge and the existing strategies are supposed to be integrated in the international discussion as well as the new findings and practical experiences from the European countries amend Germany´s activities.

Table 1: Legislative context for alcohol in Germany

Germany	
Is there specific legislation for alcohol misuse in the workplace?	YES
Are there official guidelines / policies on workplace and alcohol in the country?	YES
Is there official guidance or advice on workplace and alcohol available for companies and/or employees in the country?	YES

2. Delivering the Pilot Intervention

2.1 Project Management

The German Centre for Addiction Issues (Deutsche Hauptstelle für Suchtfragen (DHS) e.V.) is supported by the Federal Ministry of Health and was founded in 1947 as a common platform for all German charitable associations in the field of addiction counselling, treatment and self-help.

The DHS aims to inform people about addiction-related problems, advise them and draw their attention to support provision. One of the primary tasks of the DHS is the promotion of advances in the field of secondary prevention. The DHS coordinates the professional work of associations active in addiction counselling and treatment and promotes constant qualitative development.

As an umbrella organization, it initiates negotiations and cooperative efforts between federal ministries and departments, as well as with non-governmental payers and players, such as the federal associations of health insurance and pensions plan companies. In addition selects topics within the field of addiction and dependency, instigates specialist and political debates, issues position statements, develops guidelines and framework concepts and holds specialist conferences and meetings on topical issues. Furthermore the DHS library is the most comprehensive specialist library on addiction issues in the German language and available for individual research.

National focus points in recent years have been "Young People and Addiction," "Age and Addiction," "Medicament Dependency“ and "Alcohol Awareness Week." In international projects and at European level, alcohol is also a chief focus of project work. As a member of a European alcohol policy network, DHS is advocating for a comprehensive alcohol policy with clear objectives and targets, combining behavioural and structural approaches.

2.2 Engagement

The DHS made an announcement in spring 2012 for interested companies. The announcement was delivered via different channels (DHS-Newsletter, which addresses about 10.000 contacts; multipliers; Emails to chambers of trade and commerce as well as health companies). About 30 interested companies contacted the DHS and they were given detailed information about the project participation. About 15 companies sent a concrete written application. On the basis of the company description, the existing alcohol prevention policies and the estimation, which preventive measures could be implemented in the pilot phase, the companies were chosen by the DHS. To get a very broad variation of included companies, following criteria were relevant:

- Size
- Sector diversity
- Existing addiction prevention / alcohol policy
- Targeted level intervention
- Region of company / local / regional/ national

The workplace participation was maintained through direct involvement in the planning process and training as well.

Table 2: Companies and intervention characteristics

Companies	Sectors	Ownership	Size	Method	Level Intervention
City of Cologne	Public administration and defence; compulsory social security	Public	Large	Internal	Comprehensive
E-Werk Erlangen	Cultural sector	Public	Medium	Internal	Basic
Landesbetrieb Forst	Agriculture, forestry and fishing	Public	Large	Internal	Comprehensive
Salzgitter AG	Manufacturing (steel producer)	Private	Large	Internal	Comprehensive
Theater Bremen	Artists, administration, technicians, craftsmen	Public	Medium	Internal	Basic

2.3 Process

Key actors involved:

Project leader: DHS Support in development of occupational addiction prevention

Health team: internal social worker; internal addiction counsellor; human resources and external counselling centre; external service and occupational health medician. Support of national occupational addiction prevention expert Dr. Elisabeth Wienemann

Services delivery:

Actions: coaching visit took place; discussion of work plan draft, measures and implementation of baseline questioning

Policy and procedures : Yes

Training and awareness raising: Tailored trainings for particular target groups (measures for example eyeglasses that re-enacts intoxication, discussing case examples, etc.)

Awareness raising and distribution of materials: DHS-materials can be ordered by the enterprise. There are useful brochures for managers and employees. Especially the DHS-Quality standards (available in English) and the flyer for employees “Alcohol at the workplace” (developed in the EWA-project) were given to the participating companies.

Other stakeholders involved were: forest officials; firemen, public relation office and employees of the historical archive; artists, administration, technicians, craftsmen etc; (young) employees in restaurant business and worker in steel production

2.4 Development of the program

Internal (Type A) intervention was adopted in all pilots.

Aims of pilot intervention:

- to reduce the use of alcohol in the work places
- identify best practices of policy and procedures

Companies anticipated level of intervention: 2 basic and 3 comprehensive

Each pilot was delivered by a multidisciplinary team (a Director, an Occupational Physician of SPSAL, a Physician toxicologist, a Social worker and a psychologist). The intervention consisted of training actions and follow up visits.

