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Opinion

## Germany lacks the political will to protect its citizens from chronic diseases

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**Received:** 6 December 2025; **Revised received:** 22 January 2026; **Accepted:** 24 January 2026; **Published:** 29 January 2026

**Citation:** Lange, K.W. (2026). Germany lacks the political will to protect its citizens from chronic diseases. *J. Dis. Prev. Health Promot.* 10, 1–5.

**DOI:** 10.5283/jdphp.55

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### Abstract

Although Germany's healthcare expenditure is high by international standards, its citizens' health is inadequate. Many cases of illness and premature death caused by chronic (non-communicable) diseases could be prevented by implementing effective prevention measures. However, Germany lags significantly behind other European countries in this respect. Evidence-based adjustments to tobacco and alcohol policies, as well as binding measures to promote healthier eating, could significantly improve health outcomes in Germany. The Public Health Index 2025 criticises the lack of political willpower to implement such measures. Political leaders must take action against the excessive consumption of tobacco, alcohol, and unhealthy food. For example, they could increase taxes on these products, restrict advertising, and prevent lobbyists from influencing health policy decisions. Given the current issues with health and long-term care insurance in Germany, reducing the overall disease burden is of the utmost importance. If prevention were regarded not as a private matter, but as a political responsibility, much suffering could be prevented.

### Deutschland mangelt es an politischem Willen, seine Bürger vor chronischen Krankheiten zu schützen

Obwohl die Gesundheitsausgaben in Deutschland im internationalen Vergleich hoch sind, ist der Gesundheitszustand seiner Bürger unzureichend. Viele durch chronische (nicht übertragbare) Krankheiten verursachte Krankheitsfälle und vorzeitige Todesfälle ließen sich durch eine wirksame Prävention vermeiden. Bei der Prävention chronischer Krankheiten hinkt Deutschland jedoch anderen europäischen Ländern deutlich hinterher. Vor allem eine evidenzbasierte Anpassung der Tabak- und Alkoholpolitik sowie verbindliche Maßnahmen für eine gesündere Ernährung könnten hierzulande große Wirkung entfalten. Der Public Health Index 2025 kritisiert vor allem den fehlenden politischen Willen, wirksame Maßnahmen durchzusetzen. Die politisch Verantwortlichen müssen gegen den übermäßigen Konsum von Tabak, Alkohol und ungesunder Nahrung einschreiten, indem sie beispielsweise die Steuern für entsprechende Produkte erhöhen, die Werbung einschränken und die Einflussnahme von Lobbyisten auf gesundheitspolitische Entscheidungsprozesse beenden. Angesichts der gegenwärtigen Probleme der Kranken- und Pflegeversicherung in Deutschland wäre eine bevölkerungsweite Senkung der Krankheitslast von enormer Bedeutung. Viel Leid ließe sich verhindern, wenn Prävention nicht als Privatsache, sondern als politische Aufgabe betrachtet würde.

### ドイツは国民を慢性疾患から守るという政治的意志に欠けている

ドイツの医療費支出は国際的に見て高いにもかかわらず、国民の健康状態は十分とはいえない。効果的な予防策によって慢性（非感染性）疾患が引き起こす多くの病気や早期死亡は防ぐことができる。しかし慢性疾患の予防において、ドイツは他の欧州諸国に大きく遅れをとっている。中でも、科学的根拠に基づくタバコおよびアルコールの政策調整変更ならびにより健康的な食生活への義務化措置は、この国において大きな効果を発揮するだろう。公衆衛生指数 2025 は、この効果的な措置を貫き通すための政治的意志の欠如を批判している。政治責任を負う者はタバコ、アルコール、不健康食品の過剰消費に対して対策を講じる必要がある。例えば、これらの製品への課税引き上げ、広告規制、保健政策決定へのロビイストの介入禁止などが挙げられる。ドイツの医療保険および介護保険が抱える目下の問題を考慮すれば、国民全体の疾病負荷を低下させることは非常に重要である。予防が私的なものではなく政治的任務とみなされれば、多くの苦難は防ぐことができるだろう。

