

Thinking Strategically About Collaboration: Tobacco and Alcohol Control Policy

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Introduction

A number of occurrences have led to the formulation of this document. First, as the end of the funding cycle for the Robert Wood Johnson Foundation's SmokeLess States Program drew near, the program's state-level entities and administrative organization (the American Medical Association) raised a strategic question: How can the field of public health best benefit from the knowledge, experience, and resources available through the SmokeLess States Program?

Third, in a desire to garner the ideas and reactions of advocates in the fields of alcohol and tobacco control, the AMA sponsored a small meeting on August 21, 2003, on the topic of collaboration between the two fields. The meeting was an opportunity to identify the potential benefits and opportunities to collaborating as well as the possible drawbacks and barriers to doing so. Overall the discussions revolved around (1) whether the alcohol and tobacco control policy fields have common ground or rather, parallel tracks traversing some similar terrain, (2) the types of collaboration that might be possible, and (3) the potential risks and benefits collaboration might bring to each field. The discussions were exploratory and represented the participants' points of view, rather than those of their affiliated organizations.

Fourth, a major recommendation that emerged at the August meeting was that the AMA develop a short document that could be broadly distributed to the two fields. The purpose of the document would be to present an overview of the questions and major issues involved in thinking about collaboration between alcohol and tobacco control advocates and to stimulate discussion and strategic thinking about the possibility.

Accordingly, this document offers public health professionals and activists some frameworks for considering collaborative efforts for a multi-issue approach to public health policy interventions, primarily of alcohol and tobacco policy efforts but also of other issues. In the context of the emerging ecological approach to public health interventions, there may be wisdom in considering how community-based interventions that comprise multiple issues can achieve the Healthy People 2010 goal of healthy communities.¹

For broader background information on the individual tobacco and alcohol issues and policies, the reader is encouraged to read two other AMA documents “Strategic Thinking on State Tobacco Tax Increases” and “Partner or Foe? The Alcohol Industry, Youth Alcohol Problems, and Alcohol Policy Strategies.”^{2,3}

The current document comprises sections that present:

- **the need for strategic thinking about collaboration between the**

Thinking Strategically About Collaboration: Tobacco and Alcohol Control Policy

The Need for Strategic Thinking

Somewhat abruptly, funding support is changing for interventions that address alcohol and tobacco use policy. The late 1980s and the 1990s were years of creative, effective initiatives and funding for interventions to address the use and related health problems of alcohol and tobacco. The work and outcomes during those years were significant but incre-

organizational, funding, political, and policy contexts in which public health advocates must implement interventions give rise to a need for renewed strategic thinking. In this new environment, does it make sense for those interested in preventing alcohol and tobacco use to collaborate? If so, what might they do together or how might they support each other? For example, what can be learned from minority communities about multi-issue approaches? Given that the tobacco and alcohol industries disproportionately target minority communities, should those communities seek opportunities to work with mainstream efforts? Would there be risks in doing so?

Certainly, there are similarities between tobacco and alcohol marketing and use, but are similarities alone an adequate basis for collaboration? A number of other health-risky products — for example, fast foods, firearms, violence in the media, environmental pollutants — share the similarities, but the question of collaboration regarding those public health efforts has not been raised on the basis of the similarities. There are also serious differences between alcohol and tobacco issues. Are those differences alone an adequate basis for not collaborating?

Consideration of the importance of these similarities and differences, and the mindsets they may create, might best be conducted in a context of strategic thinking. Is there a compelling, pragmatic, strategic reason — either because of or for reasons beyond the similarities and differences — to collaborate? This document highlights pertinent information

Streettheory:

What special abilities or qualities do some activists have that make them so much more effective than others?

Wendy Lesko:

One distinct trait is the willingness to try what's never been tried. This inventive mindset together with follow-through and persistence produces remarkable power. Unconventional tactics and hard-hitting language also can capture the attention of one's peers, parents, principals/school administrators, politicians, and the press.

— from a Streettheory interview with Wendy S. Lesko
www.streettheory.org/street/SampleContent/CelebritySpotlights/CelebritySpotlight_2003-01-22-2427/youth_spotlight

The Larger Context for Strategic Thinking About Alcohol and Tobacco

During the past decade or more, the approach to public health issues has been both returning to and evolving into an effective community-based, policy approach to the prevention and control of chronic diseases and their associated behaviors. Projects such as the SmokeLess States National Tobacco Policy Initiative, ASSIST (the American Stop Smoking Intervention Study), and Reducing Underage Drinking taught public health advocates and professionals how to work with communities and coalitions to promote policies that address health risks community-wide. At the time, these programs were an essential step in advancing the state of the art of public health interventions.