Each action was developed through a power point presentation which also contained audio-visual materials (as videos. spot), vignettes for the managers training to reflect around some typical situations at workplace and two different leaflets to workers.

City of Cologne

Within the EWA project a fire department, the public office and employees of the historical archive were trained from the responsible person of the pilot. It is important to mention that the trainings were focused on the appropriate target group.

Salzgitter AG

Because of the difficult economic situation alcohol prevention at the workplace is not in the focus of the management. The steel company in Peine was involved in the EWA project. They built an information desk in the occupational cafeteria and informed the employees about the results of the baseline study.

E-Werk Erlangen

Together with the addiction aid Erlangen the E-Werk implemented an "action week" with reference to the topic alcohol at the workplace. Different measures were implemented. Furthermore, trainings for line managers were implemented.

Theater Bremen

Trainings for managers as well as information events for employees were implemented. Also, a works agreement "addiction" with focus on help and support was revised. Alcohol prevention will be integrated in the occupational health management.

Forst Brandenburg

In the woodsmenschool and in the service unit Templin, trainings for apprentices and employees took place with the support of addiction experts.

During the pilot phase, two meetings with the persons responsible within the participating companies and the DHS took place. The first meeting at the beginning of the pilot phase was intended to inform all pilots about the EWA project and its aims. Every pilot presented his company, aims and measures of the occupational addiction prevention. It was also intended that the companies get in contact for further proceedings. The second meeting at the end of the pilot phase was intended to give them information about the results of the EWA project. The sustainability of the measures and further proceedings were also important topics.

Table3: Development of the program

Companies	Pre-existing policy	Ownership	Size	Method	Level Intervention
City of Cologne	Yes	Public	Large	Internal	Comprehensive
E-Werk Erlangen	Yes	Public	Medium	Internal	Basic
Landesbetrieb Forst	No	Public	Large	Internal	Comprehensive
Salzgitter AG	Yes	Private	Large	Internal	Comprehensive
Theater Bremen	Yes	Public	Medium	Internal	Basic

2.5 Target group:

Table 4: Response tax by company

Companies	Numbers of workers covered	Baseline	Follow-up	Follow-up exposed to action
City of Cologne	98	85	49	40 (81.6%)
E-Werk Erlangen	140	37	27	22 (74%)
Landesbetrieb Forst	420	218	86	53 (61.6%)
Salzgitter AG	1200	118	31	16 (51.6%)
Theater Bremen	580	131	93	38 (40.8%)

2.6 Materials

This material aimed to encourage interaction with the participants to help them internalize new information and attitudes towards alcohol in an attempt to promote a healthy and safe lifestyle especially in workplace.

Actions were framed within the transmission of information about alcohol and alcohol-related harm. In order to raise awareness against the use of alcohol in the workplace the risk on health, accidents at the workplace and the road was discussed. Legal aspects related to use of alcohol in the workplace as well as the role and importance of a comprehensive organizational policy on alcohol were also covered. Additional training sessions for the management and

trade union representatives in order to review the policy document and occupational physician of the company were delivered.

Three actions of 90 minutes with groups of 25 workers were organised avoiding gender discrimination. The schedule of the interventions was defined in collaboration with the management in order to minimise the impact on day-to-day business.

Furthermore, educational materials and written recommendations concerning improvements to be made were distributed.

For more information please visit Germany project website: www.dhs.de www.aktionswoche-alkohol.de

3. Evaluating the Pilot intervention

The design and methodology used were the ones proposed by the project. The calendar for the different pilots was the following.

Table 5: Calendar for the development of the different pilots intervention

Companies	Date start intervention	Baseline survey	Intervention	Follow-up	Audit
City of Cologne	26/04/2012	03/05/2012	Baseline was conducted in May / June	follow-up was conducted in summer 2013	01/08/2013
E-Werk Erlangen	16/05/2012	03/05/2012	Baseline was conducted in May / June	follow-up was conducted in summer 2013	23/08/2013
Landesbetrieb Forst Brandenburg	23/04/2012	03/05/2012	Baseline was conducted in August 2012	follow-up was conducted in summer 2013	08/08/2013
Salzgitter AG	21/05/2012	03/05/2012	Baseline was conducted in June / July	follow-up was conducted in summer 2013	08/08/2013
Theater Bremen	03/05/2012	03/05/2012	Baseline was conducted in June / July	follow-up was conducted in summer 2013	27/07/2013

3.1 Sample

Total number of workers involved in the intervention: 875 questionnaires collected in total (589 baseline and 286 follow-up) Response tax 25 % in the baseline questionnaire and 12 % tax of response in the follow-up questionnaire.

