

FALL 2001

Alcohol, Tobacco, and Other Drugs

# Prevention File



**A Worldwide Approach  
to Tobacco Prevention**

**Democracy at Work**

**A Marijuana Epidemic?**

**School Daze**

Where do kids get alcohol, tobacco and other drugs? At school, according to a recent study from Columbia University's National Center on Addiction and Substance Abuse.

In *Malignant Neglect: Substance Abuse and America's Schools* CASA says that nine and a half million high school students—60 percent—and almost five million middle school students—30 percent—attend schools where illegal drugs are used, kept and sold, making them twice as likely to smoke, drink or

use illicit drugs as students whose schools are "substance free."

"Drugs and alcohol have infested our schools and threaten our children and their ability to learn and develop their talents," said Joseph A. Califano Jr., CASA president and former Secretary of Health, Education and Welfare. "Parents raise hell and refuse to send their kids to classrooms infested with asbestos. Yet every day they ship their children off to schools riddled with illegal drugs. When parents feel as strongly about drugs in our schools as they do about asbestos, we will have drug-free schools."

The report says that the widespread availability of drugs in schools is due to malignant neglect of parents, teachers, administrators, communities and students themselves. The problem is aggravated by persistent finger-pointing and denial: parents blame schools; teachers blame parents; school administrators cite a lack of community support; community members claim that the school officials are indifferent; and students blame their peers.

"Without the active engagement of parents, students, teachers, principals and community members in broad efforts to prevent substance use, curriculum programs alone are little more than 'feel good' Band-Aids on the problems of student substance use and abuse," said Califano. The report is available on CASA's Website at [www.casacolumbia.org](http://www.casacolumbia.org).

**Controversial College Policy**

This is the second school year that federal aid to college students has been contingent on a clean drug record, but now even the law's author, U.S. Representative Mark Souder (R-Indiana) is unhappy with the results.

This Fall an estimated 28,230 students were denied federal financial aid because they have admitted to a recent drug conviction. And an additional 11,417 more students who left the drug-conviction question blank on their aid applications are also being denied assistance, according to a Gannett News Service dispatch.

The U.S. Department of Education has interpreted the law to mean that a student convicted of possessing illegal drugs can't get aid for a year after the conviction, although the student can regain eligibility sooner by completing a drug-treatment program. The penalty for a second possession conviction or for a first conviction for selling drugs is a 2-year ban on aid. It's the first time aid is being denied to applicants who leave the drug-conviction question blank.

Souder says he meant for the ban to kick in only if a student committed a drug crime while receiving aid. Last year he tried unsuccessfully to pass legislation to make that change and has been meeting with Department of Education officials this year to find an administrative solution.

From its inception students and financial-aid officers have protested this law, saying that it hurts poor and minority students disproportionately because they are more likely to have a conviction and less likely to have the independent means to forego financial aid. According to the U.S. Department of Health and Human Services, although African Americans make up 17 percent of drug users, they represent 37 percent of those arrested for drug crimes.

**Smoke-Free Zones in Parks**

All 375 parks and recreation centers in the city of Los Angeles now have officially designated smoke-free zones. And effective January 1, 2002, parks throughout California will also have smoke-free zones under state law.

The moves to establish smoke-free zones in public parks are aimed at safeguarding children from the harmful effects of secondhand tobacco smoke and hazardous tobacco waste.

"The consensus of the worldwide scientific community is that exposure to secondhand smoke poses a serious health risk and there is no safe level of exposure," said Jonathan Fielding, MD, director of public health and health officer for Los Angeles County. "It is especially dangerous for children because when they are exposed to tobacco smoke, they have much higher rates of lung diseases such as bronchitis and pneumonia, and are also at greater risk of developing asthma.

According to the American Nonsmokers' Rights Foundation, 93 communities now have ordinances covering smoking outside. While most of the new laws concern sports facilities or the entrances to buildings, almost half of them also restrict smoking in parks, plazas, or even at beaches.

**Effective Ads**

The money that the tobacco industry spends advertising its products seems to be working, at least when it comes to getting adolescents and young adults to have favorable images about smoking. And, according to a recent study, those favorable images make smoking behavior more attractive and more acceptable.

*Smoking: Risk, Perception and Policy*, a book released by the Annenberg Public Policy Center of the University of Pennsylvania and the American Academy of Political and Social Science, says that exposure to cigarette advertising leads young people to associate smoking with popularity and relaxation and these associations are stronger than any perceived risk from antismoking ads.

"As adolescents age, the sense of the riskiness of smoking declines and their positive feelings and images of smoking rise," said Dan Romer, PhD, research director for adolescent risk communication at the Annenberg Public Policy Center and a contributor to the book. "By creating favorable imagery, cigarette advertising lays the groundwork for smoking initiation in young people."

The researchers found that perception of risk plays almost no role in deterring cigarette trial, while exposure to cigarette advertising is positively related to taking up smoking. Much antismoking advertising has had little impact on preventing the initiation of smoking because it focuses on smoking risks with-

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# TOBACCO

## & THE RIGHTS OF THE CHILD

# A WORLD



World Health Organization

IT'S OFFICIAL. BIG TOBACCO HAS GONE GLOBAL. Since 1990, Philip Morris has increased its sales of cigarettes abroad by almost 80 percent. (*Global Aggression: The Case for World Standards and Bold U.S. Action Challenging Phillip Morris and RJR Nabisco*. IN FACT. 1998 Annual Report). In 1996, Philip Morris spent \$813

*Rights of the Child*, this figure includes more than 250 million of today's children and teenagers. And, nearly 700 million, or almost half of the world's children, breathe air polluted by tobacco smoke, particularly at home. Between now and 2030, tobacco is expected to kill more people than AIDS, automobile accidents, maternal mortality, homicide and suicide combined

# WIDE APPROACH TO TOBACCO PREVENTION

million on overseas advertising. Multinational cigarette companies spend millions of dollars sponsoring sporting events around the world. (*Global Trends in Tobacco—Curbing the Epidemic*. The World Bank. 1999). Now, of the 1.1 billion smokers around the world, 72 percent live in the developing countries. (*Addicted to Profit: Big Tobacco's Expanding Global Reach*. Hammons, Ross. Essential Action. 1998).

The World Bank estimates that the worldwide population of smokers will increase from 1.1 billion in 1999 to 1.6 billion in 2025. If current trends continue, tobacco use will kill about 500 million people alive in the world today. According to the World Health Organization report, *Tobacco and the*

The increases in tobacco use worldwide have prompted an international response. The World Health Organization, which estimates that four million people die from tobacco-related diseases every year, has taken the lead in developing such a response. In May 1999, the 191 member nations of its governing body voted unanimously to begin work on a treaty to regulate tobacco worldwide. The treaty is called the Framework Convention on Tobacco Control. If it comes to fruition, it will be the first-ever international treaty on tobacco and the first-ever treaty completed under a mandate from WHO.

