
MEMORANDUM

DATE: January 9, 2009
TO: City Council Members
FROM: Sylvia Richards
SUBJECT: Mayor's Coalition on Alcohol, Tobacco, and Other Drugs

Council Members,

The Mayor's Coalition on Alcohol, Tobacco and Other Drugs was awarded its second Drug Free Communities Grant of \$125,000 per year for another five years. According to the transmittal, the Coalition has increased public awareness of substance abuse in our community and advocated for policy change. The Administration requested an opportunity to brief the Council with regards to the past accomplishments of the program and future initiatives. Additionally, the presentation will include a report on current drug trends in Salt Lake City. *The Council may wish to note that this grant will most likely be included in the Administration's transmittal for the upcoming Budget Opening.*

The transmittal discusses the following topics:

1. Environmental Policy Initiatives
 - a. Eliminate Alcohol Sales to Youth - State Legislative Bill
 - b. Increase tax and reduce access to 'alco-pops'
 - c. Shrink-wrap garbage trucks
2. Educational Initiatives
 - a. Graduation/underage drinking initiative
 - b. Utah Fetal Alcohol Coalition community summit
 - c. Faith community trainings and televised community forums
 - d. Overdose media campaign and prevention ad campaign
 - e. City water bill and city employee educational initiatives
 - f. Pharmacy and physician initiatives
 - g. Meth conference, press conferences
 - h. Radio programs and community presentations
3. Capacity Building Initiatives
 - a. Community grants program
 - b. Mayor's substance abuse prevention conference
4. Problems, strategies and expected outcomes regarding the abuse of alcohol, prescription drugs, smoking, and inhalants
5. Three articles, including one from the Department of Justice regarding a 2002 national survey on drug use and health, entitled, "*Drinking in America: Myths, Realities, and Prevention Policy*".



RALPH BECKER
MAYOR

SALT LAKE CITY CORPORATION

OFFICE OF THE MAYOR


COMMUNICATION TO CITY COUNCIL

David Everitt, Chief of Staff

Date sent to Council: 10/28/08

TO: Salt Lake City Council
Jill Remington-Love, Chair

DATE: October 24, 2008

FROM: Salt Lake City Mayor's Coalition on Alcohol, Tobacco and Other Drugs 

RE: Drug Free Communities Grant

STAFF CONTACT: Abbie Vianes, MA Coalition Coordinator and Project Director
535-7936

INTRODUCTION: The Salt Lake City Mayor's Coalition on Alcohol, Tobacco and Other Drugs has just been awarded its second Drug Free Communities Grant - \$125,000 a year for five years. Since its inception in 2003, the Coalition has increased public awareness of the problems of substance abuse affecting our community, advocated for policy change and reached national prominence.

DISCUSSION: The Coalition Coordinator, Abbie Vianes, will brief council members on accomplishments of the past five years, outline the initiatives planned for the next five years, and report on current drug trends in Salt Lake City.

Coalition Initiatives October 2003 – September 2008

Environmental Policy Initiatives

- ***Eliminate Alcohol Sales to Youth (E.A.S.Y.) State Legislative Bill:*** The Coalition members successfully advocated that the Utah State Legislature pass a bill that funds:
 - Random alcohol sales compliance checks by law enforcement officers to reduce youth access to alcohol in grocery and convenience stores by authorizing and funding law enforcement officers to conduct these checks.
 - Required mandatory server training for each store employee who sells beer or directly supervises the sale of beer.
 - \$2.8 million dollar for a statewide media education campaign (ParentsEmpowered.org) to alert parents and communities to the dangers of underage drinking, the risks of increased addiction from early use, and how parents can help their children remain alcohol free. This included a large multi-page newspaper insert that went out to over 50,000 homes in the City about the dangers of underage drinking and a music CD “Mind Over Matter” sent to all 4th graders with a mandatory homework component. Evaluation showed that 84% of parents listened to the CD with their child and discussed it and found it useful. Before listening to the CD, only 7% of parents reported setting clear no alcohol use rules; after listening 87% of parents reported setting clear rules. The CD has been sent home with 4th graders for 4 years. Without the coalition members this major victory to prevent underage drinking would not have happened.
- ***Increase Tax and Reduce Access to “Alco-pops”.*** Coalition members successfully advocated that the Utah State Legislature and the Utah Department of Alcoholic Beverage Control remove “alco-pops” from all retail outlets and move them to state liquor stores. Utah was the second state after California to do this. This move increases control of youth access to “alco-pops”, increases the taxes and price which is the best environmental prevention approach to alcohol, and generated an additional \$2.2 million in state tax revenues that will be earmarked for underage drinking prevention and treatment.
- ***Garbage Truck Billboards.*** The Coalition and its partners created a unique prevention initiative that necessitated the creation of a new City policy permitting advertising on City garbage trucks with the anti-alcohol message, “Alcohol Can Trash Your Teen’s Brain.” These rolling “billboards” stop at over 51,000 city households and businesses weekly. The Coalition encouraged the County to wrap their trucks as well, resulting in a total of 50 trucks servicing over 120,000 households and businesses weekly. This initiative was featured in CADCA Online, the national online newsletter of the Community Anti-Drug Coalitions of America with a subscription of over 14,000. The second generation of these truck billboards was unveiled in July 2008.
 - ***Smoke-Free Parks:*** The Coalition Coordinator and members initiated and successfully facilitated the passage of a Smoke-Free Parks ordinance in SLC. Smoking is no longer allowed in City parks, recreation areas, golf courses, bus stops, TRAX stops, and permitted-events on City property.
 - ***Social Host Law draft.***