Table 6: Distribution of sample achieved questionnaires by time

Planed companies	Number of companies	Target employees	No. Baseline Questionnaire	No. Follow-up Questionnaire	Total
5	5 (100%	2322	589	286	875

3.2 Demographic characteristics:

The proportion of male respondents was higher than female respondents in both pre (72.6%, N=416 vs 27.4%, N=157) and post (62.3%, N=172 vs 37.7%, N=104) questionnaires. The gap was smaller in the second interview. The most representative age group in both pre and post questionnaires was 45-54 years old (33%, N=189 in pre 42%, N=116 in post). Manual worker was the most common position in pre questionnaires (35.8%, N=203) whereas other white collar job was the most common job in post questionnaires (40.6%, N=102).

Figure 1 and 2. Age and sex of participants by time

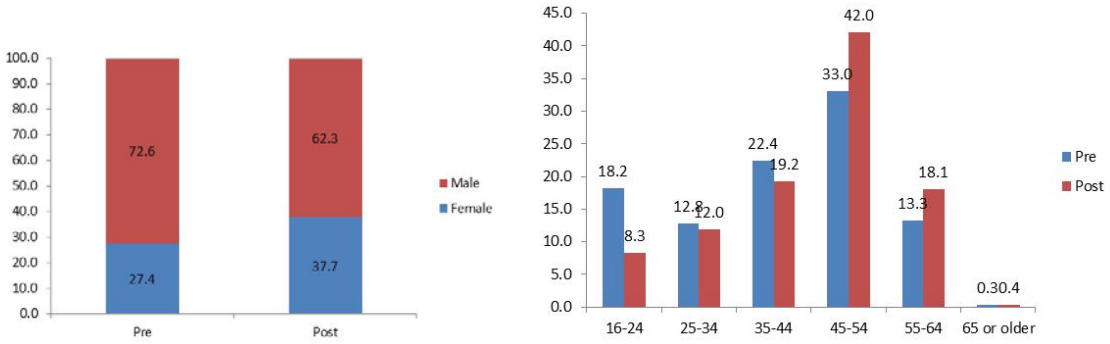
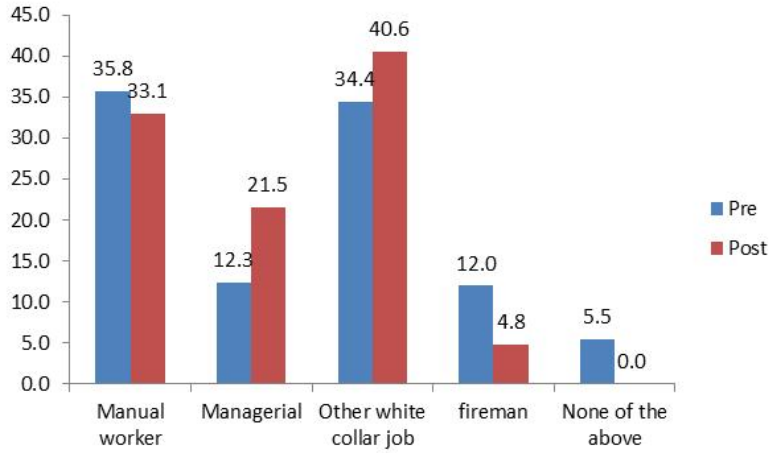


Figure 3. Distribution job of participants by time



3.3 Instruments

The instruments were the project ones. Conveniently translated into German.

3.4 Quality data and database analysis

The analyses undertaken are the same as for the other pilots in Europe. All data were collected through excel or spss template online or printed. Once collected and introduced in the templates were sent back to the EWA management team in order to be reviewed included in a Spss v.17.0 version data set. Data were analysed taking into account a 0.5 bilateral signification.

In all companies the surveys were a paper version and self-administered on the company´s premises (via pay slip, after an occupational information event). Anonymity was ensured, every employee was informed about the aims of EWA and the surveys. In charge were the responsible persons for the internal addiction aid, health manager or HR staff within the company. The methods of collection of the questionnaires were different: Employees in Cologne sent them directly via post to the DHS, in Brandenburg they were collected by the person administering the survey and in the other companies the questionnaires were deposited in an anonymous box.

