

Short Report

The national pilot project HaLT – scientific monitoring

Communal strategies for preventing heavy or risky
alcohol consumption amongst children and adolescents

On behalf of the
German Federal Ministry
of Health

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Table of Content

1	The national pilot project “HaLT – Hart am Limit”	2
2	Proliferation, development and risks of excessive alcohol consumption amongst adolescents	2
3	Risks of excessive alcohol consumption	6
4	The prevention strategy HaLT	7
5	Findings of the scientific monitoring	9
6	Conclusions	11

1 The national pilot project “HaLT – Hart am Limit”

The national pilot project “HaLT – Hart am Limit”¹ pursues a preventive strategy, the aim of which is twofold: first, early preventive measures against the heavy or risky consumption of alcohol by children and teenagers; second, promoting responsible exposure to alcohol teenagers as well as for adults at the local level.

In response to an increasing number of teenagers requiring hospital treatment for alcohol intoxication, the staff of Villa Schöpflin, a Lörrach/Germany based local centre for drug prevention, has established a community based prevention project. After the pilot project in Lörrach had been successfully implemented in 2003, HaLT has been rolled out to additional 10 institutions in 9 federal states since 2004.

This short report describes the concept and the course of the prevention strategy *HaLT - Hart am Limit*. It furthermore presents and summarizes the findings of the scientific monitoring undertaken by the Prognos AG.

2 Proliferation, development and risks of excessive alcohol consumption amongst adolescents

In recent years, an alarming trend spread amongst children and teenagers between the age of 10 and 17 years: patterns of heavy or risky consumption of alcohol in a single session could be documented. Being described with the term „binge drinking“, the phenomenon became known beyond the medical discourse. The augmented number of youngsters hospitalised with alcohol intoxication suggests that cases of intentional binge drinking have increased heavily.

1 Close to the limit. The name of the national pilot project “HaLT – Hart am Limit” compiles two meanings: First, the acronym HaLT resembles the German word “halt”, which is to be translated as the imperative “stop!”. Second, the expression “Hart am Limit” can be translated with the English expression “close to the limit”. Effectively, the name of the project “HaLT – Hart am Limit” carries an alarming tone. It points to the risks of excessive alcohol consumption which is “close to the limit” and, at the same time, urges to stop risky drinking habits. In this report, the German expression will be used.

In the following, a comparison of three recent statistics at hand will be used to portray the development of excessive alcohol consumption amongst children and teenagers in previous years.

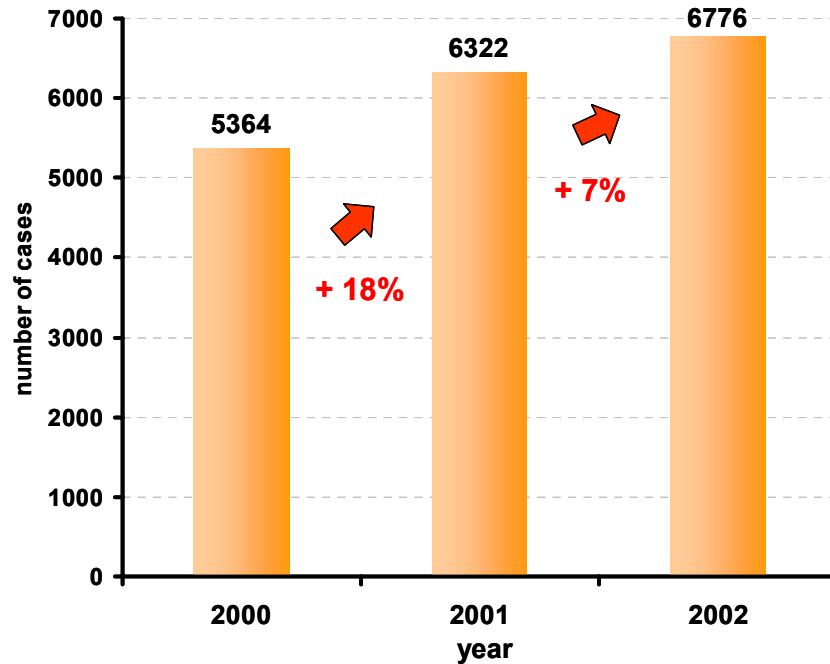
In the context of its scientific monitoring, the Prognos AG conducted a nation-wide study on youngsters between the age of 12 and 17, who were taken to hospital due to alcohol intoxication. A random sample was collected. 21 hospitals in Germany participated in the inquiry. Their data has been analysed and complemented by a secondary analysis of governmental statistics, provided individually by the regional statistical offices in Germany. The results represent the period between 2000 and 2002.² Additionally, and for the purpose of assessing a trend post 2002, data published in the Federal Health Monitoring³ 2002 -2004 has been analysed.

