
Alcohol

**Lessons for addressing obesity
From the history of alcohol control**

**Makani Theemba-Nixon,
Executive Director,
The Praxis Project**

Memo prepared for
The Acceleration Meeting

A Project to Accelerate Policy in Nutrition
Building on Public Health Successes in Tobacco, Alcohol,
Firearms, and Traffic Safety

Princeton, NJ

January 8 & 9, 2004

Sponsored by

The Robert Wood Johnson Foundation
The California Endowment

Alcohol policy work has a number of important similarities to nutrition and fitness policy. Alcohol, like food, is deeply embedded into our culture and in most cultures, it is considered healthy in moderation. Drinking alcohol is associated with celebration and pleasure, relaxation and reward. Therefore, its regulation in the interest of public health and safety – even in the face of high rates of alcohol related morbidity and mortality – has been met with ambivalence and resistance.

Shifting emphasis from mostly individual behavior to more balance between environment and behavior

Work on alcohol issues for centuries was characterized as treatment of alcoholism in the main. Alcohol problems were drinking problems – problems that were borne by the drinker and their family members. People with drinking problems were people with character problems. They couldn't "hold their liquor" or resist temptation – much like people think of those with food issues today.

The US temperance movement, led mostly by Christian women, operated out of the belief that no one could drink in moderation and resist alcohol's "temptation to ruin". They rebelled against a culture that seemed saturated with over drinking, alcohol-related violence and other problems and built an impressive grassroots movement (with Black and White leadership) to regulate alcohol and the alcohol environment. They helped push through the nation's brief experiment with alcohol prohibition in the 1930s. And it was the legacy of Prohibition and the temperance movement (or more precisely the resulting backlash) that made the field focus ever so sharply on individual dependency and treatment. By 1940, no one wanted to be accused of supporting Prohibition and most attempts to regulate the alcohol environment was characterized as *Prohibition the Sequel* and as a result were quickly abandoned.

By the 1960s, federal and municipal development policies had helped to create huge pockets of urban poverty where alcohol outlets were concentrated along with illegal drug sales and violence. During this period, there was additional federal funding for treatment centers to deal with the increases in drug use and problems (including alcohol) as well as community action programs (CAPs) to address community development issues. By the late 1970s, more and more urban treatment providers and researchers (the husband and wife team of the Fulliloves being among the most famous of the researchers) began to make the link between "place" or environment and health with regard to alcohol and other drugs. The crack epidemic of the early 1980s really brought these issues into the spotlight. Communities were clamoring for more to be done than treatment.

With the nation's greater awareness of drug problems came more public support for action for prevention beyond "Just Say No". Boomers that might have "turned on and tuned out" in the 1960s were in 1980 raising teens of their own. The resulting shift toward more policy-focused approaches occurred as a result of several intersecting initiatives occurring during this period:

- Government and foundation funding of local, community-based prevention coalitions to work on drug policy, including alcohol, primarily through the Center for Substance Abuse Prevention (CSAP) and Robert Wood Johnson Foundation (primarily through Fighting Back)

- Government and foundation funding of alcohol policy research (and collaboration between researchers) that helped to create the institutionalization of a cohort of researchers on alcohol policy and environmental approaches. The formation of The Marin Institute, Alcohol Research Group, Center on Alcohol Studies, Trauma Foundation, and the expansion of alcohol work at the Prevention Research Center were all part of this growing “researcher community”.
- The establishment of neighborhood groups and other grassroots community organizations growing out of the Pacific Institute for Community Organizing (PICO) and other Alinsky model networks. These groups focused on very local issues and alcohol policy (due to its impact) was a central part of the agenda.
- Expansion into alcohol related work by organizations coming out of the consumer protection movement (e.g., Center for Science in the Public Interest, Advocacy Institute) and expansion into alcohol *policy* work by alcohol groups previously focused on treatment and prevention (e.g., Mothers Against Drunk Driving, National Council on Alcoholism and Drug Dependence). In fact, Mothers Against Drunk Driving (MADD) made a significant impact on state and federal policy when they shifted more of their resources and efforts toward legislative advocacy and less on individual behavior change (designated drivers and the like). MADD brought a broad base, moral authority and significant funding to the table that were leveraged for legislative efforts like laws to lower the legal amount of Blood Alcohol Content (BAC) allowed while driving and the 1984 landmark law to raise the minimum drinking age to 21.

Of course, this shift was not simple or linear. There was a great deal of debate and discussion in the field. For some it felt that the swing toward prevention and policy was too abrupt and simplistic. Communities still needed to deal with alcoholism *and* environmental alcohol problems. It was clear that there needed to be extensive “internal” discussion if there was to be support for more policy-focused work.