The experience provided practical knowledge about how to bring about change — which types of policies can be effective, how to galvanize communities and community action, and how to approach policy makers and the media to bring about health-promoting policies.

“A healthy community is a place where people provide leadership in assessing their own resources and needs, where public health and social infrastructure and policies support health, and where essential public health services, including quality health care, are available. In a healthy community, communication and collaboration among various sectors of the community and the contributions of ethnically, socially, and economically diverse community members are valued. In addition, the broad array of determinants of health is considered and

Though effective, those projects were single-issue interventions. Now, single-issue approaches are at risk of being dropped from funding or competing with other worthy public health issues both for funding and for the public's attention. If the single-issue approach is receding, the community-based approach is not. To the contrary, a community-based ecological model for addressing public health issues is being recommended by such influential organizations as the Institute of Medicine and many foundations. The model puts forth the goal of healthy communities,

A Collaborative Effort in San Antonio: Grassroots Organizing, Media Advocacy, Negotiating Directly with a Billboard Company

In March 1998, more than 100 elated teenagers stood expectantly under a billboard draped by a white cloth. For 3 years, these teen members of the Bi-Cultural Organization for Leadership Development (BOLD) had spent their spring breaks counting the alcohol and tobacco billboards that littered their neighborhood and demanding that they be removed. Now, they were about to see the unveiling of the first of 100 donated billboards displaying anti-alcohol and tobacco messages, as well as positive ads about their community's strength.

In 1993, San Antonio Fighting Back of United Way (SAFB), began working on the city's East and Southeast Sides. SAFB had a daunting task before it: reducing the demand for illegal substances in these predominantly African American and Hispanic, economically depressed communities. Instead of coming in with a preconceived idea about how best to tackle the crime and drug problems in the community, the group asked residents how to do it.

1993 BOLD survey finds 74 alcohol and tobacco billboards in 60-block area of low-income, predominantly African American and Latino East Side.

1996 BOLD persuades billboard company to replace East Side alcohol and tobacco billboards with billboards containing positive images.

1997 BOLD holds poster contest.
1998 BOLD holds unveiling of positive billboards.

As part of a press conference the group held after the survey, the youths announced a formal list of demands directed to billboard industry heads:

- take down all alcohol and tobacco billboard advertisements near schools, churches, apartments, malls, shopping centers, and hospitals;
- remove all alcohol and tobacco billboard advertisements in the community;
- hold a follow-up meeting with the BOLD Leadership Team within 30 days to submit an action plan to address the decrease of alcohol and tobacco billboards in the community; and
- replace these advertisements for alcohol and tobacco with positive messages created by students.

Excerpted from:

1994 BOLD survey finds 40 alcohol and tobacco billboards in a 40-block area of East Side.

"**1994** BOLD Approach to Billboard Blight: The Fight to Remove Alcohol and Tobacco Billboards in San Antonio" by Norma Rabago in *Case Histories in Alcohol Policy*.

Strategic planning directs all activities to a specified goal, a goal that is valid and desirable for all involved. If public health advocates in the fields of alcohol and tobacco were to work together, what would be the single identified goal that would

direct their decisions, set their objectives, and guide their interventions?

Might it be a vision of healthy communities that brings the alcohol, tobacco, and other issues together? What do the residents of a specific neighborhood want their neighborhood to be? At the federal level, *Healthy People 2010* identifies the 10 leading health indicators as physical activity, overweight and obesity, tobacco use, substance abuse (includes alcohol), responsible sexual behavior, mental health, injury and violence, environmental quality, immunization, and access to health care. Can a community address these health indicators holistically? Certainly, there is already a track record in public health that provides valuable models for many issue areas.

■ In 2002, **Teen Health Advisory Council at Health Care**

For All produced Teen Health Talk!, a live call-in talk show on local cable access television. THAC believed there was a need to increase the dialogue and information exchange about health issues specifically pertaining to young people. THAC researched health topics and statistics, lined up adult and teen guests, interviewed teens on the street, wrote scripts, and hosted all six episodes at Boston Neighborhood Network Television, which featured pregnancy, STDs, youth smoking, teenage drinking, dating violence, and interracial dating.

www.hcfama.org

■ Students in Omaha, Nebraska, conducted a student survey at their school and the results led them to set up a before-school and after-school substance abuse help group. This group networks with agencies throughout the city and refers students in need to the proper professionals and community agencies.

www.youthactivism.com/content.php?ID=1#alcohol

A Starting Point for Thinking Strategically: Clear the Air

As a starting point to explore whether public health advocates in tobacco and alcohol control should collaborate, it is useful for those involved to bring to the surface the predispositions that individuals

Theoretical Considerations

An important predisposition of public health professionals and advocates is the degree to which they perceive differences among localities and population groups, perceptions that might impede or benefit collaboration. Different communities have distinct needs and therefore no single policy or intervention will meet the needs of all communities. There are differences regionally within the United States and within individual states, between small communities and urban areas, and among the various ethnic populations. For example, the alcohol industry markets its domestic and foreign products heavily in Asian American and Pacific Islander communities, even in small neighborhood grocery stores, but not in wealthy white neighborhoods.