4. Results Achieved

4.1 Project Outputs

After the intervention 286 questionnaires were collected. 62.5% (, N=155) of workers claimed to have filled in the baseline questionnaire, 8.6% (N=75) had not and 2.1% (N=18) were not sure.

Table 7: Distribution of participants to follow-up exposed to action

Companies	Numbers of workers covered	Baseline	Follow-up	Follow-up exposed to action
City of Cologne	98	85	49	40 (81.6%)
E-Werk Erlangen	140	37	27	22 (74%)
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4.2 Impact at organizational level

The table below displays employers' reports on the organization situation in terms of alcohol policies before and after the intervention. Statistical significance for these questions is irrelevant due to the fact that the sample of companies is not large enough to be representative (5 at baseline and follow up). Results revealed an irregular pattern.

After the intervention there was an increase in the number of companies with a specific policy for alcohol in social events for staff (20%, N=1 at baseline vs 40%, N=2 at follow up), the number of organisations providing alcohol-related training and information to managers? (60%, N=3 at baseline vs 80%, N=4 at follow up), the number of companies recording near misses (60%, N=3 at baseline vs 80%, N=4 at follow up) ,the number of companies recording if the near misses are due to alcohol consumption (0%, N=0 at baseline vs 20%, N=1 at follow up), the number of companies recording absenteeism (80%, N=4 at baseline vs 100%, N=5 at follow up), the number of companies recording alcohol-related absenteeism (0%, N=0 at baseline vs 20%, N=1 at follow up).

A series of items did not experience any change: the number of companies with a written policy (80%, N=4), the number of companies with a specific policy for alcohol at corporate events (40%, N=2), the number of organisations providing alcohol-related training and information to the rest of the workforce (60%, N=3). Items that could not increase after the intervention were the number of companies that record workplace accidents (100%), number of companies with a process for referring employees to support if they have an alcohol problems (100%, N=5).

Finally, the number of companies recording if a workplace accident was due to alcohol consumption decreased (100%, N=5 at baseline vs 80%, N=4 at follow up).

Table 8: Organisation characteristics in terms of alcohol policies by time

		PRE	POST
Does your organisation have a written alcohol policy?	YES	4 (80%)	4 (80%)
	NO	1 (20%)	1 (20%)

Does your organization have a specific policy for the use of alcohol at corporate events?	YES	2 (40%)	2 (40%)
	NO	3 (60%)	3 (60%)
Does your organitazion have a process for referring employees to support if they have an alcohol problem?	YES	5 (100%)	5(100%)
	NO	0 (0%)	0 (0%)
Does your organization have a specific policy for the use of alcohol at staff events?	YES	1 (20%)	2 (40%)
	NO	4 (80%)	3 (60%)
Does your organization currently provide alcohol-related training and information to managers?	YES	3 (60%)	4 (80%)
	NO	2 (40%)	1 (20%)
Does your organization currently provide alcohol-related training and information to the rest of the workforce?	YES	3 (60%)	3 (60%)
	NO	2 (40%)	2 (40%)
Does your organisation record absenteeism?	YES	4 (80%)	5 (100%)
	NO	1 (20%)	0 (0%)
If yes, does it specifically record alcohol-related absenteeism?	YES	0 (0%)	1 (20%)
	NO	5 (100%)	4 (80%)
Does your organisation record workplace accidents?	YES	5 (100%)	5 (100%)
	NO	0 (0%)	0 (0%)
If yes, does it specifically record alcohol-related workplace accidents?	YES	5 (100%)	4 (80%)
	NO	0 (0%)	1 (20%)
Does your organisation record other incidents such as "near misses" and first aid cases"?	YES	3 (60%)	4 (80%)
	NO	2 (40%)	1 (20%)
If yes, does it specifically record those that are related to alcohol?	YES	0 (0%)	1 (20%)
	NO	5 (100%)	4 (80%)

The impact of the project EWA in the company reported by the employer. 40% (2) of companies reported a low impact of EWA project and 40 % (2) reported a moderate impact, and 20% (1) reported a High impact.. Employers were also asked whether they would recommend the introduction of an alcohol intervention (policy, programme, awareness raising campaign,…), to a colleague from another company. 100% (N=5) of companies would recommend an alcohol intervention to a colleague from another company.

4.3 Impact at workplace level

Awareness

The table below shows the level of agreement of workers with the impact of alcohol on liver diseases, heart diseases, cancer, depression, birth defects and on accidents. Responses were reported at baseline and follow-up.