Educational Initiatives:

- **Graduation Underage Drinking Initiative.** Sent a graduation letter to parents of all 9th through 12th graders in SLC public and private schools (6300), warning of graduation party risks of underage drinking and giving tips for parents to implement. Kicked off campaign with a press conference featuring the Mayor, School Superintendent, Chief of Police, City Prosecutor, Director of the Utah DABC and a mother who lost a teen son in an alcohol induced crash. Youth alcohol related offenses dropped after this initiative.
 - **Utah Fetal Alcohol Coalition Community Summit.** Co-sponsored with the Fetal Alcohol Syndrome Coalition a day-long summit that raised awareness and knowledge of fetal alcohol spectrum disorder for providers and parents.
 - **Faith Community Trainings.** The Coalition has done extensive outreach to the local faith based communities over the past five years. Clergy lack knowledge and skills in substance abuse yet are on the front lines for dealing with issues of underage drinking and other drug use with congregants. The Coalition holds a 2.5 hour clergy training quarterly. The response was so positive, the Coalition Inter-Faith Committee developed a level II seminar for those who wanted additional training. The Coordinator presented this initiative at the 2008 national Community Anti-Drug Coalitions of America Annual Leadership Forum.
 - **44 Televised Community Forums** on issues of substance abuse which are presented to a public audience and taped for airing on the City cable television. Each forum is played daily for 30 days following the initial presentation and played monthly for at least a year. The video may be viewed or downloaded anytime from the Coalition and City websites. Coalition member organizations and partners place a link to the video archive on their websites. Feedback from the community, including the number of web-based viewings and downloads, determines which forums receive re-airing on SLC TV.
 - **Overdose Media Campaign.** Developed an overdose prevention campaign with partners and placed placards on 17 city buses and 16 billboards and 1 mobile truck.
 - **City Water Bill and City Employees Educational Initiative.** The Coalition Coordinator has published an ATOD article in city water bills (sent to over 51,000 households and businesses) each quarter since 2004 and also placed monthly articles in the City employee newsletters (over 2500 employees).
 - **Pharmacy Initiative.** The Coalition has built successful relationships with area pharmacies and developed materials on prescription drug abuse to give to clients. The Coordinator presented this initiative at the 2008 national Community Anti-Drug Coalitions of America Annual Leadership Forum in Washington D.C.
 - **Physician Initiative.** Developed a questionnaire for physicians to use with youth clients to assess for substance abuse and refer to brief intervention counseling. Brief intervention counseling has shown to deter substance abuse in youth.
- Meth Conference.** Co-Sponsored an all day seminar on Meth with the SLC COPS Meth Initiative.
- **Town Hall Meetings.** Hosted four Town Hall Meetings: Substance Abuse, Underage Drinking (2) and Over-the-Counter and Prescription Drug Abuse. These town hall meetings had expert panels, had the Mayor and/or First Lady as keynote. At the Prescription Drug Abuse town hall, the CEO of CADCA, General Arthur Dean, came and presented – our Coalition was one of 10 coalitions nationally (over 700 anti drug coalitions in the US) to be asked to hold that town hall meeting – because of prior successes in holding these community forums.

- **Press Conferences.** The Coalition has held multiple press conferences on a variety of substance abuse topics, and when unveiling an initiative. The Mayor traditionally hosts these press conferences. (in 2008 we hosted 4).
- **Prevention Ad Campaign.** Ran a twenty-six week ad campaign in City Weekly newspaper for overdose prevention.
- **Radio Programs.** Held 4 radio shows having the Mayor talk about substance abuse issues and 6 radio interviews on various topics.
- **Community Presentations.** Speak to students and parents in schools and Juvenile Drug Court on substance abuse and communication skills.
- **Coalition Website.** www.slcpreventioncoalition.org

Capacity Building Initiatives:

- **Community grants Program.** Awarded fifteen community action grants to local organizations to implement prevention activities for the youth they serve. A technical assistance meeting is held and evaluation assistance is provided for each RFA.
- **Mayor's Substance Abuse Prevention Conference.** Held Mayor's Substance Abuse Prevention conference with four keynote speakers and sixteen breakout workshops with local and nationally renowned presenters. Thirty-two community and state organizations attended – seventeen sent project teams to receive best practices information, risk and protective factors, and model program information.