Differences in approaches to issues are also apparent among and within ethnic subpopulation groups. For example, Asian and Pacific Islander populations are rather more heterogeneous than other population groups in their cultures and approaches to interventions.⁶ In Korean and Chinese communities, there is a strong entrepreneurial business base, and in these communities, policy efforts that engage merchant groups and grocers associations have been effective. In contrast, Samoan populations have very few entrepreneurs and in those communities the most strategic approach to issues is through the churches. The Hmong population is a tribal group with strong ancestral lineage in a structure of clans; thus, clan leaders are influential and can disseminate messages across the entire clan.⁶ As a generalization, caucasian groups have tended to take a single-issue approach to public health interventions, whereas African Americans have a track record of addressing alcohol, tobacco, and other drugs in a multi-issue, collaborative approach. Latinos and Native Americans have a similar tradition. In addition, these latter three ethnic population groups tend to prefer community-based approaches and to rely on neighborhood groups, organizations, and leaders to plan and implement their public health interventions. There is a history of successful multi-issue, community-based approaches in these local ethnic communities. These approaches can serve as examples for building collaborative relations across issues and as building blocks for achieving the goals

the message about tobacco use is consistent for all populations: tobacco is addictive, causes diseases and premature deaths, and should not be used. Many tobacco control advocates at the state and national levels fear that their success will be seriously undermined if associated with other issues, such as alcohol, that have “responsible use” norms. The tobacco industry, for example, associates tobacco with “responsible use” by marketing a multi-component “lifestyle” that includes alcohol consumption and other behaviors.

Clarify Strategic Goals and Strategies

Are these differences and reservations barriers to collaboration? Or, can they be treated as opportunities for advocates to learn from one another and envision multi-issue approaches? The purpose of collaboration is to build strength and facilitate action, but the goal is to achieve a shared vision. The goal of public health initiatives is improved public health, traditionally measured by data on prevalence of diseases and premature deaths. These indicators are quantifiable, but a community-based ecological approach to public health also incorporates a contextual vision of what a community looks like and how people interact. This vision encompasses social norms and public as well as personal health behaviors. It might encompass such aspects as public eating and drinking places free of secondhand smoke because the community respects the health of everyone. It might encompass safe streets with sober drivers, and safe sidewalks where individuals are not assaulted by someone who is intoxicated or is copycatting a violent scene from a movie. It might encompass neighborhoods free of billboards that promote health-risky behaviors. Clarifying the goal, the vision, in qualitative as well as quantitative terms, is the role of those involved in strategic planning for and with the community.

“... there is a growing recognition that individuals, communities, and various social institutions can form powerful collaborative relationships to improve health that government alone cannot replicate.”⁷

Tactical Considerations

Strategic planning subordinates objectives and practical measures (tactics) to the overarching goal or outcome. In developing those objectives, collaborators consider not only the feasibility of the objectives and strategies but also whether they are compatible and mutually supportive. It is important to identify which tactics would not be suitable to both or multiple issues and then to think about a common goal that would give direction to mutual tactics.

For all interventions, the evidence of effectiveness should be reviewed. Research studies might not be available for interventions in both fields, and unfortunately, many promising practices in ethnic communities have not been evaluated; nevertheless, it might be possible to gain insights for one field based on the evidence from another. Two strategies that might naturally be considered for alcohol and tobacco collaboration are briefly described below.

Exposure of Young People to Alcohol Advertising

The Center on Alcohol Marketing and Youth has released a series of reports documenting the exposure of young people (ages 12-20) to alcohol advertising on television, in magazines, and on the radio. For example:^{*}

- In 2001, alcohol advertising on television reached 89% of young people, who saw an average of 245 alcohol ads each. The 30% of young people who were most likely to see alcohol advertising on television saw at least 780 alcohol TV ads in 2001.
- Ten magazines with young audience compositions at or above 25% — *Vibe*, *Spin*, *Rolling Stone*, *Allure*, *Car and Driver*, *Maxim*, *Glamour*, *Motor Trend*, *In Style*, and *Sports Illustrated* — accounted for almost one-third of all 2001 alcohol advertising expenditures in measured magazines.
- Alcohol advertising was placed on radio stations with “youth” formats. In 2001 and 2002, 73% of the alcohol radio advertising in terms of gross ratings points was on four formats — rhythmic contemporary hit, pop contemporary hit, urban contemporary, and alternative — that routinely have a disproportionately large listening audience of 12- to 20-year-olds.