Results revealed workers before the intervention were more aware of the effect of alcohol on liver diseases risk (95.2%, N=536), injuries from accidents risk (93.4%, N=527) and birth defects risk (85.8%, N= 460) and least aware of the impact on cancer risk (52%, N=255).

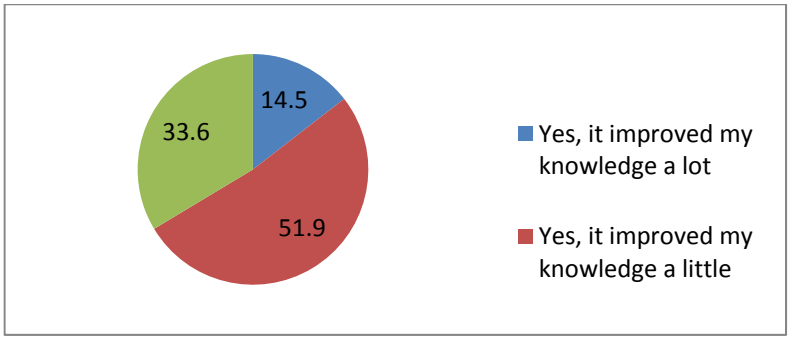
Statistically significant changes were observed in the level of awareness of the impact of alcohol consumption on all health conditions except for liver diseases and injuries from accidents. Results revealed an increase on the level of agreement with the impact of alcohol consumption on heart diseases (76.6%, N=400 pre vs 88.9%, N=233 post), on cancer risk (52%, N=255 pre vs 66.4%, N=168 post), depression risk (77.4%, N=410 pre vs 86.4%, N=229 post) and birth defects risk (85.8%, N=460 pre vs 93.2%, N=245 post).

Table 9: Impact of alcohol awareness by time

		Agree	Neither agree or disagree	Disagree	p
Liver diseases risk	Pre	536 (95.2%)	14 (2.5%)	13 (2.3%)	
	Post	266 (96.4%)	4 (1.4%)	16 (2.2%)	0.616
Heart diseases risk	Pre	400 (76.6%)	84 (16.1%)	38 (7.3%)	**0.000**
	Post	233 (88.9%)	20 (7.6%)	9 (3.4%)	
Cancer Risk	Pre	255 (52%)	138 (28.1%)	98 (20%)	**0.001**
	Post	168 (66.4%)	54 (21.3%)	9 (3.4%)	
Depression risk	Pre	410 (77.4%)	71 (13.4%)	49 (9.2%)	**0.001**
	Post	229 (86.4%)	23 (8.7%)	13 (4.9%)	
Birth defects risk	Pre	460 (85.8%)	40 (7.5%)	36 (6.7%)	**0.009**
	Post	245 (93.2%)	11 (4.2%)	7 (2.7%)	
Injuries from accidents	Pre	527 (93.4%)	22 (3.9%)	15 (2.7%)	0.213
	Pro	262 (96.3%)	5 (1.8%)	5 (1.8%)	

The figure below shows self-reported impact of intervention on level of knowledge of alcohol topics. A very high percentage of workers said their level of knowledge had increased after the participating in the prevention programme (66.4%, N=160 in total).

Figure 4. Self-reported impact of intervention on knowledge by type and level of intervention



Attittudes

The table below shows the level of agreement with the following statements: 'It's Ok for me to have an alcoholic drink during my lunch break from work', 'I think that alcohol should be available at social events for staff, that are organised by my workplace, when the event is outside of normal working hours', 'I think that alcohol should be available at corporate events for clients/customers, that are organised by my workplace, when the event is during normal working hours' before and after the intervention.

Statistically significant changes were observed after the intervention regarding the level of agreement with alcohol consumption during lunch time. The percentage of workers agreeing with the statement decrease (7%, N=40 pre vs 1.4%, N=4 post) and the percentage of workers stating they don't drink alcohol (13.3%, N=77 pre vs 21.5%, N=60; p<0.000). No statistically significant changes were observed for the rest of statements.