As a first step in the treaty process, two FCTC working groups assembled in October 1999 and March 2000. They heard testimony from

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## INFLUENCE AND INTERFERENCE?

How much influence do transnational tobacco companies exert on the World Health Organization and its FCTC process? A Committee of Experts appointed by the director-general of WHO investigated this question from October 1999 to July 2000. The international committee studied internal tobacco company documents that became available as a result of U.S. lawsuits against the tobacco industry and issued the report, *Tobacco Company Strategies to Undermine Tobacco Control Activities at the World Health Organization*.

- The committee found that the tobacco companies, in an organized and deliberate manner:
- Established "inappropriate relationships" with WHO employees. In some cases, tobacco companies offered future employment to WHO staffers, or they paid WHO employees to serve the goals of the tobacco industry while these employees worked for WHO.
  - Put pressure on WHO budgets and made "well-placed" contributions to WHO.
  - Discredited WHO decision-makers by using "front groups" to lobby WHO and its delegations.
  - Influenced WHO tobacco research. The tobacco companies secretly funded "independent" experts, specifically hired to conduct studies that would contradict the results of WHO research.
  - Staged media events to distract attention from tobacco-related WHO events.
  - Engaged in surveillance of WHO activities and obtained confidential documents and information.

The Committee of Experts made recommendations aimed at curbing the tobacco industry's influence on WHO activities. Although WHO's governing body endorsed a resolution to increase vigilance over the influence of tobacco companies, the draft of the FCTC contains no measures to that effect. The United States has opposed requiring disclosure and monitoring of tobacco industry activities. Committee members included: Thomas Zeltner, director of the Swiss Federal Office of Public Health and member of WHO's Executive Board; David Kessler, MD, former head of the U.S. Food and Drug Administration and currently dean of the Yale School of Medicine; Anke Martiny, executive director of Transparency International, German Chapter; and Faze Randerer, inspector-general for intelligence—for South Africa. The full report is available on line at <http://filestore.who.int/~who/home/tobacco/tobacco.pdf>

Editor's note: The Committee of Experts studied documents from the following companies: Philip Morris Companies, Inc., R.J. Reynolds Tobacco Company, Brown & Williamson Company, American Tobacco Company, Lorillard Tobacco Company, the Tobacco Institute, the Council for Tobacco Research, and the British American Tobacco Company.

153 member states (representing 95 percent of the world's population), the European community, various organizations of the United Nations, and other intergovernmental and nongovernmental organizations. The working groups then constructed a draft treaty that serves as the basis for ongoing negotiations among the member states of WHO.

According to the draft, the ultimate objective of the FCTC is to "provide a framework . . . to substantially reduce the prevalence of tobacco

use and thus protect present and future generations from the devastating health, social, environmental, and economic consequences of tobacco consumption and exposure to tobacco smoke."

Several key issues are identified in the draft treaty. Among them are secondhand smoke, advertising and promotion, and smuggling and licensing of tobacco retailers. All have been shown to have an effect on tobacco use and adverse consequences related to smoking.

The first round of negotiations on the draft treaty took place in Geneva in October 2000 and the second round was held in May 2001. Many countries, including the United States,



participated in these negotiating sessions.

Cassandra Welch, director of field advocacy for the American Lung Association and an attendee at both rounds of negotiations, believes that the United States has a “special obligation” to promote effective tobacco control.

“The United States has played a leadership role on many issues,” she adds. “We have knowledge of the harm done by tobacco and we are a leader within our own borders. For us to look at the United States only and leave the rest of the world alone would be a travesty.”

But Welch was disappointed in the U.S. positions regarding tobacco control.

“The United States at every point was aiming at weakening the FCTC,” she says, referring to the second round of negotiating sessions. “The Bush administration has taken an even weaker position than the Clinton administration, especially on environmental tobacco smoke.”

The proposals for regulation of environmental—or secondhand—tobacco smoke are controversial. The most aggressive draft of

the treaty calls for a ban on smoking in a wide range of environments, including enclosed public places, workplaces, and outdoor facilities such as stadiums and arenas. The U.S. position is to support a ban on smoking in those places that provide services to schools.

Also controversial are the proposals that address advertising and promotion of tobacco products. For example, the use of terms such as “low tar,” “light,” and “mild” to promote cigarettes has long been recognized by experts in the public health field as being deceptive. A study by the National Cancer Institute concluded that these types of cigarettes “fail to have benefits in terms of death and disease from tobacco.”

And, according to Judy Wilkenfeld,

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**The U.S. position is to support a ban on smoking in those places that provide services to schools.**

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director of the Framework Convention Initiative for the nonprofit Campaign for Tobacco-Free Kids, most of the countries in the world are in favor of prohibiting the use of these deceptive terms in advertisements. The United States, however, is not.

A total ban on the advertising of tobacco

## ENTICING THIRD-WORLD YOUTHS

Passing out free packs of cigarettes was a time-honored promotional practice of the tobacco companies. For example, in the days before smoking bans on airplanes, passengers routinely got a five-cigarette sample pack of popular brands along with their coffee or cocktail.

But that practice has all but disappeared in the United States, and under the 1998 tobacco settlement it is illegal to give free cigarettes to anyone, much less teenagers. But a new study from the World Health Organization and the U.S. Centers for Disease Control and Prevention says that tobacco companies are using tobacco giveaways to kids in developing countries—including those where such promotions are illegal—as a way to recruit new smokers.

The study of schoolchildren ages 13 to 15 in 68 countries found that about 11 percent of the children in Latin America and the Caribbean were offered free cigarettes by a tobacco company representative in 1999 and 2000. In Russia, nearly 17 percent said they had been given free cigarettes. In Jordan, it was 25 percent.

In a *New York Times* article, Armando Peruga, tobacco coordinator for the Pan American Health Organization, the Washington-based office of the WHO, said: "Can you imagine if that happened here? There would be a big uproar."

products also meets with U.S. disapproval, based on claims that such a ban would be unconstitutional under the U.S. constitution. Still, 28 countries around the world support this type of total advertising ban.

The FCTC draft contains a provision that supports the licensing of tobacco retailers. Its purpose is to control tobacco smuggling and to aid in the enforcement of youth access laws. The United States has proposed deleting that provision as well.

With respect to pricing of tobacco products, the United States calls for deleting FCTC language that would impose taxes on tobacco. In addition, it is against measures that prohibit duty-free and tax-free sales of tobacco. Both of these U.S. positions, if accepted, would decrease the

price of cigarettes and effectively increase the use of tobacco around the world.

Despite the fact that the U.S. delegation to the FCTC seeks to weaken many tobacco-control measures, the developing world—for the most part—supports a strong FCTC.

"Countries in Africa and parts of Asia are really in the vanguard of pushing

for strong tobacco control," says Welch. "Economies cannot afford to pay the dramatic costs of tobacco-related diseases. The economic burden is extraordinary."

The next round of negotiations, scheduled for November 2001, will continue the FCTC process. Welch, the American Lung Association, and other tobacco-control advocates are committed to working for a strong treaty.