Strategy Example 1: Youths as a Priority Group for Interventions

Experimental drinking by minors and college students can be the early stage of later chronic alcohol abuse, and acute alcohol abuse is often an immediate effect. Similarly, addiction to tobacco typically begins during the phase of experimental smoking. Adolescents

*Center on Alcohol Marketing and Youth, Television: Alcohol's Vast Adland (Washington, DC: Center on Alcohol Marketing and Youth).

Korean Youth & Community Center Conducts Compliance Checks for Alcohol and Tobacco Sales to Minors

During the fiscal year 2001/2002, two series of compliance checks on alcohol sales to minors were conducted as part of a program of the Korean Youth & Community Center in Koreatown, Los Angeles. Thirty stores in the Koreatown area were selected, all of which were mom-and-pop stores and were not associated with major chains such as 7-11.

During the first series of compliance checks, about 15% of the stores were not in compliance with laws regarding sale of alcohol to minors. During the second series, 6 months later, about 10% of the stores were not in compliance; however, the stores that were not in compliance during the first series were in compliance in the second series. After each compliance failure, the storeowners or managers were visited and informed that a clerk had sold liquor to a minor. All denied that this could have happened in their stores. Each storeowner or manager was informed about liquor regulations and asked to ensure that they are followed.

Each compliance check was conducted by a 19-year-old Korean man and woman. Because the Alcohol Beverage Control agency did not work with the project, the actual buy could not happen because the young adults would have been breaking the law (legal age for purchase of alcohol is 21). The young adults were trained to take the alcohol to the counter

walk away. Although an actual buy did not occur, the sale was rung up, and so we did the follow-up with the storeowners and managers as though a sale had occurred.

Stores that sell alcohol in Koreatown are numerous, and ABC operations are stretched very thin and do not do regular inspections; thus, if the community did not get involved the merchants would not be monitored or confronted. The fear of having their licenses revoked is a strong motivation for these merchants to comply with the law.

In a similar program conducted by the Korean Youth & Community Center, compliance checks were conducted for tobacco sales in stores in Los Angeles and La Canada. Similar to the alcohol sales sting, youths who were 17 years old (legal age for sale of tobacco is 18) went into stores to buy tobacco. Also, similar to the alcohol sting operations, the buy was never actually completed. The youths would pretend that they had forgotten their money and leave after the sale was rung up. Different staff members worked with the tobacco compliance checks, but they were members of the same organizational unit as the staff who worked with the alcohol checks. In addition, the same individual conducted the training for both operations. Thus, there were opportunities for collaboration and sharing of experiences between the two groups.

approach to policy interventions. Comprehensiveness is also increasingly desired by many health policy advocates who focus on alcohol issues.

Can there be a collaborative strategy that addresses the longer-term issue of addiction that would achieve a goal of sober, nonsmoking teens and college students? For example, how can interventions help adolescents and young adults think critically about health-risky messages from industries, whether about tobacco, alcohol, fast foods, movies, etc? In California, tobacco marketing was countered with ads that offered a way of thinking critically about the smoking messages, the products, and the industry itself, thereby contributing to the individual's decision-making process about whether to smoke. Can such interventions be combined with a policy approach that limits the amount of exposure minors would experience to product advertising?

New Poll Shows Kids Still Bombarded with Tobacco Advertising

April 3, 2002. More than three years after the major tobacco companies agreed to stop marketing to kids as part of the 1998 state tobacco settlement, a new poll shows that kids are twice as likely as adults to be exposed to tobacco advertising. The poll, conducted for the Campaign for Tobacco-Free Kids in March, also finds that three-quarters of kids feel targeted by tobacco companies, kids overestimate the proportion of teens and adults who smoke, and they still find it relatively easy to buy tobacco products.

Case Studies

Colleges are recognizing the problem of excessive alcohol consumption on campuses. For recent case studies on how campuses have joined with community coalitions to address the problem, please see:
A Matter of Degree: Policy Initiative, available at:
www.alcoholpolicysolutions.net/research_studies_case_histories.htm

Strategy Example 2: Dealing with a Powerful Industry

The alcohol and tobacco industries are powerful and wealthy. They therefore can and do influence legislation and they conduct clever marketing programs to gain favorable public opinion. For example, to

Thinking Strategically About Taxes

Combining an alcohol and a cigarette tax in a single bill might not be the most strategic approach because the lack of support for either could defeat both. However, if alcohol and tobacco advocates join to support solely an alcohol tax or a tobacco tax, so that passage will be successful, the success will set a precedent that facilitates a subsequent effort to pass a tax on the other substance. In a strategic plan for a healthy community, ideally, all issue groups would support the effort. Already tobacco taxes have led the way and have lessons to share with alcohol advocates who might seek taxes. For example, tobacco advocates have learned that, if possible, the tax revenues should be earmarked

for health programs or they will be lost to other applications. In a community-based, multi-issue approach, the collaborative goal might be to earmark tax funds for a variety of health interventions and programs, including Medicaid, and that goal would bring support from numerous health and welfare advocates.