**Keywords:** Prevention; Non-communicable diseases; Tobacco; Alcohol; Sugar; Nutrition; Public health; Germany.

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## 1. Introduction

In the 19th century, Germany was at the forefront of modern medical advances. This led to preventive measures such as vaccinations, as well as improved hygiene and sanitation. Prevention became a matter of state concern, particularly with regard to infectious (communicable) diseases (Lange, 2021a, 2022). The pathologist and politician Rudolf Virchow, often quoted as saying 'Politics is nothing but medicine on a larger scale', emphasised the state's responsibility for public health (Lange, 2021b). Many foreign doctors came to Germany at that time to study these advances and implement them in their home countries (Lange, 2025).

Today, chronic (non-communicable) diseases such as cardiovascular disease, diabetes, obesity and cancer account for much of the disease burden in Germany. These diseases are largely caused by behavioural factors such as smoking, alcohol consumption, an unhealthy diet, and lack of exercise (Lange, 2017a, 2017b). The economic impact of such behaviours is enormous. The total annual economic costs of tobacco and alcohol consumption in Germany are estimated at 97 billion and 57 billion euros, respectively (Effertz, 2020). The estimated cost of obesity is 63 billion euros (Effertz et al., 2016). Therefore, reducing alcohol, tobacco and sugar consumption could prevent individual suffering and save the economy billions of euros each year.

Germany currently spends more on healthcare than any other EU country. In 2022, its per capita healthcare expenditure was 50% above the weighted EU average (OECD, 2024). However, despite this high level of spending, the health status of its citizens remains inadequate. Many premature deaths could be prevented through effective prevention measures. Unlike in the past, when it was a leader in disease prevention, Germany now ranks second to last in a Europe-wide comparison of 18 Central and Northern European countries, significantly lagging behind the leaders — the United Kingdom, Ireland and Finland (AOK and DKFZ, 2025). In the 2025 Public Health Index, which evaluates how well European countries implement scientifically recommended measures to promote healthy lifestyles, Germany's score is well below average. It ranks at the bottom in the areas of tobacco, alcohol and nutrition. Notably, Germany is not ambitious in its approach to structural measures to protect children and young people, such as advertising restrictions, expanding smoke-free zones and health-oriented taxation. This reluctance is concerning, given that scientific evidence shows these measures to be particularly effective.

## 2. Tobacco

The health consequences of smoking are serious. In 2023, smoking was responsible for about one in seven deaths in Germany. It is estimated that around 131,000 people die each year from cancers, cardiovascular diseases, and respiratory diseases caused by tobacco consumption (Deutsches Krebsforschungszentrum und Deutsche Krebshilfe, 2025).

Germany lags far behind in tobacco policy, ranking second to last in the EU Public Health Index. Tobacco tax is below the level recommended by the WHO, advertising is still permitted in shops, and many federal states have exceptions to non-smoker protection laws. Other European countries demonstrate the effectiveness of consistent tobacco policies. Ireland, the United Kingdom, France and the Netherlands, for example, have been at the forefront of tobacco control for years. They make smoking as unattractive as possible by focusing on higher prices through increased tobacco taxes, expanded smoke-free zones, extensive advertising restrictions, plain packaging and comprehensive advertising bans. Implementing these measures has been shown to lead to declining smoking rates, with a more comprehensive approach resulting in a more significant decline (Ngo et al., 2017). Increasing tobacco taxes is the most effective measure for directly reducing tobacco consumption (Chaloupka et al., 2012). In Germany, for example, cigarette consumption decreased significantly after a series of substantial tobacco tax increases, and fewer young people began to smoke (Deutsches Krebsforschungszentrum, 2014).