Table 10. Comparative of the percentage pre and post intervention in the four items about attitudes

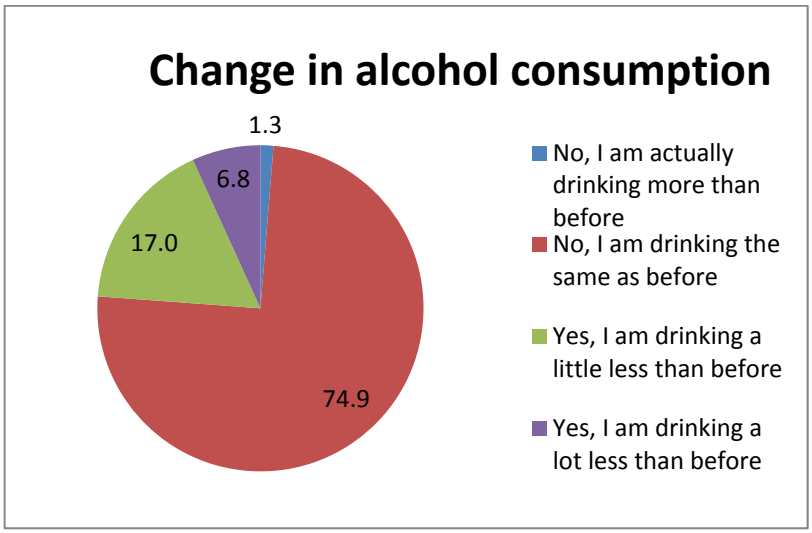
		Agree	Neither agree or disagree	Disagree	Don't drink alcohol	p
It's ok for me to have an alcoholic drink during my lunch break **from work**	Pre	40 (7%)	25 (4.3%)	438 (75.5%)	77 (13.3%)	**0.000**
	Post	4 (1.4%)	14 (5%)	201 (72%)	60 (21.5%)	
I think that alcohol should be available at social events for staff, **that are organised by my workplace, when the event is** outside **of normal working hours ****	Pre	312 (56.2%)	130 (23.4%)	113 (20.4%)		0.072
	Post	131 (49.8%)	60 (22.8%)	72 (27.4%)		
I think that alcohol should be available at corporate events for clients/customers, **that are organised by my workplace, when the event is** during **normal working hours**	Pre	56 (10.1%)	76 (13.7%)	421 (76.1%)		0.412
	Post	24 (9.2%)	28 (10.7%)	209 (80.1%)		
I am likely to drink more alcoholic drinks, than I would normally, when	Pre	102 (18%)	35 (6.1%)	378 (66.3%)	55 (9.6%)	0.284
	Post	35	17 (6.2%)	194	28 (10.2%)	

they are provided free or at a special discounted rate	(12.8%)	(70.8%)

Consumption

The figure below shows self-reported change in alcohol consumption after the intervention. 75% (N=176) of the participants had not made any change in their consumption, 17% (N=40) stated they were drinking a little less than before and 6.3% (N=16) said they were drinking a lot less than before.

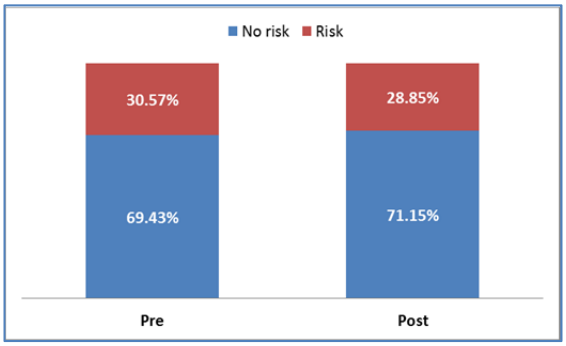
Figure 5. Impact of changed in alcohol consumption post intervention



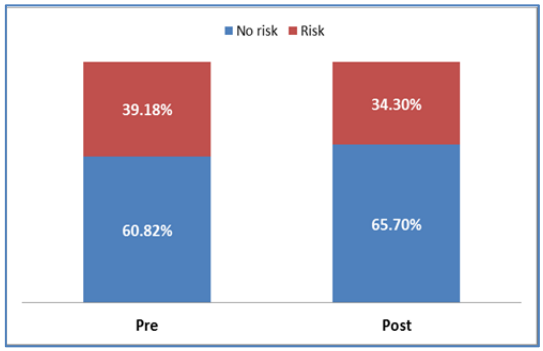
The figures below show percentage of risky alcohol consumption among female and male workers before and after the intervention. No statistically significant changes were observed in the risky drinking prevalence among females and males.

Figure 6. Comparative of risky alcohol consumption according to sex by time

WOMEN RISK ALCOHOL CONSUMPTION



MEN RISK ALCOHOL CONSUMPTION



Behaviour at workplace

The table below shows the prevalence of individual alcohol derived problems at workplace during the past four weeks. No statistically significant changes were found in the behaviour in the workplace after the intervention. Prevalence reported was very low, almost imperceptible.