The industries argue that proposed taxes on tobacco and alcohol products cause increases in smuggling, moon-shine production, and other crimes; are unfair to smokers/drinkers of low-income status; and are a step toward prohibition. The industries appeal to the public's desire to get government out of private lives and deflect the positive health outcomes of price increases.

The fact that both industries are powerful, however, is not necessarily a sufficient reason for the two fields to collaborate. The alcohol industry characterizes alcohol control advocates as “neo-Prohibitionists” and uses the term to marginalize the movements with considerable success. Tobacco control advocates are fearful of being labeled “prohibitionists” if they become too closely connected with the alcohol control field. The point of view of some in the alcohol field is that they have a degree of cooperation from the industry that they do not want to risk losing by strongly opposing the industry.

Although the risks must be considered, so should the potential benefits of jointly addressing some common political issues.

Corporate Marketing Strategies

The alcohol and tobacco industries have similar corona-

collectively. If these political efforts are to be countered politically, a power base is required. Might there be an opportunity to build a multi-pronged, strategic political base, achieving greater economies of scale by combining budgets to support focused lobbying efforts for or against bills under consideration by a single legislative committee? Might it make sense for advocates to collaborate in opposing the industries' financial contributions to influence elected officials, or to stop sponsorship of community fairs, events, and cultural celebrations?

Review the Similarities and Differences *Cautiously*

Similarities and differences can be listed for alcohol and tobacco products and their manufacturers, and even for other health-risky products and industries. The strategic question is how these similarities and differences might affect a decision about collaboration. Certainly there are arguments to be made against collaboration, arguments based on historical differences in funding and structural mechanisms, and these must be recognized. However, when traditional thinking leads to impasses, strategic thinking is a useful tool to determine if there is a path

**For details and references on policy interventions,
please see:**

James F. Mosher. "Partner or Foe? The Alcohol Industry, Youth Alcohol Problems, and Alcohol Policy Strategies." *Alcohol Issues: Policy Briefing Paper*. American Medical Association 2002, p.7.

www.ama-assn.org/ama1/pub/upload/mm/388/partner_foe_brief.pdf

Alcohol Research and Social Policy Vol. 20, No. 4, 1996 and *Alcohol and Tobacco*, Vol. 24, No. 4, 2001

www.niaaa.nih.gov/publications/iss20-4.htm

The Centers for Disease Control and Prevention Web site:
[www.cdc.gov.](http://www.cdc.gov/)

www.cdc.gov/nccdphp/bb_tobacco/
The Campaign for Tobacco-Free Kids Web site:
www.tobaccofreekids.org/

Frank Chaloupka, "Tobacco and Alcohol Taxation," presentation at the American Medical Association meeting on "Merging Coalitions: Is it Feasible, Reasonable, or Wise?", August 21, 2003.
www.impactteen.org/generalarea_PDFs/AMA_chaloupka082103.pdf

increased integration of some policy advocacy initiatives could help prevent advocates in the two fields from working at cross-purposes and could expand a common understanding of how to improve the public's health.

Research over the last two decades demonstrates that the following policy interventions are among those effective in reducing the problems associated with drinking and tobacco use by youths. (Please see the sidebar on page 15.)

Increase Price

Federal taxes on alcohol and tobacco products date back to the 18th century. They have increased only infrequently, often during wartime. More recent increases have been motivated largely by budget deficits, though for tobacco, some increases have been partially motivated by public health concerns.

- Increasing **alcohol** taxes and reducing discount drink specials substantially reduce heavy and hazardous drinking among college and high school students. Estimates suggest that a 10% increase in price would reduce overall fatality rates from driving by 5 to 10% and youth fatality rates by 7 to 17%. The following estimates of overall price elasticity of alcohol demand are based on aggregate data: beer: -0.3, wine: -1.0, distilled Spirits: -1.5. However, estimates from individual-level data suggest that demand might be more responsive to price. Higher prices reduce drinking prevalence, frequency of consumption, and number of drinks per drinking occasion. Estimates from models that account for the addictive nature of alcohol consumption suggest that the long-run effects of price are even larger. The tax on beer was set in 1991 at \$18 per 31-gallon barrel (up from \$9 in 1951) (or 32 cents per six-pack). The tax on wine varies with alcohol content and currently ranges from \$1.07 to \$3.40 per wine gallon. The tax on distilled spirits is currently \$13.50 per proof gallon, up from \$12 in 1985. State taxes on beer range from less than one-fifth of one cent (\$0.00118) per can of beer to less than one cent (\$0.0987). On the whole, the taxes represent an erosion in inflation-

The federal tax was 8 cents per pack in 1951, 16 in 1983, and 39 since 2002. State taxes on cigarettes range from 2.5 cents per pack to \$2.05. On average, state tax increases on cigarettes have exceeded the rate of inflation.