These “communities” were brought together through various mechanisms – small training and professional development settings (namely The Marin Institute’s Santa Sabina series, small gatherings supported by The Trauma Foundation among others, and CSAP sponsored roundtables and larger scale seminars); large conferences including the Alcohol Policy Conference series; and early use of the internet (chiefly through ALCNet, an alcohol policy “spin-off” of Advocacy Institute’s long running and successful SCARCNet for tobacco control advocates).

These gatherings helped to forge a shared understanding of the alcohol environment as a key locus for change and gave its adherents a shared language and set of practices (mostly in the form of actual policies and media plans for advocates, and research methodologies for researchers) to take “home” to their communities. Intermediaries (including The Marin Institute, Advocacy Institute, and Center for Science in the Public Interest) helped to support and institutionalize the work, build relationships between academicians and activists and facilitate replication of best practices by becoming repositories of the movement’s “memory”.

Some Crucial Research

There was such a wealth of crucial research that a bibliography could easily take up the five pages allotted and ten fold more. The research work discussed below has been singled out because it helped to frame and catalyze policy advocacy. Please keep in mind, however, that as an advocate, my short list will no doubt differ from one generated by a researcher.

It is important to note that in most cases, researchers worked in “clusters”, or “communities” focused on certain areas of work as part of a conscious effort to generate a *body* of research. For example, in work on alcohol advertising, Joel Grube played a leadership role in an informal cluster that did the foundational research for findings to support policies regulating alcohol advertising on the basis that it targeted children. This work was done in formal groups (often housed at Prevention Research Center or Alcohol Research Group) or in informal networks that yielded several individual, but complementary research projects. This strategy of coordination enabled researchers to share information, build upon current work and therefore, advance research at a more rapid rate than if they worked in traditional isolation. The result was an expanded body of literature on alcohol advertising’s impact on young people that was highly responsive to the needs of advocates on the ground.

Researchers and advocates deconstructed alcohol’s impact using a standard bearer in marketing genre: the four Ps. They believed that if this was how the industry was going to approach selling alcohol, this was how they had to approach stemming the tide of alcohol related problems. Much of the central research examined impact and potential interventions along the four Ps: product, place, promotion and price.

Alcohol advertising (promotion). Work mentioned above by Grube, Wallack and others helped to inject the role of marketing into the public conversation on alcohol. The research was easily understood by journalists and lay persons and helped the public make sense of phenomenon they themselves experienced in ways that pointed to concrete policy solutions. In addition to researcher led studies, there were a number of important community based research projects that studied alcohol advertising on billboards and point-of-sale to determine location in proximity to children and other factors in targeting.

Linking alcohol to neighborhood health and safety (place). Work that linked alcohol to violence and other problems was critical to neighborhood based alcohol policy advocacy. Research on local conditional use permits and other land use and planning strategies to regulate alcohol related nuisances (Wittman, et. al.) and Scribner’s research linking overconcentration of alcohol outlets to increases in homicide rates were pivotal to catalyzing local policy advocacy – especially in urban communities overrun by outlets. This research along, with work on targeted marketing to communities of color, (research by Alaniz that integrated semiotics, cultural studies and participatory action research was particularly important) provided organizers with concrete handles for mobilizing residents on alcohol issues.

Applying econometric models to alcohol work to evaluate excise taxes (price). Economists and econometric analysis played an important role in building the evidence base for excise taxes as a

tool for prevention (see works by Saffer, Grossman, MacDonald, and Chaloupka as examples). Although this was (and remains) a difficult policy to pass, those working in the field widely embraced raising excise taxes as a key intervention as well as a potential funding mechanism. The role of economic research in demonstrating the positive public health impact of raising price cannot be underestimated. This work was applied to other issues including tobacco where there was less ambivalence about use and regulation.

Comparative studies on product availability. Although there was not much formal research on the role or impact of regulating *products*, there was a great deal of community-based research on products, their availability and target audiences. Neighborhood groups made careful, formal observations of local markets and compared their findings with what was sold in nearby, more affluent suburbs. In some cases, like in Milwaukee, these groups worked with University partners. In most cases, groups learned about a local research effort, liked the idea and worked to replicate it without much support. The research was used to support grassroots advocacy like initiatives to ban or limit malt liquor bottles that were 40 ounces or more, novelty drinks that appeared to especially target children (e.g., alcopops — alcoholic lollipops). Nutrition groups have used this strategy to compare availability of healthy foods versus junk foods in different neighborhoods.