"We hope that the U.S. government comes (to these negotiations) and decides that it wants to play a positive role," she says.

**Economies cannot afford to pay the dramatic costs of tobacco-related diseases. The economic burden is extraordinary.**

# Who's to Blame?

YOU ARE ON A JURY IN AN AUTO INJURY CASE. Seated before you is a young father in a wheelchair who is paralyzed from his neck down. He's the plaintiff in the case. His lawyer is directing your attention to the blowups of newspaper ads and handbills advertising for a bar in town that seems to do a lot of advertising. The ads say:

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- **COLLEGE NIGHT . . . free beer till 12**
  - **WET 'N WILD WEDNESDAYS \$1 Drinks—Close Live Music—No Cover**
  - **FREE BEER all night Free Drinks till 11—DJs from 98.7 and 88.5**
- 

The lawyer says that his client sustained injuries resulting in the all-too-apparent paralysis after being rear-ended by a patron of that bar. But it's not the driver who's on trial. It's the bar owner. According to the plaintiff's attorney, the bar owner is accountable since he allowed over-service to a patron lured to the premises by the promise of cheap drinks. That patron, upon leaving the bar, got into his car, headed toward the freeway, and caused the crash that resulted in the plaintiff's injury.

How will you and the other jurors decide?

A recent nationwide telephone survey found that "a substantial proportion of Americans feels there is something fundamentally wrong with drinking and hosting norms in contemporary

society, and they are willing to use civil litigation to create new incentives for responsible hosting."

Most states have laws on the books that prohibit bartenders, servers in restaurants and clerks in package stores from providing beer, wine or distilled spirits to underage patrons, and to people who are obviously intoxicated. Servers who break the law are subject to administrative, criminal and possible civil penalties. Bars and other licensed drinking establishments may face fines or closure through license suspension or even revocation in the case of multiple offenses.

In addition to these administrative and criminal penalties, alcohol servers can also face civil liability. Plaintiffs may sue to recover compensatory damages from establishments engaging in illegal service, for example, if the illegally served patron gets into an automobile and collides with another vehicle, causing injury or other trauma. Social hosting situations, such as parties in homes, church halls or other non-commercial settings may also be subject to civil liability protections. Plaintiffs can also exact punitive damages to discourage the defendant and others from irresponsible sales and service practices that could lead to injuries or other problems.

However, the ability of an injured party to obtain relief through court action against a



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**A substantial proportion of Americans feels there is something fundamentally wrong with drinking and hosting norms in contemporary society.**

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third party—the alcohol server—is uneven across the 50 states. Some states, such as California, maintain laws on the books that restrict the circumstances in which so-called dram shop liability can apply. Dram shop is an expression going back in English law to the days when taverns sold drinks in units of measure called drams.

A growing body of research suggests that greater reliance on civil liability can lead to a reduction in alcohol-related traffic injury. Alexander Wagenaar, PhD, of the University of Minnesota School of Public Health, and Harold Holder, PhD, director of the Prevention Research Center in Berkeley, California, studied traffic safety outcomes in Texas after that state made it easier for injured parties to bring civil suits. Their report, published a decade ago in *Alcoholism: Clinical and Experimental Research* (Vol. 15, No.6, 1991), concluded that greater (and more visible) reliance on civil liability led to a reduction in alcohol-related injury crashes, probably because court decisions awarding damages prompted alcohol licensees to implement responsible beverage service programs, establish clear policies and train servers

to keep patrons from drinking to intoxication and to avoid sales to those under the legal drinking age.

A subsequent national study of liability laws by Wagenaar, Holder and others (*Journal of Studies on Alcohol*, No.54, 1993) found that stricter liability was associated with higher levels of awareness regarding liability among the general public and among servers and managers, higher rates of server liability insurance coverage, fewer low-price drink specials, higher degree of ID checking and more responsible beverage server policy and training programs. In other words, those jurisdictions more likely to hold servers accountable seemed to have more precautions in place to avoid sales and service to intoxicated and underage patrons.

Civil law arises from the determination of juries based on ‘what would a reasonable person do’ in a given situation. But perceptions of what is reasonable and who should be held accountable can vary over time and from place to place. Unlike criminal law based on statutes—written laws enacted by legislative bodies and approved by chief executives—civil law depends on evolving social norms. Take, for example, cigarette liability decisions in recent years. As the public became more aware of tobacco-industry business practices, juries have been willing to hold cigarette manufacturers liable for smokers’ loss of life and health consequences.

Along those lines, new research findings about accountability of alcohol servers can be grounds for optimism among public health and

safety advocates. Reporting at this year's Kettil Bruun Society scientific meeting in Toronto, Wagenaar described findings from the nationwide telephone survey of 7,000 U.S. residents he and colleagues conducted. Surveyors asked respondents to assign relative liability to parties described in five vignettes.

Each vignette concerned a traffic crash related to a drinking driver. They differed as to age of drinkers, place of drink, damages and history of the host's past record of responsible alcohol service. After reading each vignette, surveyors asked respondents to assign responsibility and relative shares of accountability based on their sense of fairness. In every interview, surveyors emphasized that the driver is "certainly liable" for damages in the crash, but then asked what damages, on a simple scale, the person who served the alcohol should have to pay to the victim relative to what the driver is liable for, including no damages at all.

Respondents faulted both commercial and social hosts across the various vignettes, particularly in those where drinkers under the age of 21 or at a commercial establishment had a poor prior record of social responsibility. According to Wagenaar, these results suggest an emerging national consensus for holding servers accountable for the manner that they serve alcoholic beverages. This in turn could lead to a social norm that reinforces the use of enhanced server responsibility as a way to reduce the risks associated with sale and service of alcoholic beverages.

Back in the courtroom, such a consensus also raises the probabilities that you and your

fellow jurors might find in favor of the plaintiff and assign compensatory and punitive damages against that bar owner for failure to meet a reasonable standard of accountability. While court action won't restore to the plaintiff the life he and his family were looking forward to, it may deter other owners and servers from irresponsible actions leading to subsequent injuries.

The Kettil Bruun Society is an international scholarly organization devoted to research on

the social aspects of alcohol use and alcohol problems. The Center for Addiction and Mental Health hosted the society's May 2001 meeting in Toronto.



# DEMOCRACY AT

**Alaska is among a few states that allow localities to enact a range of actions to control how alcoholic beverages are sold and consumed.**

RESIDENTS OF ABOUT 100 ALASKAN TOWNS AND VILLAGES have embraced that state's local option laws for reducing alcohol-related harm by voting to enact a range of bans and controls on alcoholic beverages. By exercising their democratic prerogatives towns like Barrow, Fort Yukon, Gulkana, Kotzebue, Nightmute and Point Hope have experienced improved student performance, peaceful nights, less litter in streets, reduced public drinking, fewer demands on police and reduced hospital emergency room admissions.