Prevent Harm to Others

Exposure to second-hand tobacco smoke results in more than 3,000 lung cancer deaths each year and more than 50,000 deaths from cardiovascular diseases; 300,000 children exposed to tobacco smoke suffer from respiratory tract infections. Pregnant women who smoke are more likely than nonsmokers to have babies who have an increased risk of death from sudden infant death syndrome and respiratory distress. They are also more likely to have low-birth-weight babies; low birth weight is linked to many infant health disorders.

A host of social problems that affect others are caused by users of alcohol and other drugs: violence (homicides, rape, assault), property crime, workplace accidents, family instability, sexually transmitted diseases, and traffic crashes. Alcohol abuse causes over 100,000 preventable deaths each year in the United States, 40% of which are from accidents, violence, and other outcomes resulting from alcohol use. Traffic crashes are the leading cause of

Coalition Addresses Multiple Issues Through Policy Approach

Excelsior Springs S.A.F.E. (Supporting Abuse-Free Environments) is a community-based coalition in Excelsior Springs, Clay County, Missouri, which addresses multiple issues. Highlights of the coalition's effectiveness with the policy approach to public health include:

- passage of a tobacco-free school district policy,
- passage of local ordinance regarding "minors in possession" due to consumption
- passage of an ordinance on alcohol and other drugs at open house parties, and
- passage of a keg-tracking ordinance.

The coalition's members are from all walks of the entire community and includes the police chief and local newspaper editor. The coalition sponsors a variety of community educational workshops.

— Vicki Ward, Prevention Specialist, Tri-County MHS

- Prohibiting smoking in public places and workplaces protects children and other nonsmokers from environmental tobacco smoke and increases public awareness of the negative health effects of smoking. It also reduces the social acceptability of smoking and may increase the likelihood that smokers of all ages will smoke fewer cigarettes or stop smoking entirely. Policies to prohibit smoking in public places have been passed by many localities and states. That legislation most commonly affects smoking in hospitals, child-care centers; schools and universities; places of public entertainment, such as theaters, concert halls, and museums; public transportation, such as public buses, taxicabs, trains, airplanes, and boats; restaurants, stores, and shopping malls; federal and local government offices where public business is transacted; and offices and other workplaces.

Pueblo Y Salud, Inc., is a lead agency of the Los Angeles County Alcohol, Tobacco, and Other Drug (ATOD) Policy Coalition, which is composed of 80 entities. The coalition has on many occasions worked to enact alcohol and tobacco policies simultaneously in the County and City of Los Angeles. For example, the Alcohol and Tobacco Billboard Ordinances were passed by the county in 1996 and by the city in 2000.

The coalition is currently looking to work simultaneously to strengthen the existing Alcohol Conditional Use Permit (CUP) ordinance and to implement a new tobacco CUP that would limit the areas in which a tobacco retailer can sell tobacco products within the City of Los Angeles. This can be accomplished through a coalition such as the Los Angeles ATOD Coalition because it can function independent of funding sources, which often restrict the service provider to work solely on one issue or the other.

— Xavier Flores, Executive Director of Pueblo y Salud

Reduce Access to Products

The *production* of alcohol and tobacco products is legal, and the *sale* of these products is legal to adults but not to minors (18 for tobacco, 21 for alcohol). Both products are available in a variety of strengths and flavors and a variety of packaging, and are distributed in a variety of venues. (In some states, alcohol products are sold only at state-controlled stores.) Retail sales require identification cards for age checks, but minors often use fake identification cards. Unfortunately, the penalties

Conduct Comprehensive Interventions

A comprehensive approach to prevention interventions would involve, among other elements, a community-based effort that includes school-based policies and programs, mass media counter ads, media advocacy for policies, community organizations, and parent participation.

- Combining environmental strategies such as those listed above and implementing them in a comprehensive community program results in substantial reductions in underage drinking and alcohol-related problem rates.