While the top-ranked countries in the Public Health Index are developing effective prevention policies and mobilising broad social support, Germany has so far avoided using many of these instruments. The importance of tobacco control policies is evident when Germany is compared with the Netherlands, where a broad social consensus on reducing tobacco use has been achieved. While tobacco control efforts have been weak in Germany over the past few decades, they have been strong and comprehensive in the Netherlands. These different policies are reflected in the respective national smoking and quit attempt rates. In the Netherlands, smoking rates fell from 24.1% in 2016 to 18.9% in 2022, while quit attempt rates remained stable (32.5% to 35.9%). In contrast, smoking rates in Germany increased from 28.6% to 36.2%, while quit attempt rates dropped substantially from 30.5% to 9.3% (Bommel   et al., 2025). These differences may be explained by the effectiveness of tobacco industry lobbying versus the strength of civil society regarding tobacco control. This demonstrates the importance of political determination in effectively restricting tobacco smoking. Furthermore, support across the political spectrum is important. For example, New Zealand's pioneering 'Smokefree Aotearoa 2025' legislation was repealed by a new coalition government to fund tax cuts (Lange, 2023a, 2023b).

## 3. Alcohol

Even in small doses, alcohol is a toxin that can harm almost every organ in the human body. It significantly increases the risk of several types of cancer. The potentially health-promoting effects of ingredients in alcoholic beverages cannot compensate for this (Lange, 2018; Lange and Li, 2018).

Germany is one of the countries with the highest alcohol consumption; only a few countries consume more alcohol per capita (World Health Organization, 2024a). German drinking culture is strongly influenced by traditions in which alcohol is

socially accepted and considered an integral part of celebrations, social gatherings, and everyday life ('after-work beer'). Every year, hundreds of thousands of people in Germany require treatment for alcohol-related health issues, and tens of thousands die as a result of alcohol consumption (Kraus et al., 2024). Around one in 20 deaths in Germany can be attributed to alcohol consumption (Shield et al., 2025). The economic burden of alcohol consumption, including the costs of medical treatment, loss of productivity, and early retirement, amounts to 57 billion euros per year (Effertz, 2020). However, this is offset by annual tax revenues of just three billion euros (Rummel et al., 2025). Consequently, the German government has many reasons to introduce effective alcohol policy measures. Nevertheless, Germany lags behind most other European countries in this respect. Low taxes, constant availability and ubiquitous advertising make alcohol consumption particularly easy.

Alcohol is cheaper in Germany than in almost any other European country. In other countries, the immense social costs of alcohol consumption are consistently factored into pricing policies and taxes. Experience from Poland and the Baltic States shows that higher alcohol duties are one of the most effective ways of reducing consumption (Rehm et al., 2022) and thus lowering overall adult mortality (Vaitkeviciūtė et al., 2023). In Scotland, introducing a minimum price for alcohol has increased the cost of the cheapest alcoholic beverages and reduced consumption, as well as the number of alcohol-related hospital admissions (Giles et al., 2024; Wyper et al., 2023).

When alcohol is not available everywhere at all times, consumption declines, as does the number of people who fall ill or die as a result. In the Baltic States, for example, the number of alcohol-related deaths decreased significantly following a 20% reduction in sales hours. Alcohol-specific mortality fell by 12% among men and 8% among women (Rehm et al., 2024).

Studies have shown that advertising influences the consumption of alcoholic beverages. In Germany, alcohol advertising is prevalent in public spaces, on television and online. The WHO recommends legal restrictions on advertising, but acknowledges that individual measures are not enough. For example, prohibiting beer advertising in print media has minimal impact on consumption because the industry simply finds alternative ways to target young people (Ogborne and Smart, 1980). Therefore, only a comprehensive ban on all advertising, as implemented in Lithuania and Norway, shows promise (Manthey et al., 2024).

Political will is also crucial when it comes to alcohol. For example, a temporary ban on night-time alcohol sales in Baden-Württemberg led to a significant decrease in hospital admissions for alcohol-related issues among young people (Bäumel et al., 2022). Despite its proven effectiveness, however, the sales restriction was lifted again. Norway, Finland, Sweden, Lithuania and Ireland demonstrate how alcohol consumption can be effectively reduced. In the first three of these countries, alcohol sales are largely controlled by the state rather than the private sector.

