Author’s response to reviews

Title: The opportunities for and obstacles against prevention: the example of Germany in the areas of tobacco and alcohol

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Author's response to reviews: see over
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To the Editors
We would like to thank the reviewers for further valuable comments on our manuscript „The opportunities for and obstacles against prevention: the example of Germany in the areas of tobacco and alcohol”. Please see below how we responded to the points raised (in italic). The changes in the manuscript are highlighted.

Comments Steve Allsop
Minor comments
1. Suggest that the title read: the example of Germany in the areas of tobacco and alcohol (ie plural areas, not singular)

   Changed

2. Perhaps sentence 4 on page 3 could be redone - use of ”different” five times in one sentence

   Sentence redone

3. Bottom page 3, last line - ”substantial change will not take place”??
Perhaps better to say ”substantial change will be hampered”??

   Changed

4. Page 5, 5 lines from bottom - take out the word ”even” so it reads ”... for women is the highest in the EU”.

   Word deleted

More significant issues
1. Page 10, last para – why is it important to have country-specific studies? I understand the reason why, it is implicit in this para but the authors should make explicit why this is the case.

   We have added a small paragraph pointing to the importance of cultural differences in a health system and its effects on effectiveness, efficiency, and efficacy of interventions (end of page 10). We inserted references to the debate of how to address these challenges in the translation of evidence from one country context to another.
2. Page 11 bottom. I think it is relevant to consider what might bring individuals and the community on side. For example, people may tolerate distal adverse outcomes that do not have personal relevance, but may be more tolerant of more immediate, personally relevant adverse outcomes. So, for example, we may generate more support for alcohol policies if there is concern about how public drunkenness that reduces perceived personal safety and public amenity than we might if we focus on cirrhosis - which might not happen to me and is something that happens "down the track" - ie much later. I think this is illustrated in the way the evidence about passive smoking gave such a momentum to smoking interventions. So the message for public health advocates is how do we help individuals recognise that current patterns of use have personal relevance for them, how change will improve things and how it is possible to embrace change at low personal cost. (this also fits Kingdon's model about solutions that are attractive and feasible in response to clearly identified problems.

We included a paragraph to elaborate on this relevant point at the end of the section “A preference for individualism”, (pages 12-13).

Comments Gavin Yamey

I've looked at the rebuttal letter, and I think the revision responds reasonably to my suggestions. I also think the addition of the Kingdon approach is helpful.

Thank you.