Alaska is among a few states that allow localities to enact a range of actions to control how alcoholic beverages are sold and consumed. Since Prohibition most states have retained the authority to control the sales and service of alcohol, and preclude localities from adopting local regulations. Other states that allow some degree of local option include Alabama, Arkansas, Georgia, Kentucky, North Carolina and Texas. Typically these controls are on a county-by-county basis and range from total bans on alcohol sales and possession to permission for private possession and use, for example, in private homes or private clubs.

Alaska may be especially conducive to using local options for controlling alcoholic beverages for a number of factors. They include:

- Isolated communities. Alaska is a large rural state, one-fifth the size of the entire lower

48-state portion of the United States. Towns and villages geographically remote from one another make alcohol policies feasible that could not work in more congested urbanized areas where municipal boundaries are contiguous.

- Native values. Native Alaskans, more than 20 percent of the state's population, maintain traditions conducive to community decision-making. The localities thus far adopting local options are predominantly populated by Native Alaskans, according to Diane Ogilvie, director of prevention for Akeela, Inc., based in Anchorage. She spoke at the 23rd annual conference of Substance Abuse Librarians and Information Specialists, also in Anchorage earlier this year.
- Health devastation. The main reason, however, cited by a number of residents of local option communities quoted in an Akeela publication, is concern with rising problems of youth intoxication, reports of parental drinking and neglect, and alarming incidence of alcohol-related birth defects, especially among localities with high proportions of Native Alaskans.

Bernard Segal, PhD, professor of health science at the University of Alaska-Anchorage and another SALIS conference speaker, described the burdens imposed on Native residents by Russian and United States traders and settlers since the 18th century. These contacts introduced alcohol

# WORK



*Alaskan communities make a choice.*

## VOTE HERE

■ Diane Agilvie, of Akeela, Inc., says that the five steps for enacting local options in Alaska communities are:

1. A single resident registered voter selects one of the five available options for community consideration.
2. That voter, with a total of ten signatures from resident registered voters, obtains an Application for Petition from the respective city clerk.
3. Contingent on verifying the ten signatures, the city clerk issues a Petition for Vote.
4. Petitioners have 90 days to collect signatures from 35 percent of registered voters who voted in the last regular municipal election, and the clerk verifies those signatures.
5. Council sets election. A similar process is also available in unincorporated villages under state supervision.



Source: <http://www.alaska.net/~royce/akplates/>

as an exchange commodity for furs, whaling ship provision and sexual conquest, contributing to the “last frontier” mentality. Since the 1980s, Alaska has been among five states with the highest yearly rates of rape, child abuse, suicide, accidental death and assaults—statistics often associated with alcohol consumption. Consumption levels, alcohol-related crime and violence rates are significantly higher compared to other ethnic groups in the state, Segal said. He said that estimates of the rates of child abuse among Natives—both physical and sexual—are twice those of the general population in Alaska.

According to Diane Ogilvie, 40 percent of Alaskans don’t drink at all. And thanks to a number of prevention strategies, including local option, the number of women reporting alcohol consumption during pregnancy has been cut in half since 1991.

“That fact, plus testimonials from residents of communities adopting the law, is producing a higher quality of life for many rural communities inhabited by Natives,” said Ogilvie.

According to a study on the effect of local option on injury deaths by University of Alaska-Anchorage researchers Matthew Berman, PhD, and Teresa Hull, and their University of New Mexico colleague, Philip May, PhD, injury death rates were generally lower when alcohol sales importation, or possession were restricted than when no restrictions were in place (wet). More restrictive controls (dry) significantly reduced homicides; less restrictive control options (damp) reduced suicides. A control group of communities that did not change control status experienced no significant changes over time in either accident or homicide death rates (*Journal of Studies on Alcohol*, Vol. 61, No. 2, 2000).

Alaskan communities can choose from five levels of bans. They are:

- prohibition of sales (but not importation)

- prohibition of sale except on premises operated by the community
- prohibition of sales except by one or more of selected licensure category
- prohibition of sale and importation
- total prohibition of sales, importation, and possession.

Since 1959, when Alaska became the 49th state in the union, it has included some degree of local option in its statutes, which have been expanded incrementally since then. The current five-category scheme came into effect in 1998 as a part of state efforts to promote environmental strategies for prevention of alcohol-related problems.

For more information on local option in Alaska, visit Alaska’s Division of Alcoholism and

**Consumption level, alcohol-related crime and violence rates are significantly higher compared to other ethnic groups in the state.**

Drug Abuse Website to see *Alaskan Communities Make a Choice*, a “how-to” manual and accompanying video at [www.alaskaprevention.org](http://www.alaskaprevention.org) or by email at [prevent@mtaonline.net](mailto:prevent@mtaonline.net).

*Editor’s note: A complete listing of communities that have enacted local options is on the Alaska Alcoholic Beverage Control Board Web site at [www.revenue.state.ak.us/ABC/localop.htm](http://www.revenue.state.ak.us/ABC/localop.htm). For a history of alcohol control in Alaska from arrival of Russian fur traders in the 1740s, through U.S. purchase, pre-statehood and con-temporary times, visit the Alaska ABC Website at [www.abc.revenue.state.ak.us/ABChistory.htm](http://www.abc.revenue.state.ak.us/ABChistory.htm).*

# What Do Parents Think About College Drinking?

**COLLEGES AND UNIVERSITIES EXPLORING WAYS TO REDUCE ALCOHOL CONSUMPTION** among their students can count on strong support from the folks at home. A new survey by the American Medical Association indicates that parents are worried about the drinking culture enveloping their children when they go off to school. The parents favor proposals for greater control on the availability of alcohol on and around campuses.

The AMA survey is expected to bolster the determination of educational institutions to adopt new policies that may not be popular with students but promise to reduce the risk of death, injury, academic failure and other consequences of binge-level drinking. Throughout the country, colleges and universities are trying to reverse a rising rate of heavy alcohol consumption both by students of legal drinking age and those who are not yet 21.

The AMA survey found that 95 percent of parents believe excess alcohol consumption is a threat to their children in college. "Parents recognize the role that easy access to inexpensive alcohol plays in this complex public health issue, and they want to see change," says J. Edward Hill, MD, chairman of the AMA. "The majority no longer perceive college binge drinking as a rite of passage—they see it as a major public health threat."

The survey results were released as part of a program called "A Matter of Degree," conducted

by the AMA with support of the Robert Wood Johnson Foundation. Ten of the nation's leading universities are participating in this pilot project to develop new forms of campus-community collaboration to reduce the kind of drinking bouts often taken for granted as part of college life. The program concentrates on changes in the campus and community environment that encourage high-risk alcohol consumption.

The survey looked at campus-community factors involved in high-risk drinking and reported the following key results:

- 93 percent of parents believe easy access to abundant sources of alcohol is a major cause of excessive drinking by students
- 80 percent believe cheap beer and spirits and all-you-can-drink specials are major factors in binge drinking
- 79 percent identify beer and liquor company advertising and other promotions and sponsorships as a contributing factor, while 76 percent said tailgate parties at football games also contribute to the problem.