#### 4. Nutrition

In Germany, consumption of healthy foods such as fruit, vegetables, pulses, wholegrains, nuts and seeds is significantly lower than recommended. By contrast, unhealthy foods such as fast food, soft drinks, sweets and processed meat are consumed in much greater quantities (von Philipsborn, 2024). Given these findings, it is clear that Germany's nutrition policy is weaker than that of other European countries. According to the Public Health Index 2025, Germany ranks among the lowest because it does not implement any of the examined measures to promote healthier eating. There are no nationwide, binding quality standards for school meals, nor any guidelines for the snacks and drinks offered in schools. There is also no tax on sugary soft drinks or effective regulations to protect children from advertising for unhealthy foods. There is also no intuitive, binding nutritional labelling on the front of packaging. Consequently, Germany is failing to utilise key health policy instruments that are already in place in countries such as the United Kingdom, Finland, France, Latvia and Poland.

The most commonly implemented nutrition policy measure relates to school meals. Nine of the 18 European countries surveyed have introduced quality standards for these meals. These standards may include guidelines on the calorie content and nutritional balance of school meals (European Commission Joint Research Centre, 2015; Kuusipalo and Manninen, 2023; World Cancer Research Fund), as well as upper limits for sugar and fat content (Busey et al., 2024; Global Food Research Program, 2024). Some countries have also introduced rules regarding other food and drink offerings in schools, such as vending machines and break-time sales. Numerous studies demonstrate that healthy catering in nurseries and schools positively influences the eating habits of children and young people (Micha et al., 2018).

The second most common measure is taxing sweetened beverages. Of the 18 countries considered for the Public Health Index, eight levy a tax or duty on soft drinks. The WHO recommends this tax as an effective way to reduce the consumption of sugary drinks and thus lower the risk of obesity, type 2 diabetes and other non-communicable diseases. In the United Kingdom, the level of the soft drinks duty is based on the beverage's sugar content (GOV.UK, 2025). This has led to changes in the formulation of products subject to the sugar levy, with an average 46% reduction in the sugar content of soft drinks between 2015 and 2020 (GOV.UK, 2024). Sugar intake from soft drinks in the general population has also decreased (Bandy et al., 2020; Cobiac et al., 2024). In US states with soft drink taxes, the increase in the prevalence of overweight and obesity slowed compared to states without taxes (Jones-Smith et al., 2024; World Health Organization, 2024b).

Scientific studies have identified several promising measures for promoting nutrition-related health (von Philipsborn et al., 2021). These include improvements to childcare and school catering, levies on soft drinks manufactured by companies, tax exemptions for fruit and vegetables, and restrictions on

advertising products high in sugar, fat, and salt to children. A combination of different approaches is considered particularly promising (Gortmaker et al., 2011; Rutter et al., 2017). In this context, various health policy measures in Japan are also of interest (Lange and Nakamura, 2024, 2025a, 2025b).

Experience of introducing the soft drinks levy in the United Kingdom shows that securing broad political support across the spectrum is important. The fact that health promotion is seen as a cross-party task appears to contribute to the success of preventive measures. While the United Kingdom is taking clear steps with sugar taxes and advertising bans for children, Germany continues to rely on voluntary commitments from industry. This prevents the necessary incentives for lasting behavioural change, rendering important measures such as the Nutri-Score (Hau and Lange, 2023, 2024) or stricter advertising restrictions ineffective.

## 5. Conclusion

Germany is reluctant to protect its citizens from the harmful effects of tobacco, alcohol and sugar. The Public Health Index criticises the lack of political will to enforce effective measures against smoking, excessive alcohol consumption and unhealthy diets. By contrast, some European countries are consistently implementing many of the measures recommended by scientists. The countries at the top of the Public Health Index ranking are reducing the attractiveness of smoking and alcohol intake and creating healthier environments in which to eat.