- Higher spending on tobacco control efforts in comprehensive programs significantly reduces smoking prevalence and cigarette consumption among young smokers. The estimated impact of spending at CDC-recommended levels would reduce smoking by youths 8-20%. The greatest impact is on the earlier stages of smoking initiation.

Church's Task Force Addresses Alcohol, Tobacco, and Other Drugs

My work with the United Methodist Church (UMC) serves as an example of faith community action in both the alcohol and tobacco policy arenas. The UMC, through its General Board of Church and Society, takes an active interest in both tobacco and alcohol issues and sends out legislative alerts on congressional activity. The denomination's "Book of Discipline" contains policy statements on tobacco, as well as alcohol and other drugs, which constitute "official" church policy.

The UMC Missouri Conference's Task Force on Alcohol, Tobacco, and Other Drugs, of which I chair, is a member of the Missouri Partnership on Smoking or Health, and I serve on its executive committee. I participated in the recent

In so doing, it is collaborating with various organizational partners and community-based coalitions. These efforts are supported by policy statements in a petition, "Critical Issues and Call to Action on Alcohol Use, Abuse, and Addiction," formally adopted on June 2, 2003, by the Missouri Conference of the UMC, representing more than 960 congregations. It was forwarded to the UMC General Conference, the denomination's policy-making body, for action in May 2004. One paragraph of that petition is especially noteworthy: "...that the United Methodist Church promote an ethic that is consistent with personal, spiritual, and societal concern for health, safety, and well-being; that such ethic be one that (a) accepts abstinence in all situations; (b) accepts judi-

Advancing Strategically

Social change movements succeed through focused, strategic activities around common goals that are carried out with persistence over time.¹¹ However, ultimately, most movements also need to extend beyond their natural bases of support to gain allies and resources. This need often leads to some shift of strategies to incorporate — and thus benefit from — alliances with other groups. The tobacco and alcohol control movements may at this point benefit from alliances, particularly regarding the public health approach to policy interventions.

From a broad public health perspective, the success of advocates for tobacco and alcohol control should be shared with others so that other public health issues can benefit from their knowledge, skills, and effective models. This mutual outreach can be accomplished if tobacco and alcohol control advocates begin to think of themselves as leaders in the broader public health arena rather than as isolated activists concerned only with a single issue.

Youth! The 26% Solution

Over 1/4 of the population — 26% — is under the age of 18. *Youth! The 26% Solution* reveals how young people with firsthand knowledge about many of today's problems can succeed at getting decision-makers — from school principals to their state senators — to listen and respond to their ideas for change. Numerous true stories about people age 9 and older illustrate that minors can play a major role...in reducing drug abuse, improving schools, stopping violence, protecting the environment, and pursuing other positive, lasting solutions. This action guide is co-authored by Wendy S. Lesko, founder of the ACTIVISM 2000 PROJECT, and Cornell University junior Emanuel Tsourounis, II, who has worked on many youth and education issues since fifth grade.

www.youthactivism.com/26.htm

Examples of effective youth activities can be found on the Web sites of tobacco and alcohol control organizations. All of these web sites link to other useful organizations.

Motivated leaders are needed to insights on how to work effectively together for social change.

Success Toward Building a Safe and Healthy Community: Beginning with Ridding the Community of Alcohol and Tobacco Advertising

In September 1998, the City of Los Angeles adopted a new ordinance restricting alcohol and tobacco billboard and storefront sign advertising to a distance of at least 1000 feet from all residential zones and uses, as well as from all schools, parks, playgrounds, child-care centers, places of worship, and other sites frequented by minors. The ordinance resulted from a campaign initiated and led by the Los Angeles County Alcohol, Tobacco, and Drug Policy Coalition, a multiracial coalition of more than 60 organizations.

The campaign was remarkable not only because of its victory for substance abuse prevention, but also because it created a strong multiracial alliance in the 1990s when the city was experiencing civil unrest and racial divisiveness. On the day the Los Angeles City Council voted unanimously to adopt the ordinance, their chamber was packed with coalition supporters — African Americans, Latinos, Asian Pacific Islanders, whites, Christians, Muslims, Jews, parents, teachers, service providers, elementary school children, high school students, men and women from recovery homes, and others. The coalition's overriding purpose was to create a citywide/countwide, multiracial, multisectoral movement that could continue to challenge the power of the alcohol and tobacco industries and begin to amass greater power in the hands of the community to build healthy communities. During the campaign, the coalition won the endorsement of more than 100 community organizations and leaders from all parts of Los Angeles.

The coalition focused its early efforts on developing a strategic plan to achieve its goals and objectives. The coalition analyzed the political situation in the city and decided that the campaign must include advocates for the prevention both of alcohol abuse and tobacco use; that the campaign must be multiracially supported; must include representatives from various sectors, and must include organizations that work

tising. The tactics for the billboard campaign were designed to promote the message of the campaign, win support from policy makers, and at the same time build grassroots support.