Another finding may serve as a spur to educational institutions that are not sure how much priority to give to alcohol problems. More than 80 percent of parents said they feel more

comfortable sending their child to a college that has strong policies or programs to deter underage and binge drinking.

Substantial majorities in the parent survey registered their support of measures aimed at changing the social environment surrounding student drinking—enhanced enforcement of laws prohibiting alcohol sales to underage persons, restricted access to college bars to patrons aged 21 or older, increased penalties and liability for retail establishments that serve underage or intoxicated customers, limits on the number and location of bars close to campuses, and a ban on both alcohol advertising at college sports events and drink-special ads in campus newspapers.

Such steps are included in a policy initiative by the California State University system that will

affect all 24 of its campuses. CSU is the largest university system in the nation to make a systemwide commitment to the kind of goals envisioned in "A Matter of Degree."

The AMA hopes to see campuses throughout the country forge new relationships bringing together campus administrators, local elected officials, law enforcement agencies, alcohol licensees, parents and students in a commitment for change.

**The AMA survey found that 95 percent of parents believe excess alcohol consumption is a threat to their children in college.**

# SUBSTANCE ABUSE:

A Report from the  
Robert Wood Johnson Foundation

A RECENT REPORT FROM THE ROBERT WOOD JOHNSON FOUNDATION contains data from several hundred public and private sources and provides snapshots and long-term trends over the previous three decades in patterns of alcohol, tobacco and other drug use, consequences to society and approaches for combating the problem. Among other findings, the report discusses the role that media have played in influencing

It also reports that the economic cost of alcohol, tobacco and other drug use is staggering, estimated at more than \$414 billion in 1995. Of the more than two million deaths each year in the U.S., one in four is attributable to such use. In 1995, health care spending associated with alcohol, tobacco and other drug use was estimated at more than \$114 billion. “This report demonstrates that there is a gap between what we know about prevention

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teens' use and looks at how treatment, though shown to be effective by numerous scientific studies, is severely underutilized.

Called *Substance Abuse: The Nation's Number One Health Problem*, the report says that young people are experimenting with drugs, alcohol and tobacco at early ages. It also finds that illicit drug and tobacco use increased dramatically among youth through the mid-1990s. But since then, these trends in use have shifted downward, although the new drug ecstasy is on the rise. Prepared by the Schneider Institute for Health Policy at Brandeis University, the report tracks positive and negative trends in smoking, drinking and illicit drug use over several decades. It says that alcohol, tobacco and other drug use causes more deaths, illnesses and disabilities than any other preventable health problem today.

and treatment, and what we actually do to prevent and treat this enormous problem,” said J. Michael McGinnis, MD, senior vice president and director of the Health Group at the Robert Wood Johnson Foundation, the nation's largest health and health care philanthropy.

“This report provides a complete picture of substance use, abuse and dependence over a span of years,” said Connie Horgan, principal investigator at Brandeis University. “Our conclusion overall is that society continues to pay the price for a problem that is largely preventable and treatable.”

## Implications of Early Use

By the 8th grade, 52 percent of adolescents have consumed alcohol, 41 percent have smoked cigarettes and 20 percent have used marijuana. According to the report, young people account for

# The Nation's Number One Health Problem

the majority of increases in the numbers of new initiates to alcohol, tobacco and other drug use. The rising prevalence of marijuana use during the first half of the 1990s was driven, in large part, by the increasing rates of new use among youths aged 12 to 17. Declines in the mean age of first use of cocaine and heroin were accompanied by an upward trend in the rates of new cocaine and heroin users among the 12- to 17-year-old age group.

“The younger use begins, the more likely the users are to have substance-abuse problems later in life, especially if use begins before age 15,” said Horgan. “Just when they are beginning to assume more mature responsibilities in society, young adults aged 18 to 34 are more likely than any other age group to drink heavily, smoke cigarettes and use illicit drugs.”

More than 40 percent of those who started drinking at age 14 or younger developed alcohol dependence, compared with 10 percent of those who began drinking at age 20 or older. High school students who use illicit drugs are also more likely to experience difficulties in school, in their personal relationships and in their mental and physical health.

A critical aspect of alcohol, tobacco and other drug use is the perception of risk. Young people may start to use at an early age because of their perception that many of these substances will not harm them. “The relationship between perception of risk and use of substances is particularly important for young people who generally believe there is less risk in using substances than their older counterparts,” said Horgan.

## Media Depictions of Alcohol, Tobacco and Other Drug Use

The media play a critical role in shaping the perception of risk. Increases in use among youth between the early 1990s and 1996 were linked to decreases in the perception of potential harm from using many substances, particularly marijuana. This period also saw a decline in the prevalence of warning and anti-drug messages from the media, parents and schools; the proliferation of pro-use messages from the entertainment world; and high levels of tobacco and alcohol product advertising and promotion.

According to the report, movies and popular songs—media forms particularly favored by teenagers—frequently depict the use of alcohol, tobacco and illicit drugs. In the 200 most popular movie rentals in 1996 and 1997, alcohol appeared in 93 percent and tobacco in 89 percent of the movies. Illicit drugs appeared in 22 percent of movie rentals in 1996 and 1997, with marijuana and cocaine depicted most often. Findings from an analysis of the 1,000 most popular songs in 1996 and 1997 revealed that 27 percent of the songs referred to either alcohol or illicit drugs.

“For parents, it must seem that everywhere they turn, there’s a movie, song, music video

or television ad that showcases the use of substances,” said Horgan. “With this kind of competition from popular culture and mass media, it’s even more of a challenge for parents to show their children that the dangers of substance use are very real.”

In 1999, 44 percent of non-news programs aired by the four major television networks portrayed tobacco use in at least one episode. In

1998, the tobacco industry spent \$6.7 billion for advertising and product promotions, and the alcohol industry spent more than \$1 billion on television, radio, print, and outdoor advertising in 1997.

## Proven Treatment Options Underutilized

More than 18 million people who use alcohol and almost five million who use illicit drugs need treatment. Fewer than one-fourth of those in need get treatment. On the federal level, spending on the criminal justice system and interdiction takes up 60 percent of the federal drug control budget, while only 18 percent is devoted to treatment. A major question asked about drug and alcohol abuse

treatment is, “Does it work?” The report documents that it does. Recent studies show that after six months, treatment for alcoholism is successful for 40 to 70 percent of patients, cocaine treat-

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**This report demonstrates that there is a gap between what we know about prevention and treatment, and what we actually do to prevent and treat this enormous problem.**

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ment is successful for 50 to 60 percent and opiate treatment for 50 to 80 percent, with effectiveness defined as a 50-percent reduction in substance use after six months.

According to the report, addiction is a chronic, relapsing health condition. Users may, therefore, be in treatment multiple times—or make repeated attempts to quit on their own—before they are successful.