For the period between 2000 and 2002, the considerable increase of 26% of teenage patients with alcohol intoxication (figure 1) was documented. Moreover, an absolute increase of the number of cases could be documented for all 16 federal states.

An evaluation of the pre-2000 situation is not possible, since the diagnostic systems have been modified. As of the national average, in 2002, one teenager out of 1000 between 10 and 19 years required hospital treatment for alcohol intoxication.

2 Prognos AG 2004, Wissenschaftliche Begleitung des Modellprogramms „Alkoholvergiftungen bei Kindern und Jugendlichen“, bundesweite Datenerhebung – Kurzanalyse.
3 Gesundheitsberichterstattung des Bundes., www.gbe-bund.de.

Figure 1: Hospital treatment with the diagnosis alcohol intoxication (F 10.0/1), number of cases amongst teenagers between 10 and 19 years



Source: Statistische Landesämter Baden-Württemberg, Bayern, Berlin, Hessen, Niedersachsen, Saarland, Sachsen, Thüringen. Calculations by the Prognos AG.

The dramatic increase of teenage alcohol patients is likewise reflected by the results of the data collection in the 21 clinics. With regard to those 13 clinics for which reliable data was already available since the year 1999, more than a doubling of cases was found for the period between 1999 and 2002. Particularly striking is the increase of alcohol intoxication amongst girls and young women, who by 2002 accounted for 50% of the total.

In 2002, 70% of alcohol intoxicated adolescents were above the age of 15, while 30% were younger than 14 years. Cases of alcohol intoxicated children under the age of 13 'merely' represent individual cases, which means that definite trend could be observed for this age-group.

In sum, however, the overall number of cases increased, both with regard to teenagers between the age of 15 and 17, as well as for those under 15, though less drastically.

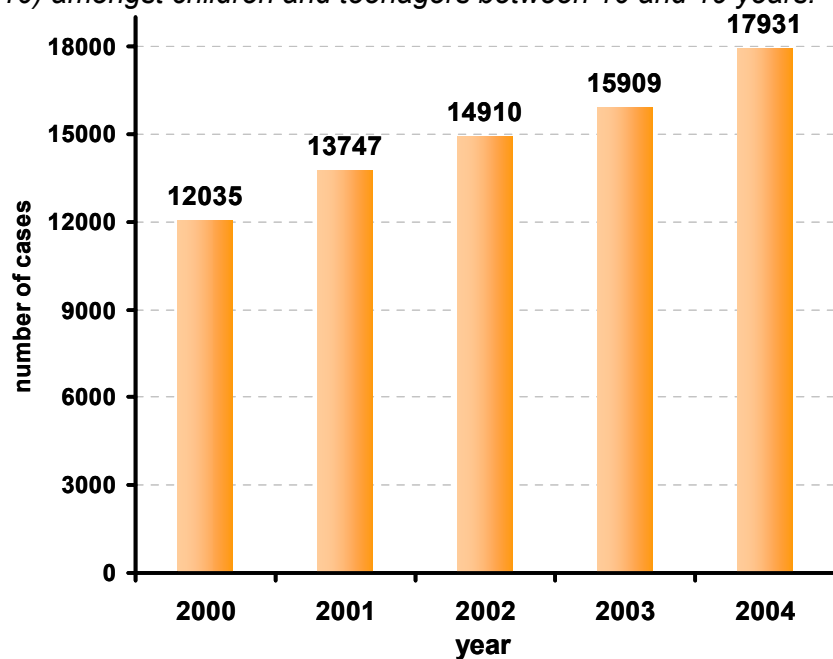
The Federal Health Monitoring (GBE) allows for a trend assessment of heavy or risky teenage alcohol consumption patterns post 2002, although with recognised imprecision: The GBE only refers to the diagnosis F10, i.e. mental-health problems and behavioural disorder caused by alcohol, without further