While cost pressures on social security systems continue to rise, Germany lags far behind other European countries in terms of prevention policy. There is significant potential to curb tobacco and alcohol consumption and promote healthy eating. A recently published study concludes that “the reluctant implementation of key public health measures for disease prevention and health promotion in Germany results from little political will, strong industry lobbying, and insufficient integration of evidence in public health decision making. Expectedly, public health policies addressing unhealthy behaviours such as poor nutrition, tobacco use, and excessive alcohol consumption continue to remain ineffective or inadequate” (Zeeb et al., 2025). A report by WHO Europe highlights the significant influence of affected industries as a potential reason for politicians' hesitant action (World Health Organization Europe, 2024). Political leaders must take action against excessive tobacco, alcohol and unhealthy food consumption, for example by increasing taxes on these products, restricting advertising, and preventing lobbyists from influencing health policy decisions.

Comprehensive prevention policies that align with current scientific findings require cross-party political will. In light of current issues surrounding health and long-term care insurance, reducing the overall disease burden is of the utmost importance. Much suffering could be prevented if chronic disease prevention were recognised as a political responsibility rather than a personal choice.

## Conflict of interest

The author declared no conflict of interest.

## References

- AOK and DKFZ (2025). Public Health Index 2025. Gesundheitsschutz im europäischen Vergleich. Available: [https://www.dkfz.de/fileadmin/user\\_upload/Krebspraevention/Download/pdf/Buecher\\_und\\_Berichte/2025\\_Public-Health-Index.pdf](https://www.dkfz.de/fileadmin/user_upload/Krebspraevention/Download/pdf/Buecher_und_Berichte/2025_Public-Health-Index.pdf). Accessed December 4, 2025.
- Bäumli, M., Marcus, J., and Siedler, T. (2022). Health effects of a ban on late-night alcohol sales. *Health Econ.* 32, 65–89.
- Bandy, L.K., Scarborough, P., Harrington, R.A., Rayner, M., and Jebb, S.A. (2020). Reductions in sugar sales from soft drinks in the UK from 2015 to 2018. *BMC Med.* 18, 20.
- Bommelé, J., Klosterhalfen, S., Willemsen, M.C., and Kotz, D. (2025). Comparison of smoking and quit attempt rates among people who smoke in the Netherlands and Germany, from 2016 to 2022. *Tob. Induc. Dis.* 23 (Suppl. 1), A196.
- Busey, E.A., Chamberlin, G., Mardin, K., Perry, M., Taillie, L.S., Dillman Carpentier, F.R., and Popkin, B.M. (2024). National policies to limit nutrients, ingredients, or categories of concern in school meals: a global scoping review. *Curr. Dev. Nutr.* 8, 104456.
- Chaloupka, F.J., Yurekli, A., and Fong, G.T. (2012). Tobacco taxes as a tobacco control strategy. *Tob. Control* 21, 172–180.