- The coalition decided that the most accessible way for youths, parents, and others to express their support for the campaign would be to circulate a petition in support of its demand for a strong ordinance. The petition was taken to schools, places of worship, community events, and community organizations.

• A second tactic was to have parents and youths survey the neighborhoods for alcohol and tobacco billboards, providing a map of the extent of the problem in various communities and illustrating the widely disproportionate concentration of such ads in communities of color.

• A third tactic was winning media attention. Press conferences were staged near City Hall before important hearings on the ordinance. Parents and youths, some speaking in English, others in Spanish, spoke out about the billboard issue at these events. Media events were planned. For example, in October 1997, on Dia de los Muertos, the Mexican holiday to honor the dead, youths spoke to the media about the significance of honoring their dead and criticized the alcohol and tobacco industries for the deaths and suffering their products cause; they called on city leaders to restrict billboard advertising.

- To answer concerns of council members expressed at public hearings, for example, whether a billboard ordinance might violate free speech protections, the coalition worked with experts to provide information based on surveys, studies, legal opinions, and community input.

Some Facts about Alcohol and Tobacco

Alcohol Use in the United States

- Adult drinking prevalence: 64%
- Binge-drinking prevalence: 16%
- College students drinking prevalence: 81%
- Binge-drinking prevalence: 44%
- Frequent binging: 23%
- High school seniors drinking prevalence: 73%; report being drunk: 53.2%
- Half of all alcohol is consumed by 10% of those who drink most frequently/heaviest.
- Drinking by minors and college students has not changed much in recent years.
- Modest downward trend in drinking by adults

Consequences of Alcohol Use

- Use of alcohol during pregnancy causes fetal alcohol syndrome (0.5 to 3 per 1,000 live births) and multiple other conditions and abnormalities
- Host of social problems related to alcohol and other drug use
 - violence (homicides, rape, assault)
 - property crime
 - traffic crashes
 - suicides
 - poor educational outcomes
 - lost productivity

Recommended Resources on Alcohol Facts:

Institute of Medicine. Reducing Underage Drinking:
A Collective Responsibility. Washington, DC: National
Academies Press, 2003.
www.nap.edu

National Institute on Alcohol Abuse and Alcoholism
www.niaaa.nih.gov/
and
www.niaaa.nih.gov/publications/10report/chap06c.pdf

Experimentation with alcohol and tobacco typically occurs during adolescence and leads to regular use during the teen years. Early use is experienced as a rite of passage and often leads to other risky behaviors (eg, unprotected sex).

Addiction is an effect of both products for many individuals and usually onsets during the teenage years. Heavy consumers tend to use tobacco and alcohol in tandem: 70% of heavy drinkers are smokers and 70% of heavy smokers are drinkers. Tobacco and alcohol are used largely by low-income, less-educated, blue-collar sectors, and rates are higher for Native Americans and some segments of African American, Hispanic/Latino, and Asian populations. Alcohol is also widely used and is abused in higher income categories. Most addicted persons want to quit but cannot. Treatment is expensive and not readily available, but treatment works.

Tobacco Use in the United States

- Nearly 5 million premature deaths from tobacco each year globally.
- Exposure to second-hand tobacco smoke results in more than 3,000 lung cancer deaths annually and more than 50,000 deaths from cardiovascular diseases. Significant health consequences for children and adults exposed to tobacco smoke
- **Economic Impact of Tobacco Use**
 - Estimated economic cost: \$150 billion per year
 - \$75.5 billion in medical care costs
 - \$81.9 billion in lost productivity
 - Estimated cost: \$7.18 per pack of cigarettes sold
- Smoking has declined in the United States over the past two decades.
- Smoking is most prevalent among the lowest-income, least-educated segments of the population.
- Smoking by youths rose for much of the 1990s but has decreased in recent years.
- Tobacco use is increasing in many developing countries.

Resources

There are multiple organizations dedicated to tobacco prevention and control and to alcohol control, many of which belong to coalitions of organizations. In their web sites, most of these organizations provide links to other organizations and to major sources of data and publications. The following web sites are suggested as useful entry points to the entirety of organizations:

Tobacco

Americans for Nonsmokers' Rights

www.no-smoke.org

Office on Smoking or Health of the Centers for Disease Control and Prevention

www.cdc.gov/tobacco

The Campaign for Tobacco-Free Kids

www.tobaccofreekids.org

The Praxis Project

www.thepraxisproject.org

Alcohol

Mothers Against Drunk Driving

www.madd.org

National Institute on Alcohol Abuse and Alcoholism

Endnotes

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