The College Environment. In addition to the 4P framework, there was a great deal of research focused on the campus environment. Researchers conducted observations in bars, at frat parties and documented industry marketing on and nearby campus. They tracked down student binge drinking incidents, many of which ended in death or serious injury. These large-scale studies helped to unearth the awful tragedy of college drinking, a secret that campus administrators all whispered about but rarely discussed for fear of hurting their institution's image. This research (by Wechsler and others) brought this epidemic out into the open and into the public conversation as a public health issue for the first time.

Policy that contributed significantly to achieving public health goals on this issue

Raising the minimum drinking age and increasing penalties for merchants who sold to minors. Yes, there's still a lot of underage drinking but these laws dramatically decreased the number of young people who drank and got drunk, which in turn decreased the number of young people who were injured or killed in drinking-driving crashes, abused by peers under the influence, etc. Merchant responsibility and penalties were key to the effectiveness of these laws. Holding young people solely responsible without attention to the adults and industry that profited from the sales would not have been as effective.

Responsible Beverage Service (RBS) and policies to limit binge drinking (especially on or near college campuses). In addition to laws focused on merchant accountability in retail outlets, advocates were able to push for server training and host liability as an important tool for discouraging irresponsible beverage service. With liability laws, hosts found themselves facing steep fines and lawsuits for allowing patrons or party guests to “overdo it”. Keg registration laws allowed officials to trace adults providing alcohol to minors' parties. Initiatives to ban pricing that encouraged volume drinking also changed the campus drinking environment.

Leveraging land use to regulate and limit the siting of alcohol outlets and certain forms of outdoor advertising. Like food, alcohol availability and its concentration of negative effects vary according to community socioeconomic status. Local jurisdictions' assertion of their zoning and planning powers to regulate alcohol (also known as the "local control movement") created an opportunity for communities to re-fashion their spaces into healthier living environments. These policies were replicated rapidly because they were within communities' power, they were highly adaptable interventions, and residents and policymakers easily understood these policies' potential value. Residents could feel the difference almost immediately after regulations were in place. These policies not only reduced alcohol-related problems but they also helped bring residents together in ways that helped to reduce other health risk factors. (For more on the effect of community organizing on risk factors, see Curtis, L.A. "Policies to Prevent Crime: Neighborhood, family and employment strategies," *Annals of the American Academy of Political and Social Sciences*, 494:9-168, 1987; or Florin, P. *Nurturing the grassroots: Neighborhood Volunteer Organizations and America's Cities*. Citizens Committee for New York City, New York, 1989.)

Excise taxes and other pricing strategies (including banning giveaways). Most states do not allow for local jurisdictions to levy taxes on alcohol (though some do) so much of the effort to raise excise taxes takes place at the statehouse. In states where excise taxes have passed, there have been reductions in use – especially among young people. When a portion of tax revenues are dedicated to treatment and prevention, there is the extra benefit of funded infrastructure to prevent alcohol-related problems. Other important pricing strategies include banning or reducing discount pricing, especially in retail outlets near colleges and high schools.

Counter-marketing and strategies to limit advertising. Counter ads were always a tough sell policy wise because they cost money to produce and disseminate (speech is never really free) and the industry passionately opposes them because they are effective. It was no accident that the tobacco industry preferred to pull ads from television rather than face competition with prevention and quit messages through a proposed federal policy to guarantee equal time for counter ads. Other policies to regulate advertising, including all out billboard bans and removing signage from windows and walls of alcohol outlets, were more widespread and helped to significantly reduce the amount of advertising exposed to children.

Decreasing industry sponsorship. There was a time when alcohol was synonymous with Black history, Cinco de Mayo and other important cultural events and institutions. Thanks to advocacy by local groups, hundreds of organizations passed institutional policies either banning sponsorship or developing plans to wean themselves from industry funding. These groups were effectively removed from the alcohol industry's base of supporters and made it more difficult for the industry to play the good guy in the policy arena.

What, in hindsight, the alcohol policy movement could have avoided and some lessons for work to prevent obesity

Alcohol policy work was quite vibrant in the early and mid 1990s. It gained a great deal of momentum when local groups were supported (with research, funding, technical assistance, etc.) to put alcohol problems on the public agenda. This advocacy "bubbled up" into national campaigns to

fight targeted marketing (with particular emphasis on people of color and young people) and even catalyzed the formation of national advocacy networks. Much of this work has faded and the reasons why hold important lessons for policy advocacy to address child nutrition and obesity.