- Cobiac, L.J., Rogers, N.T., Cummins, S., Smith, R., Mytton, O., White, M., and Scarborough, P. (2024). Impact of the UK soft drinks industry levy on health and health inequalities in children and adolescents in England: an interrupted time series analysis and population health modelling study. *PLoS Med.* 21, e1004371.
- Deutsches Krebsforschungszentrum (2014). Tabaksteuererhöhungen und Rauchverhalten in Deutschland. Available: [https://www.dkfz.de/fileadmin/user\\_upload/Krebspraevention/Download/pdf/AdWfdP/AdWfdP\\_2014\\_Tabaksteuererhoeungen-und-Rauchverhalten-in-Deutschland.pdf](https://www.dkfz.de/fileadmin/user_upload/Krebspraevention/Download/pdf/AdWfdP/AdWfdP_2014_Tabaksteuererhoeungen-und-Rauchverhalten-in-Deutschland.pdf). Accessed December 4, 2025.
- Deutsches Krebsforschungszentrum und Deutsche Krebshilfe (2025). *Tabakatlas Deutschland 2025*. Lengerich: Pabst Science Publishers.
- Effertz, T. (2020). Die volkswirtschaftlichen Kosten von Alkohol- und Tabakkonsum in Deutschland. In: *Deutsche Hauptstelle für Suchtfragen* (ed.), *DHS Jahrbuch Sucht 2020*, pp. 225–234. Lengerich: Pabst Science Publishers.
- Effertz, T., Engel, S., Verheyen, F., and Linder, R. (2016). The costs and consequences of obesity in Germany: a new approach from a prevalence and life-cycle perspective. *Eur. J. Health Econ.* 17, 1141–1158.
- European Commission Joint Research Centre (2015). Country profiles on national school food policies across the EU28 plus Norway and Switzerland. Available: [file:///C:/Users/LocalAdmin/Downloads/sfp%20country%20factsheets%20\(online\)%20\(non-secured\)\\_final.pdf](file:///C:/Users/LocalAdmin/Downloads/sfp%20country%20factsheets%20(online)%20(non-secured)_final.pdf). Accessed December 4, 2025.
- Giles, L., Mackay, D., Richardson, E., Lewsey, J., Robinson, M., and Beeston, C. (2024). Evaluating the impact of minimum unit pricing (MUP) on alcohol sales after 3 years of implementation in Scotland: a controlled interrupted time-series study. *Addiction* 119, 1378–1386.
- Global Food Research Program (2024). School food environment. Available: <https://www.globalfoodresearchprogram.org/resource/maps-school-food-environment-policies-around-the-world/>. Accessed December 4, 2025.
- Gortmaker, S.L., Swinburn, B.A., Levy, D., Carter, R., Mabry, P.L., Finegood, D.T., Huang, T., Marsh, T., and Moodie, M.L. (2011). Changing the future of obesity: science, policy, and action. *Lancet* 378, 838–847.
- GOV.UK (2024). HMT-HMRC soft drinks industry levy review. Available: <https://www.gov.uk/government/publications/soft-drinks-industry-levy-review/hmt-hmrc-soft-drinks-industry-levy-review>. Accessed December 4, 2025.
- GOV.UK (2025). Soft drinks industry levy statistics commentary 2025. Available: <https://www.gov.uk/government/statistics/soft-drinks-industry-levy-statistics/soft-drinks-industry-levy-statistics-commentary-2021>. Accessed December 4, 2025.
- Hau, R.C., and Lange, K.W. (2023). Can the 5-colour nutrition label “Nutri-Score” improve the health value of food?. *J. Future Food* 3, 306–311.
- Hau, R.C., and Lange, K.W. (2024). Learning about good nutrition with the 5-color front-of-package label “Nutri-Score”: an experimental study. *Food Sci. Hum. Wellness* 13, 1195–1200.