differentiation. While the diagnosis codes F10.0 und F10.1 stand for acute intoxication and injurious abuse respectively, the diagnoses F10.2 to F10.9 indicate severe addictions. It is rather seldom that the latter occur amongst children or teenagers.⁴ Referring to children and teenagers, the diagnosis code F10 can thus be used as an approximation for alcohol intoxication and injurious abuse.

The interpretation of the GBE data pinpoints that the trend in 2000-2002 -increasing case number of alcohol intoxicated teenage patients- continues unabatedly in 2003 and 2004.

In total, the number of alcohol intoxicated children and teenage patients between 10 and 19 increased between 2000 and 2004 by 49%. The numbers for youths rose by 14% between 2000 and 2001 and by 13% between 2003 and 2004.

Figure 2: Hospital treatment for alcohol intoxication (diagnoses F10) amongst children and teenagers between 10 and 19 years.



Source: Federal Health Monitoring (GBE) 2006, calculations by thePrognos AG

⁴ Gmel, G./Kuntsche, E. 2006 :Alkohol-Intoxikationen Jugendlicher und junger Erwachsener. Eine Sekundäranalyse der Daten Schweizer Spitäler. Schweizerische Fachstelle für Alkohol – und andere Drogenprobleme (sfa/ispa) Lausanne.

3 Risks of excessive alcohol consumption

Heavy or risky alcohol consumption constitutes a health risk for adolescents in a variety of ways. The risk of an addiction is but one danger. Excessive alcohol consumptions can comprise life-threatening risks. With particular regard to children and teenagers, the following risks are to be mentioned:

- The risk of getting involved in or affected by an accident increases considerably.
- The probability of a drunk person to fall victim to crime is higher.
- The risks for heavily alcoholised girls to fall victim to sexual violence amounts to above average.
- The risk of hypothermia or even of freezing to death increases especially during the winter months.
- The risk of suffocating to death increases: In case of binge drinking with the consequence of unconsciousness, vital reflexes are likely to be slowed down or even interrupted/uncoupled, so that in case of regurgitation, death can be caused through suffocation.
- The risk of organic damages through alcohol is higher in adolescence than in adulthood.
- The risk of an addiction is higher for teenagers than for adults, since the time span between abuse and addiction is shorter amongst teenagers.
- Excessive consumption of alcohol represents a disturbance of the psycho-social development of children and teenagers.

The consumption of alcohol and other psychoactive substances incorporates risks for children and teenagers, in particular in cases of excessive abuse in a young age. Regular excessive alcohol consumption is particularly problematic when drinking becomes a habit to deal with problems or social requirements.⁵

⁵ Richter, M./Settertobulte, W. 2003: Gesundheits- und Freizeitverhalten von Jugendlichen. In: Hurrelmann, K./Klocke, A./Melzer, W./Ravens-Sieberer (Eds) 2003: Jugendgesundheitsurvey. Weinheim.

4 The prevention strategy HaLT

The prevention programme HaLT combines reactive and proactive measurements: on the one side, the programme includes a preventive intervention in an early stage of striking alcohol abuse by children or teenagers (reactive); on the other side, it aims to promote a responsible consumption of alcohol amongst teenagers and adults at a local level (proactive). In doing so, the proliferation and frequency of heavy drinking patterns should be reduced.