“Perhaps we haven’t been asking ourselves the right questions about substance-abuse treatment,” said Horgan. “The improvement rate for people completing substance-abuse treatment is comparable to that of people treated for asthma and other chronic, relapsing health conditions. Treatment is a wise public investment.”

Overall, according to the report, treatment—even with multiple treatment episodes—is less expensive than the alternatives of incarceration

homicide, theft, and assault—tested positive for drugs at the time of their arrest. Among those convicted of violent crimes, approximately half of state prison inmates and 40 percent of federal prisoners had been drinking or using drugs at the time of their offense.

Alcohol is more likely to be involved in crimes against people than property. Up to 60 percent of sexual offenders were drinking at the time of their offense. More than 75 percent of female victims of non-fatal domestic violence report that their assailant had been drinking or using drugs.

- Education, income and alcohol, tobacco, and other use: People with more education are more likely to drink, but those with less education are more likely to drink heavily. Rates of heavy alcohol use are highest among those with less than a college degree. Among people

strategies have been an increasing focus of efforts to further reduce alcohol and tobacco use. It is estimated that a 50-percent increase in cigarette prices would result in a 12.5 percent reduction in the number of smokers, or 3.5 million fewer smokers nationwide. Although some states have raised excise taxes, the U.S. cigarette tax remains among the lowest in the developed world. Clean indoor air laws and legislation lowering the legal drunk-driving limits for adults and youth are increasingly popular ways of reducing tobacco and alcohol use.

- Costs of alcohol, tobacco and other drug use: The economic cost to the United States is staggering. Alcohol use is the most costly at \$166.5 billion, followed by smoking at \$138 billion and illicit drug use at nearly \$110 billion. The major burden of alcohol use is related to productivity losses associated with

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## Perhaps we haven’t been asking ourselves the right questions about substance-abuse treatment.

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and untreated addiction. The benefits of treatment include reduced crime, enhanced productivity, and lower health care use. Yet, it is surprising that many newer treatment options are not being used. For example, naltrexone—a medication used to treat dependence on drugs like heroin—was approved in 1994 to treat alcohol dependence, but is not widely prescribed. Similarly, many current smokers want to quit, but treatment is underutilized, despite recent pharmacological advances in treating tobacco addiction, such as the nicotine patch. Health plans typically do not cover cessation services, and relatively few doctors provide even brief counseling. Yet, physician advice has been shown to increase long-term abstinence rates by 30 percent.

Other trends and findings from the report include:

- Substance abuse and violence: At least half of adults arrested for major crimes—including

with less education, smoking is more common and smoking cessation less likely. In addition, heavy smoking is higher among those without a high school diploma. Similarly, current illicit drug use is twice as high among those aged 26 to 34 who have not completed high school than among those in the same age group with a college degree. Use of multiple drugs, including alcohol and tobacco, is common among users, particularly among the economically disadvantaged.

- Gender differences in substance use: Gender differences are most apparent among heavy users. Males are almost four times as likely as females to be heavy drinkers, nearly one and a half times as likely to smoke a pack or more of cigarettes a day, and twice as likely to smoke marijuana weekly.
- Regulation on smoking and alcohol use: In the past decade, tax increases and regulatory

illness and death; for smoking, the most significant losses are associated with health care costs for myriad adverse health effects and productivity losses due to premature deaths; and for drug-related costs, crime plays the major role.

The report can be found under, “Substance Abuse Chartbook,” at <http://substanceabuse.rwjf.org>—the new Substance Abuse Resource Center of The Robert Wood Johnson Foundation Web site designed for community leaders, researchers, and professionals who deal with alcohol, tobacco and other drug prevention issues.

*To order hard copies of Substance Abuse: The Nation’s Number One Health Problem, please either write to The Robert Wood Johnson Foundation; Attn: Substance Abuse Chartbook, Route 1 and College Road East, P.O. Box 2316, Princeton, NJ 08543-2316, or visit <http://www.rwjfliterature.org/chartbook/chartbook.htm>.*

# A MARIJUANA EPIDEMIC?

**Viewing marijuana as a gateway drug may be inappropriate for this new generation.**

A FEDERAL AGENCY IS USING THE WORD "EPIDEMIC" TO DESCRIBE AN UPSURGE IN THE LAST DECADE in the use of marijuana by young people entering the criminal justice system. What this portends for the future is not clear. If marijuana is indeed a "gateway" drug, as some believe, then the nation may be seeing a surge in cocaine and heroin use and a fresh challenge to prevention in the years ahead.

The telltale statistics on marijuana use come from the government's Arrestee Drug Abuse Monitoring program, and are reported in a research paper published by the National Institute of Justice. Most of the 23 cities in the ADAM survey experienced a rapid increase in recent marijuana use by arrestees in the 18 to 20 age range in the past decade. In 1991 no more than 25 percent of youths were testing positive for marijuana in urine samples taken at the time of their arrest. By 1999, fully 62 percent were testing positive for marijuana.

While the ADAM program tracks only people in trouble with the law, there are also other indications of rising popularity of marijuana among youth. The Drug Abuse Warning Network reports that in 1999 mentions of marijuana or hashish for the first time exceeded mentions of heroin or morphine in drug-related visits to hospital emergency departments. And a report last year from the Harvard

School of Public Health noted that marijuana use among college students had risen 22 percent between 1993 and 1999. Phoenix House, which runs drug treatment centers in eight states, reports that young people entering treatment cite marijuana as their drug of choice more often than any other drug. In New York City, more than one-third of those arrested for marijuana offenses in 1999 were 20 years old or younger. And the most recent national survey by PRIDE (Parents' Resource Institute for Drug Education) found that use of marijuana and other illegal drugs by high school seniors increased in the 2000-2001 school year for the first time in four years.

The anatomy of the new marijuana epidemic offers no easy answer to what lies behind it, or what it means for the future. Andrew Golub, PhD, and Bruce D. Johnson, PhD, authors of the National Institute of Justice report, point out that the "gateway" theory may not apply to the younger generation that began smoking pot in the early 1990s. If marijuana were a gateway to harder drugs, use of cocaine and heroin should have been increasing as the decade wore on. In fact, however, use of heroin and crack has been in decline.

This leads Golub and Johnson to speculate that cultural forces that might have led young people to progress from marijuana to heroin

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or cocaine in the 1970s and 1980s are not in play in the 1990s.

“Viewing marijuana as a gateway drug may be inappropriate for this new generation,” they say. “Ethnographic evidence from New York City suggests that use of marijuana by youths may be associated with strong cultural and subcultural norms that militate against use of more dangerous drugs.” In plainer terms, they say, the interest in marijuana appears to have been pioneered as part of the “youthful, inner-city, predominantly black hip-hop movement.”

Golub and Johnson point out that the upsurge in pot-smoking by youth evident in the ADAM surveys is also reflected in surveys that look at the U.S. population as a whole. The National Household Survey on Drug Abuse and the Monitoring the Future studies showed a rise in marijuana use in the early 1990s by young people whether or not they had ever been arrested. Those surveys, however, showed that the “epidemic” started later and peaked earlier than that seen in the ADAM statistics, and did not reach percentages of prevalence comparable to those in the population of young arrestees.