Table 11: impact of alcohol on behaviour at workplace by time

		NO	YES	p
In the last 4 weeks, have you arrived in work with a hangover?	***Pre***	496 (94.3%)	30 (5.7%)	0.081
	Post	240 (97.2%)	7 (2.8%)	
Arrive late of work In the last 4 weeks, have you been late for work as a result of drinking alcohol?	**Pre**	522 (98.3%)	9 (1.7)%	0.183
	Post	246 (99.6 %)	1 (0.4 %)	
In the last 4 weeks have you been off work as a result of drinking alcohol?	**Pre**	529 (98.7%)	7 (1.3%)	0.246
	Post	245 (99.6%)	1 (0.4%)	

The table below shows the prevalence of the impact of co-workers nuisances caused by alcohol consumption in the past 12 months. Prevalence of problems caused by co-wokers alcohol consumption was low at baseline and follow up.

Results revealed statistically significant changes in all three categories. Workers reporting having had to cover co-workers due to their alcohol consumption decreased after the intervention (15.1%, N=89 pre vs 9.4%, N=27 post) as well as workers who reported having to work extra hours (7.6%, N=45 pre vs 1.7%, N=5) and workers who reported having been involved in an accident a work (7.3%, N=43 pre vs 2.4%, N=7).

Table 12: Impact of co-workers alcohol consumption by time

		Pre	Post	p
Have you had to cover for them?	No	500 (84.9%)	259 (90.6%)	0.020
	Yes	89 (15.1%)	27 (9.4%)	
Have you had to work extra hours?	No	544 (92.4%)	281 (98.3%)	0.000
	Yes	45 (7.6%)	5 (1.7%)	
Were you involved in an accident or a close call at work?	No	546 (92.7%)	279 (97.6%)	0.004
	Yes	43 (7.3%)	7 (2.4%)	

Help

The prevalence of workers who sought help and/or advice from their nurse or doctor at an Occupational Health and Safety Service, their nurse or doctor at a Primary Health Care Centre (GP) or another professional after the intervention took place was 3.9% (N=10).

Table below shows prevalence of workers who sought help and/or advice at follow up by type of professionals contacted. Other professionals was the type of help most frequently used (2.3%, N=6 at follow up).

Table 13: Seeks professional help at follow up

	Yes	No	No. but planning to do
OHSS help	(5) 2%	(332)98%	-
Primary health help	(2) 0.8%	(308) 99.2%	-
Other professionals help	(6) 2.3%	(315) 97.3%	(1) 4%

Workplace policies

The table below show items related with policies at workplace by asking workers' about awareness and opinion of alcohol policy of their company as well as the existence of means to support employees with alcohol problems before and after the intervention.

Statistically significant differences were found after the intervention. Results revealed a growth of the percentage of workers aware of an alcohol policy in their company (29.5%, N=171 pre vs 56.4%, N=155)and percentage of employees' who had a positive opinion about it(80%, N=387 pre vs 88.8%, N=215 post). In addition there was a significant change after the intervention in the awareness of support service for employees with alcohol problems. An increase of positive answers was observed (52.2%, N=301 pre vs 68.6%, N=188; p<0.000) as well as a decrease of "not sure" responses (40.7%, N=235 pre vs 29.2%, N=80).

Table 14: Awareness and opinion regarding alcohol policies by time

		Pre	Post	*p*
Does your employer have an alcohol policy?	**Yes**	171 (29.5%)	155 (56.4%)	**0.000**
	No	95 (16.4%)	27 (9.8%)	
	Not sure	314 (54.1%)	93(33.8%)	
Do you Think having an alcohol policy is a good thing?*	**Yes**	387 (80%)	215 (88.8%)	**0.003**
	No	97(20%)	27 (11.2%)	
Does your employer provide a support service, or acces to a support service, for employees with alcohol problems?	**Yes**	301(52.2%)	188(68.6%)	**0.000**
	No	41 (7.1%)	6 (2.2%)	
	Not sure	235 (40.7%)	80 (29.2%)	

Satisfaction intervention

The table below shows percentages of participation in actions included in the intervention. The most frequent way of participating in the pilot was through leaflets distributed among workers (51.2%, N=129). The second most usual way of participating was via attending an event (44.8%, N=113).