- Jones-Smith, J.C., Knox, M.A., Chakrabarti, S., Wallace, J., Walkinshaw, L., Mooney, S.J., Godwin, J., Arterburn, D.E., Eavey, J., Chan, N., and Saelens, B.E. (2024). Sweetened beverage tax implementation and change in body mass index among children in Seattle. *JAMA Netw. Open* 7, e2413644.
- Kraus, L., Möckl, J., Manthey, J., Rovira, P., Olderbak, S., and Rehm, J. (2024). Trends in alcohol-attributable morbidity and mortality in Germany from 2000 to 2021: a modelling study. *Drug Alcohol Rev.* 43, 1662–1675.
- Kuusipalo, H., and Manninen, M. (2023). School meals case study: Finland. Available: [https://schoolmealscoalition.org/sites/default/files/2024-05/Kuusipalo\\_Manninen\\_2023\\_Food\\_Meals\\_Case\\_Study\\_Finland.pdf](https://schoolmealscoalition.org/sites/default/files/2024-05/Kuusipalo_Manninen_2023_Food_Meals_Case_Study_Finland.pdf). Accessed December 4, 2025.
- Lange, K.W. (2017a). Movement and nutrition in health and disease. *Mov. Nutr. Health Dis.* 1, 1–2.
- Lange, K.W. (2017b). The International Movement and Nutrition Society and the prevention of disease. *Mov. Nutr. Health Dis.* 1, 0.
- Lange, K.W. (2018). Red wine, resveratrol, and Alzheimer's disease. *Mov. Nutr. Health Dis.* 2, 31–38.
- Lange, K.W. (2021a). Celebrating public health lives: Rudolf Virchow. *Public Health* 198, 290–291.
- Lange, K.W. (2021b). Rudolf Virchow, poverty and global health: From "politics as medicine on a grand scale" to "health in all policies". *Glob. Health J.* 5, 149–154.
- Lange, K.W. (2022). Rudolf Virchow as a pioneer of both biomedicine and social medicine. *Scand. J. Public Health* 50, 873–874.
- Lange, K.W. (2023a). A public health message on tobacco smoking from New Zealand. *J. Dis. Prev. Health Promot.* 7, 6–12.
- Lange, K.W. (2023b). Tobacco smoking and health inequities in New Zealand. *J. Dis. Prev. Health Promot.* 7, 13–16.
- Lange, K.W. (2025). Rudolf Virchow as a pioneer in biomedicine and social medicine, and his contribution to the development of modern medicine in Japan. In: S. Suzuki (ed.), 41st Annual Report of the Hokkaido Japanese-German Association, pp. 15–20. Sapporo: Hokkaido Nichidoku Kyokai.
- Lange, K.W., and Li, S. (2018). Resveratrol, pterostilbene and dementia. *BioFactors* 44, 83–90.
- Lange, K.W., and Nakamura, Y. (2024). Japanese food culture and human health – what we can learn from Japan. *J. Dis. Prev. Health Promot.* 8, 9–12.
- Lange, K.W., and Nakamura, Y. (2025a). Japanese cuisine and its health benefits: food bioactives, dietary features, and public health. *J. Food Bioact.* 31, 1–7.
- Lange, K.W., and Nakamura, Y. (2025b). Preventing childhood obesity – what we can learn from Japan. *J. Dis. Prev. Health Promot.* 9, 3–5.
- Manthey, J., Jacobsen, B., Klinger, S., Schulte, B., and Rehm, J. (2024). Restricting alcohol marketing to reduce alcohol consumption: a systematic review of the empirical evidence for one of the 'best buys'. *Addiction* 119, 799–811.
- Micha, R., Karageorgou, D., Bakogianni, I., Trichia, E., Whitsel, L.P., Story, M., Peñalvo, J.L., and Mozaffarian, D. (2018). Effectiveness of school food environment policies on children's dietary behaviors: a systematic review and meta-analysis. *PLoS ONE* 13, e0194555.
- Ngo, A. Cheng, K.-W., Chaloupka, F.J., and Shang, C. (2017). The effect of MPOWER scores on cigarette smoking prevalence and consumption. *Prev. Med.* 105, S10–S14.
- OECD (2024). Health at a glance: Europe 2024. State of health in the EU cycle. Available: <https://doi.org/10.1787/b3704e14-en>. Accessed December 4, 2025.
- Ogborne, A.C., and Smart, R.G. (1980). Will restrictions on alcohol advertising reduce alcohol consumption?. *Br. J. Addict.* 75, 293–296.