(The authors refer to the 1990s phenomenon as the “New Marijuana Epidemic” to distinguish it from the epidemic of pot-smoking that began in the 1960s and endured into the 1970s. Other drug “epidemics” in the 1970s and 1980s saw sharp increases in the use of heroin and crack cocaine. The earlier epidemics followed a pattern of starting from a lull, expanding rapidly, leveling to a plateau, and then fading away. The New Marijuana Epidemic has fol-

lowed the same pattern—so far. Pot smoking by youth expanded rapidly during the first half of the 1990s and reached a plateau around 1996. Use of the drug has remained at fairly steady levels since then.)

Golub and Johnson point out that the 1990s epidemic does not appear to embrace as wide a segment of the youthful population as the marijuana epidemic that peaked in the late 1970s. The Household Survey results for 1999 show that about 22 percent of high school seniors reported smoking pot during the past month. In the 1970s, this figure reached 37 percent. The 1990s epidemic also is not consistent across the country. Cities on the West Coast and in the Southwest do not show as great an upsurge in marijuana use by young arrestees as cities in the Middle West and on the East Coast. San Diego and Miami appear to have missed the epidemic altogether, with rates of marijuana use fluctuating with no particular pattern in the last decade.

What does all this mean for people concerned with prevention and treatment of drug problems? Should anti-drug programs be focusing more on marijuana and less on heroin and cocaine? Golub and Johnson offer some thoughts on that score, pointing to research indicating that fewer pot smokers become dependent on marijuana compared to the dependency rates that occur among users of tobacco, alcohol, heroin and cocaine. According to some researchers, health risks from smoking marijuana are less profound than those for other drug use.

Lester Grinspoon and James B. Bakalar, of Harvard University, writing in *Substance Abuse: A Comprehensive Textbook* (Williams & Wilkins, 1997), suggest that young people heavily into marijuana use do not need conventional drug treatment to break an addiction as much as they need psychotherapy for underlying personal problems, such as alienation, emotional withdrawal, overreaction to minor frustrations, and antisocial behavior.

The tracking of the marijuana epidemic among young people comes at a time when public policy toward that drug is not as clearcut as it was a generation ago. Many states have adopted laws permitting medicinal use of marijuana, putting them at odds with federal law, which outlaw it completely. Some states that would have sent marijuana offenders to jail are now steering them into treatment instead. And even as marijuana use by young people was climbing in the 1990s, new "club drugs" were making their appearance on the adolescent scene with consequences to health and safety still not fully understood.

The fact that the marijuana epidemic does not appear to be triggering a surge in use of heroin and cocaine is seen as a bright spot by Golub and Johnson. "This suggests that the gateway theory may be



less relevant to their substance-use experiences, which would be good news. It would also be good news if the marijuana use were associated with a rejection of crack and heroin due to their potentially devastating consequences."

The authors also see an opportunity for prevention strategies in the urban areas where pot-smoking appears to be concentrated among youth just coming of age. "Perhaps

this is the time to de-emphasize 'tough' drug enforcement policies in favor of indirect drug-abuse control through the reduction of the economic, educational, and social barriers faced by many inner-city youths in establishing a healthy and productive mainstream lifestyle.

"Providing youths struggling in distressed inner-city households with a greater stake in society may help create a more productive labor force and ensure further declines in drug abuse and its attendant criminality. If inner-city youths born in the 1970s who get in trouble with the law could be transformed into fully employable workers, their marijuana use might also decline as they assume conventional adult roles, just as mari-

juana use tends to recede among members of the general population."

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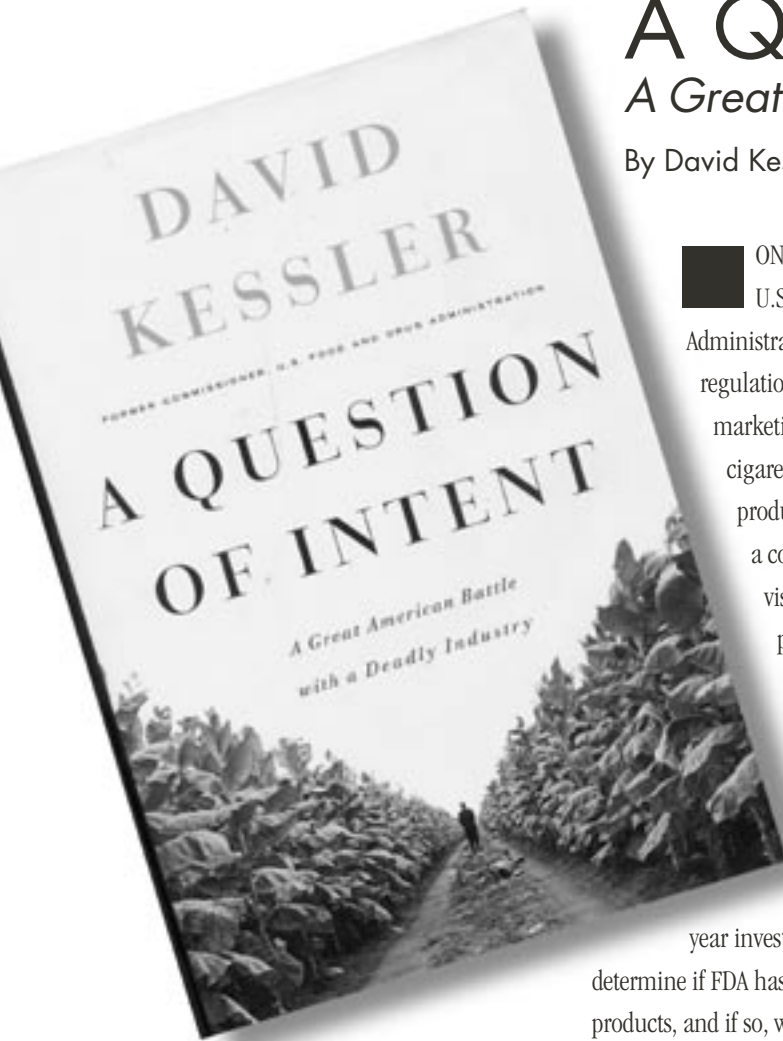
**If inner-city youths born in the 1970s who get in trouble with the law could be transformed into fully employable workers, their marijuana use might also decline as they assume conventional adult roles.**

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# BOOKREVIEW

## A Question of Intent— *A Great American Battle with a Deadly Industry*

By David Kessler (Public Affairs, Perseus Books, New York, NY 2001)



■ ON AUGUST 23, 1996, the U.S. Food and Drug Administration issued its final regulation restricting the sale and marketing of nicotine-containing cigarettes and smokeless tobacco products. The rule contained a comprehensive set of provisions that limit young people's access to tobacco products, as well as restrictions on the marketing of these products to minors. The rule was the culmination of an intense multi-year investigation that sought to determine if FDA has jurisdiction over these products, and if so, what form regulation should take. The age and identification provisions of the FDA rule that went into effect in February 1997 remained in effect until they were overturned by a 5-4 U.S. Supreme Court decision on March 21, 2000.