Table 15: Exposure to the intervention by type of activity

ITEMS	YES	NO	NO SURE
Information	129 (51.2%)	111(44.0%)	12 (4.8%)
Attended any event	113 (44.8%)	139 (55.2%)	-
Trainning sessions	80 (32.1%)	169 (67.9%)	-
Self Audit tool	25 (10%)	223 (89.2%)	2 (0.8%)
Personal Consultation	10 (4%)	241 (96%)	-

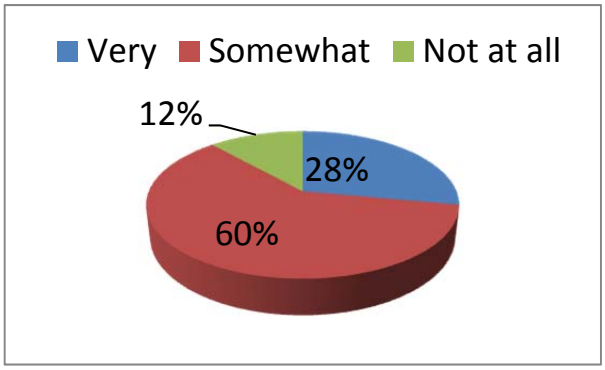
The table below shows workers' opinions on the usefulness of the programme for themselves and their workplace. More than half of workers mentioned that intervention had been somewhat useful for themselves (49.3%, N=99) and for their workplace (56.7%, N=115).

Table 16: intervention usefulness

	Very	Somewhat	Not at all
Personal usefulness	(38) 18.9%	(99)49.3%	(64) 31.8%
Workplace usefulness	(56) 27.6%	(115)56.7%	(32)15.8%

The figure below shows workers satisfaction towards the intervention. 60.4% (N=119) of the workers stated being somewhat satisfied with the intervention programme.

Figure 7. Level of satisfaction with the intervention



5. Conclusions

The results of the Baseline Survey in Germany showed that employees have partial knowledge about the health risks of alcohol consumption. There was a need for education. Most of the employees consumed alcohol regularly but during working time, alcohol consumption was not accepted. There were no definitive results of how alcohol consumption in leisure time affects the performance at the workplace. Furthermore, employees have to be informed about the occupational alcohol policy to a greater extent. Also they have to be convinced that this is useful.

The Follow-up Survey showed some improvements. The return of the questionnaires was less than the baseline study, although the participants made more efforts to increase the return (more personal contact, continuous requests etc)..The results show that 30-50% of the questioned people were involved in alcohol preventive measures. The knowledge about the risks of alcohol consumption increased. It is too early to state if the alcohol consumption decreases. In comparison to the baseline study more employees are aware of the occupational alcohol policy and think it is a good idea. The effects of alcohol prevention have to be evaluated in the long term resp. alcohol preventive measures should be followed up by the companies.

Within the pilot meeting there was a final discussion about the sustainability and necessary factors for the work of addiction prevention in companies.

The personal and direct contact between employees/employers and responsible persons of occupational addiction prevention should be focused. This kind of communication is more target-oriented than impersonal information brokering.

A mix of professional information and practical examples should be the basis of trainings or information events.

The measures should be target oriented and concrete questions of the participants should be answered (compare the City of Cologne).

Trainings for employees and managers should be obligatory.

The occupational addiction prevention should be integrated in the occupational health management. The only focus on “addiction” is not attractive resp. seems often to be daunting. Addiction could be discussed in relation to other diseases, e.g. stress or psychiatric comorbidity.

Who is doing the measure is very important. These people could be the occupational doctor, internal or external counselors as well as affected people from the self-help.

According to the staff situation not just one occupational group should be involved in the preventive measures but rather different units (management, HR, occupational doctor, works committee, etc.)

Essential for the implementation of occupational addiction prevention is the rear cover of the management/employer.

6. Limitations

The present research had several limitations. The sample in the follow-up was smaller, than in the baseline questionnaire probably due to a survey fatigue leading to a lower statistical power. There is a complete lack of small companies although efforts made. There might be some misunderstandings according the translation of the term “alcohol policy”. We described it with “Alkoholpräventionsprogramm”. Many employees didn´t know, that this was existing in their company. Maybe we should have described it more precisely with “occupation actions according dependence” or “commitments about alcohol and drugs in the company”. Another problem was the question about the amount of drinks. In Germany, the term “unit” or “standard drink” is not common. We had to specify this in the questionnaire because in Cologne is a standard drink of beer (“Kölsch”) 0,2l and in Bavaria (E-Werk Erlangen) 0,5l. Furthermore the issue alcohol at the workplace or dependence in general is a taboo. Although the anonymity was assured, scepticism didn´t vanish.

7. Appendices