An essential element of the HaLT-strategy is the cooperation and the networking between local, i.e. communal actors and facilities beyond the traditional drug prevention system. This strategy is applied both for the reactive and for the proactive measurements.

As a general rule, the projects are carried out in drug prevention centres by two prevention workers who work on an average of 1.4 positions (full-time equivalents). The costs per project amount to approximately 90'000 Euros per year, 15% of which are material and overhead costs.

The reactive measures attempt to prompt children and teenagers who were found in the context of alcohol intoxication to reflect their consumption patterns. In order to really inspire a critical reflexion upon their consumption patterns, it is particularly important that prevention and consulting is possible in an early stage and with low thresholds.

In the context of reactive measurement, new ways of addressing children and teenagers who display heavy or risky alcohol consumption patterns are developed and optimized. Furthermore, the institutions are guided in low threshold methods. That way, prevention is taken beyond the traditional structure of drug prevention centres and their personnel.

A crucial partner for cooperation in this context are hospitals. Children and teenagers who require hospital treatment for alcohol intoxication can be placed by the HaLT project.

Another important cooperation has been established with schools and juvenile courts. Due to the importance of a functioning cooperation between HaLT and these establishments, the organisation of the network is a crucial element of the project itself.

The particular intervention addresses children and teenagers whose potential drug career has been noticeable at a very early stage. The intervention is designed in principle as a temporary and not a long-term measure. If necessary, a transfer into further health care structures is initiated.

The proactive measures aim firstly at sensitising teenagers and adults to the risks of alcohol consumption, and secondly at giving information on responsible alcohol consumption. Lastly, proactive measurements attempt to promote a consequent implementation of the law for the protection of the youth in bars, in the retail industry, at public festivals and at school parties. For that purpose, the programme tries to mobilise local actors from various areas of society, such as the police, schools, associations or local government to cooperate.

The overall aim of these proactive measurements is to strengthen a certain level of social control in public. That way a clear feedback concerning alcohol consumption is given to teenagers wherever alcohol is consumed or sold. A wide alliance of several partners makes access to alcohol more difficult for children and teenagers. Furthermore, this net of public sensitivity and control sets the framework for an age-based and safe way of enjoying alcohol.

The prevention programme HaLT takes the role of a local consultancy and prevention service and functions as initiator and coordinator within the network. It is, however, intended that HaLT-workers will not be present in the context of proactive measurements, for instance during public festivals etc.. Instead, the measures are carried out by members of the local community themselves (e.g. the barstaff, the organisers of festivals). This makes the approach less authoritarian. Finally, the involvement of local partners raises awareness and responsiveness within the local community.

Through cooperating with local actors as well as through integrating local facilities beyond the traditional prevention system and structures, HaLT is able to work more effectively to gain a wide reach. A functioning network at the communal level is the necessary building-block for the realisation of both the reactive measurements and the proactive measurements.

5 Findings of the scientific monitoring

During the first two years of the national pilot project, 511 children and teenagers hospitalised for alcohol intoxication could be reached at the 11 project locations. Initial contact was predominantly made through hospitals.

58% of these teenage alcohol patients were male, and 42% were female. The majority of those adolescents with alcohol intoxication was between 15 and 16 years old. Girls who stood out because of heavy or risky alcohol consumption were on average one year younger than boys.

Analyses of the socio-economic background of the children and teenagers show clearly that heavy and risky drinking patterns are by no means a problem exclusive of low-income families.

One quarter of the children and teenagers purchased the alcohol which later led to comatose alcohol intoxication themselves. This underlines that laws for the protection of the youth (minimum drinking age laws) were not adhered to sufficiently.

The high number of affected teenagers, often life-threatening consequences of alcohol abuse, and widespread comatose intoxication underline the necessity for an early intervention and proactive prevention strategy, such as the HaLT concept.

The scientific monitoring of the national pilot project shows that the local network approach initiated by HaLT has either been fully or partly implemented in several areas. The transferability of the HaLT approach to various different local authorities is, to a certain degree and under the condition of certain adaptations for urban areas, very probable.