Lesson 1: Build the movement with people who care about the issue. Unfortunately, there was a great deal of concern by those in the leadership of key intermediaries that grassroots work on alcohol policy focused too much on low income communities of color. The impact of alcohol problems is not equal across communities so the reaction to these problems is not equal either. More problems, more passion is the basic rule. Instead of supporting alcohol policy work where it grew, there was a concerted effort to pull resources and attention away from work on overconcentration and targeted marketing to people of color and find issues with more “mainstream” appeal. A significant investment went into a national campaign to fight the alcohol industry marketing around Halloween. It was a tough sell. The initiative never garnered the middle class base organizers hoped for and, further, it dampened work in areas where there was passion and activity.

Lesson 2: Focusing away from individual behavior helps build public support. Community work to fight predatory marketing was an organic community response to address fundamental issues of health, equity, and well being. If these efforts focused on individual behavior change and responsibility alone, it would not have made the *social costs* clear and as a result, would not have been as salient to groups to take up.

Lesson 3: Money matters. Dedicated funding was important to the development and sustainability of organizing work “on the ground” and research to support it. The availability of these key funding streams in the public and independent sectors helped catapult a set of local, decentralized initiatives into the national spotlight.

Lesson 4: Infrastructure and venues for exchange are critical to success. Documenting and disseminating practices including the better, best, bad and not so great ones through case studies, workshops and retreat settings helped improve practice and connect groups into a supportive network that they eventually perceived as a movement. Intermediaries played a critical role in helping to forge a shared language and framework through training and technical assistance. It was in these professional development settings where much of the strategic planning and coordination took place, especially with regard to media advocacy.

Lesson 5: The land use and planning process is a powerful handle for health policymaking. These approaches are under utilized in food and fitness policy although there are incredible opportunities for using these tools to bring companies under greater regulation and to develop healthier living environments. Key issues such as policy intent and racial impact in decision-making around recreation space, food access and outlet placement are often documented in public land use and planning process in ways that private industry policymaking processes are not. Perhaps most importantly, these local policymaking tools place power in the hands of local communities.

Lesson 6: State level advocacy requires a strong local base of people who care. In the mid 1990s, funding for local advocacy was dramatically cut and reallocated to support the development of large-

scale state advocacy coalitions. These coalitions were primarily made up of public health professionals with few community organizers and weak ties to local groups. This had an especially negative effect on efforts to pass excise taxes. The coalitions that expanded their base and developed effective ways of engaging local advocates to support state initiatives based on mutual interest were much more successful. Excise tax initiatives in New Mexico and Alaska are two examples of how building a base beyond professionals and providers can help move policymakers even in the face of heavy industry pressure.

Lesson 7: Be prepared to talk about economics – mainly J-O-B-S. Alcohol policy advocates had the toughest time refuting industry claims that regulation and changes would hurt profits and jobs. In hindsight, clear analysis that helped to refute these claims would have helped tremendously. It took nearly two decades of clean indoor air policy in tobacco before there was good information gathered on these policies' economic impact. Don't wait to start gathering data or projections on jobs and other economic impact. It will definitely come up.

Lesson 8: Pay attention to the industry and its power. Work to monitor industry initiatives is important and must include efforts to diminish industry power and influence in the policy arena. Regardless of all the great research on the effectiveness of alcohol excise taxes, this policy was extremely difficult to pass in legislative environments where the industry had influence (which was virtually everywhere) and when the public and policymakers perceived the alcohol industry as a partner in prevention efforts. Alcohol policy advocates never succeeded to the degree of tobacco control advocates in delegitimizing the industry. This is partially due to society's ambivalence about alcohol, the fact that more affluent communities tend to drink more (the opposite is true for tobacco) and advocates hesitancy to work targeted marketing to their advantage as a delegitimizing strategy (see Lesson 1).

Lesson 9: You can and should divide your opponents. Although we didn't do as great of a job of this in alcohol policy as we could have, not all of the industry had the same interests. Distilled spirits groups sought to establish the notion of equivalency – that is every kind of alcoholic drink in its typical serving size packs the same alcohol content, about an ounce. Beer companies didn't want people to know that a 12-ounce can of beer had the same amount of alcohol as a single whisky shot because alcohol policy (cheaper taxes, pricing, more availability) is based on the notion that beer and wine are more moderate drinks. Retail outlets, the hospitality industry were all different wings with different interests as well. Food and nutrition provides the same opportunities and it's worth doing the analysis to see where we can dilute the opposition and build up our base.