It was under the watch of FDA Commissioner David Kessler, MD, that the agency engaged in a full-scale investigation into the practices of the tobacco industry, with an eye to curbing its sway over the American people in the interests of public health.

"My understanding of the industry's power finally forced me to see that . . . the solution

□ to the smoking problem rests with the bottom line, prohibiting the tobacco companies from continuing to reap profits from the sale of a deadly addictive drug . . ." says Kessler, now dean of the Yale University School of Medicine, in *A Question of Intent—A Great American Battle with a Deadly Industry*.

His book chronicles how he and his team of investigators at the FDA assembled a case that implicated the industry in nicotine manipulation that increased the addictiveness of cigarettes and documented the inner workings of the tobacco industry. *A Question of Intent* explains how Big Tobacco was able to withstand efforts to regulate it for more than half a century, and how a small team at a government agency was able to unmask years of deceit and political manipulation, including lying to Congress and the public about these activities, denying research evidence on the relationship between smoking and lung cancer and launching ad campaigns to encourage smoking, particularly among children.

In addition to telling the tale of how the FDA went after Big Tobacco, Kessler also provides intriguing insights into the workings of an 8,000-person agency with a \$600 million budget that regulates about one quarter of every dollar Americans spent—from the food they eat to the drugs they take to the cosmetics they wear.

*Continued from inside front cover*

out influencing the favorable images that motivate young people to begin smoking.

The tobacco industry has argued that those who choose to smoke know the risks. Yet Annenberg researchers found that 14- to 22-year-olds do not have a consistent and realistic sense of the addictive nature of smoking and they do not recognize how risky smoking is in relation to other hazardous behaviors.

### Safe Rooms for Drug Injectors?

According to the *Washington Post*, Vancouver, British Columbia, Mayor Philip Owen has proposed establishing safe drug-injection centers or consumption rooms as a response to that city's growing drug problem. Vancouver has an estimated 12,000 intravenous-drug users.

"These legally sanctioned facilities could provide a safe, secure environment where drug users could inject under the care of health professionals trained in safe-injection techniques and overdose response, and away from the dirt and dangers of the street," said Mayor Owen.

Vancouver City Council member Fred Bass supports the mayor's proposal. "We've had a drug scene that is out of control. It needs to be treated as an epidemic. It is important to recognize how far behind North America is in addressing a comprehensive approach to the drug epidemic."

Other Canadian cities, including Montreal, are also considering opening such centers. Canada's top drug-enforcement officer, Chief Superintendent Robert Lesser of the Royal Canadian Mounted Police, has encouraged cities to consider safe-injection sites to curb the spread of HIV and hepatitis C. "I think it's something we have to look at," Lesser said in the *Washington Post*.

### Tobacco Could Eventually Kill a Third of China's Young Men

If present smoking patterns persist, tobacco will kill nearly a third of China's young men over the next few decades, according to a recent study in the *British Medical Journal* (August 18, 2001).

To predict tobacco-induced mortality in China, T.H. Lam of the University of Hong Kong and his colleagues assessed the mortality currently associated with smoking in Hong Kong, which peaked in cigarette consumption some 20 years earlier than mainland China did. The team studied the medical records of more than 27,000 people aged 35 or over who died in 1998, and those of more than 13,000 live control subjects. Tobacco, they found, caused 33 percent of deaths of all males between the ages of

35 and 69, and 5 percent of female deaths; among the male smokers, tobacco caused about half of all deaths.

The hazards evident in Hong Kong, the authors conclude, foreshadow "a large increase in mortality attributable to tobacco in China over the next few decades, unless there is widespread cessation by adults who already smoke."

China, which has 20 percent of the world's population, smokes 30 percent of the world's cigarettes. Men smoke most, and the proportion of male deaths at ages 35 to 69 attributable to tobacco has been predicted to rise over the next few decades from 13 percent (in 1988) to about 33 percent.



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## Ten Years Ago in *Prevention File* (Vol. 6, No. 4, Fall 1991)

# PEOPLE WITH DISABILITIES ARE AT HIGH RISK FOR ALCOHOL AND DRUG PROBLEMS

THE PASSAGE OF THE AMERICANS WITH DISABILITIES ACT OF 1990 promises to break down barriers of discrimination that are keeping many people with disabilities from participating in all aspects of modern life.

But there is a problem confronting many disabled Americans that legislation alone cannot hope to cure. There is evidence that 20 percent of men and women with physical disabilities are also battling alcoholism or problems with other drugs—a rate twice as high as that for the population as a whole.

The U.S. Office for Substance Abuse Prevention earlier this year designated the organization Very Special Arts (VSA) as an Information Center on Substance Abuse Prevention for Persons with Disabilities. The center will provide resources and materials related to substance-abuse activities among disabled people, and make them available through the Regional Alcohol and Drug Awareness Resource (RADAR) Network.

“The challenges that confront people with disabilities are far more complex and numerous than whatever specific condition defines them as disabled,” said the OSAP announcement. “Every day and in virtually all aspects of their lives, individuals face physical, societal, psychological and cultural barriers that isolate them from the general population and threaten to limit their personal potential.

“Evidence shows that a high percentage of people with disabilities suffer from low self esteem, chronic medical conditions, a history of reliance on prescriptive medications, and a high incidence of depression—all of which contribute to defining this population as ‘high risk’ for alcohol and other drug use.”

Studies published in the last decade have shed some light on the cause-and-effect question involving alcohol and drug problems among disabled. Do they slip into heavy drinking or use of other mind-altering drugs as a way to cope with

the frustration, boredom, feelings of isolation and other emotions that can accompany disability? In most cases, no. The studies indicate that the majority of physically impaired people with alcohol and other drug problems were experiencing those problems before they became disabled. Often an injury that resulted in a disability occurred while the person was under the influence of alcohol or another drug.

One barrier to a useful approach to these problems is the attitude that people with disabilities somehow are “entitled” to drink heavily or use drugs as a compensation for the burden of their disability. This can lead relatives or friends to become “enablers” who perpetuate or ignore a problem that can have tragic dimensions for a disabled person.

Alcohol and other drug use can interfere with their rehabilitation. Use of these substances can interfere with learning, they can interact dangerously with prescription drugs and drain away the motivation and initiative needed to face the formidable tasks associated with rehabilitation. They can also lead to new injuries that would complicate the effects of an earlier disabling injury.

*Editor's note: For more information visit the current SAMHSA/CSAP RADAR Network specialty center Substance Abuse Resources and Disability Issues (SARDI) program and the Regional Resource and Training Center (RRTC) on Drugs and Disability at <http://www.med.wright.edu/citar/sardi/>.*