Generally, the HaLT approach has been received with great interest. It has also fostered a high level of engagement amongst the local partners. Due to the predominately non-formally regulated cooperation, the challenge is to minimize any extra-effort for the local partners and organize the cooperation as unobstructedly as possible.

The following aspects can be identified as **strengths of the HaLT-strategy**:

Through the cooperation with and integration of communal partners, HaLT prevention gains a high level of efficiency and a wide reach.

The cooperation in the context of reactive measurements facilitates an early and uncomplicated /straightforward contact to children and teenagers who display heavy or risky alcohol consumption. This enables wide-reach indicated prevention.

Establishing a HaLT prevention office is not dependent on a high financial budget, since most of the tasks can be accomplished by the local partners. Moreover, once established, the network functions sustainably and on a low-budget.

HaLT attracts a high level of public attention since instances of children and teenagers requiring hospital treatment for alcohol intoxication are alarming. Regional as well as local newspapers reported several times about “their” local HaLT projects. Additionally, some projects were reported about on television, on the radio and in the national print media.

With regard to its proactive measurements HaLT benefits from a high credibility for two reasons: First, the clearly defined target group of alcohol intoxicated children and teenagers offers a precise reference point and thus opposes diffuse ideas about adequate and tolerable alcohol consumption amongst teenagers. Second, as different actors from various societal areas participate in the project, the prevention centre does not fall into the isolated role of the admonishing authority.

The following points turned out to be **weaknesses or rather implementation-risks of the HaLT-concept**:

The success of the prevention programme is essentially dependent on the willingness of local partners to cooperate and to engage themselves voluntarily in an informal prevention network. For the purpose of proactive measurements, different potential partners, including the alcohol retail industry and bars or pubs, have to be persuaded of the benefits of cooperation; in the framework of HaLT, the possibilities to pressurise actors towards cooperation are minimal. Likewise, a regular assistance through medial personnel cannot be paid for from the project budget.

It typically takes an initial period for the implementation and the consolidation of the local prevention cooperation and networks until effect and success of the project become visible.

As HaLT does not work through formal structures, an eventual success of its implementation is extremely dependent on the project personnel itself, and foremost on the local project leader. The specifications for this challenging role require well respected, well integrated and organised persons..

The proactive module is onle party applicable to metropolitan areas. In big cities the resources of the project are not sufficient for

it to function as a catalyst or coordinator within the community. HaLT is also less suited to very rural areas. Setting up contacts and organising cooperation is much more time consuming and requires more effort in low density areas. This reduces the efficiency of the network-approach significantly.

6 Conclusions

The HaLT-strategy can be recommended for a nation-wide prevention programme which tackles heavy or risky alcohol consumption patterns of adolescents.

The main result of the scientific monitoring of the HaLT-strategy is the fact that its advantages concerning efficiency and effectiveness are only valid within a wide, well functioning network which succeeded in integrating actors beyond the traditional prevention system and structures.

In the context of proactive measures, but also for the purpose of a first contact with teenage drug consumers (reactive measures), prevention is more promising if carried out by local partners. Moreover, functioning networks are essential to mitigate weaknesses and risks of the HaLT approach.

The main task of a local HaLT project is thus to implement and manage the local network. In the case of already existing structures of drug prevention, which is likely in big cities, the HaLT approach has to be integrated adequately into the existing structures. That way any situation of competition or double work should be avoided.

Currently, new concepts for a sustainable financing of a nation-wide HaLT conceptualisation are being developed in cooperation with health insurance companies and local authority representatives.. In the course of the pilot project, the HaLT concept received a significant amount of attention. Various local authorities and cities in Germany articulated their interest in the concept. As a result a nation-wide roll-out of the concept has been tackled. The Ministry of Health assigned the HaLT pilot project from Lörrach with the conception and the implementation of the roll-out. For the purpose of a nation-wide application a practical guide will be compiled and distributed. Interested local authorities will be offered individual consultancy.