- Rehm, J., Tran, A., Gobiņa, I., Janik-Konieczny, K., Jiang, H., Kim, K.W., Liutkutė-Gumarov, V., Miščikienė, L., Reile, R., Room, R., Štelemėkas, M., Stoppel, R., Zatoński, W.A., and Lange, S. (2022). Do alcohol control policies have the predicted effects on consumption? An analysis of the Baltic countries and Poland 2000–2020. *Drug Alcohol Depend.* 241, 109682.
- Rehm, J., Gobiņa, I., Janik-Konieczny, K., Jiang, H., Miščikienė, L., Petkevičienė, J., Radišauskas, R., Reile, R., Štelemėkas, M., Tran, A., Trisauke, J., Zatoński, W.A., and Lange, S. (2024). Estimating the impact of availability restrictions and taxation increases on alcohol consumption, 100% alcohol-attributable and all-cause mortality in the Baltic countries and Poland 2001–2020. *J. Health Inequal.* 10, 12–16.
- Rummel, C., Lehner, B., and Kepp, J. (2025). DHS Jahrbuch Sucht 2025. Daten, Zahlen und Fakten, pp. 9–36. Available: [file:///C:/Users/LocalAdmin/Downloads/BS25\\_S009\\_Kap1\\_WEB.pdf](file:///C:/Users/LocalAdmin/Downloads/BS25_S009_Kap1_WEB.pdf). Accessed: December 4, 2025.
- Rutter, H., Savona, N., Glonti, K., Bibby, J., Cummins, S., Finegood, D.T., Greaves, F., Harper, L., Hawe, P., Moore, L., Petticrew, M., Rehfuess, E., Shiell, A., Thomas, J., and White, M. (2017). The need for a complex systems model of evidence for public health. *Lancet* 390, 2602–2604.
- Shield, K., Franklin, A., Wettlaufer, A., Sohi, I., Bhulabhai, M., Farkouh, E.K., Radu, I.-G., Kassami, I., Munnelly, M., Remtulla, R., Richter, S., Safa, F., Tasnim, S., Thakral, A., Qamar, M., and Rehm, J. (2025). National, regional, and global statistics on alcohol consumption and associated burden of disease 2000–20: a modelling study and comparative risk assessment. *Lancet Public Health* 10, e751–e761.
- Vaitkevičiūtė, J., Gobiņa, I., Janik-Konieczny, K., Lange, S., Miščikienė, L., Petkevičienė, J., Radišauskas, R., Reile, R., Štelemėkas, M., Stoppel, R., Telksnys, T., Tran, A., Rehm, J., Witold, A., Zatoński, W.A., and Jiang, H. (2023). Alcohol control policies reduce all-cause mortality in Baltic Countries and Poland between 2001 and 2020. *Sci. Rep.* 13, 6326.
- von Philipsborn, P. (2024). Aktuelles aus der Ernährungspolitik in Deutschland. Adipositas – Ursachen, Folgeerkrankungen. *Therapie* 18, 117–122.
- von Philipsborn, P., Geffert, K., Klinger, C., Hebestreit, A., Stratil, J., and Rehfuess, E.A. (2021). Nutrition policies in Germany: a systematic assessment with the Food Environment Policy Index. *Public Health Nutr.* 25, 1691–1700.
- World Cancer Research Fund. Nourishing and moving policy databases. Available: <https://policydatabase.wcrf.org/>. Accessed December 4, 2025.
- World Health Organization (2024a). Global status report on alcohol and health and treatment of substance use disorders. Available: <https://www.who.int/publications/i/item/9789240096745>. Accessed December 4, 2025.
- World Health Organization (2024b). Fiscal policies to promote healthy diets: WHO guideline. Available: <https://www.who.int/publications/i/item/9789240091016>. Accessed December 4, 2025.
- World Health Organization Europe (2024). Commercial determinants of noncommunicable diseases in the WHO European Region. Available: <https://www.who.int/europe/publications/i/item/9789289061162>. Accessed December 4, 2025.
- Wyper, G.M.A., Mackay, D.F., Fraser, C., Lewsey, J., Robinson, M., Beeston, C., and Giles, L. (2023). Evaluating the impact of alcohol minimum unit pricing on deaths and hospitalisations in Scotland: a controlled interrupted time series study. *Lancet* 401, 1361–1370.
- Zeeb, H., Loss, J., Starke, D., Altgeld, T., Moebus, S., Geffert, K., and Gerhardus, A. (2025). Public health in Germany: structures, dynamics, and ways forward. *Lancet Public Health* 10, E333–E342.