The Coalition has representation from all the key community sectors as well as from county and state agencies. The Coalition has developed credibility and prominence at the local, state and national levels. The Coordinator has been invited to sit on 3 state level advisory boards, and chairs a subcommittee of the state prescription drug task force.



Logic Model- Youth Initiative

Theory of Change

When youth are engaged, feel empowered to make a positive difference, and are given the skills of prevention, leadership, and coalition building, they become social activists in their school communities to reduce youth substance abuse.

Problem Statement			Strategies	Activities	Outcomes		
Problem	But why?	But why here?			Short Term	Intermediate	Long-Term ¹
<ul style="list-style-type: none"> • Salt Lake City youth are not engaged in teen to teen substance abuse prevention • Teens are not encouraged to become social justice activists or agents for change • Adult-created substance abuse prevention messages to adolescents have been less than fully effective 	<p>SLC youth lack organization and training to help other youth avoid substance abuse</p> <p>Youth don't realize they are being targeted by the alcohol industry to drink</p> <p>Youth developed messages often have more positive impact on other youth</p>	<ul style="list-style-type: none"> • SLC School District lacks the high school Governing Youth Councils (GYC) found in every other Utah County • Prevention efforts in SLC schools have not used an industry media manipulation component • Youth Focus Groups are rarely used to create youth prevention messages because of cost 	<ul style="list-style-type: none"> • Form Governing Youth Councils in SLC high schools to engage youth in teen to teen substance abuse prevention • Partner with SLC School District to add an "industry manipulation" component to media training and prevention efforts • Change youth social norm on alcohol and other drug use with youth driven initiative for youth created substance abuse prevention messages 	<ul style="list-style-type: none"> • Partner with SLC School District, State Dept. of Substance Abuse, Dept. Highway Safety to create Governing Youth Councils in 5 SLC high schools • Train GYC's in media messaging of alcohol industry and other media manipulation of youth • Engage GYC's, SLC Peer Court, and SLC Youth City Gov. to hold 3 youth focus groups to discuss youth oriented messaging 	<ul style="list-style-type: none"> • GYC's formed and funded in 5 SLC high schools • GYC's, Peer Court, SLC Youth City Gov trained in media awareness and alcohol industry manipulation • Youth have developed three youth targeted print media messages for posters in SLC middle and high schools and two video clips for YouTube 	<ul style="list-style-type: none"> • Governing Youth Councils peer trainers have trained 30 teens • GYC's trained in prevention, leadership, and Coalition building skills • Decrease youth 30 day use rates for alcohol, inhalants, OTC and Rx drugs and marijuana • Reduce gap between perceived and actual youth use 	<p>Decrease youth 30 day use rates of alcohol, inhalants, OTC and Rx drugs and marijuana by 15%</p> <p>Decrease youth lifetime use rates of alcohol, inhalants, OTC and Rx drugs and marijuana by 15%</p> <p>Reduce gap between perceived and actual youth use by 20%</p>

¹ The long-term outcomes are affected not by any single strategy but by ALL of the strategies and activities. The outcomes are measurable by the city-wide SHARP youth survey

				<ul style="list-style-type: none">• Partner with SpyHop, and GYC's to create youth developed traditional and non-traditional prevention messages• Continue partnership with SLPD on the 'kNOw More Drugs' youth art contest for print ad messaging			

Logic Mode I- Alcohol

Theory of Change

When parents and other adults are educated on the harms of underage drinking, the easy availability of alcohol, and consequences of illegal use, they will develop an environment for disapproval of use and actively pursue home and community strategies to reduce underage drinking.

Problem Statement			Strategies	Activities	Outcomes 2		
Problem	But why?	But why here?			Short Term	Intermediate	Long-Term ¹
<ul style="list-style-type: none"> • Many youth have access to alcohol at home and consume it SLC parenting skill rates lower than state averages Underage youth are able to obtain alcohol from retail outlets 	<ul style="list-style-type: none"> • Parents allow youth to drink at home • Parents do not lock up liquor • Many think teen alcohol use is rite of passage • Parents are unaware of or too busy to attend parent training Clerks don't consistently check buyer's identification 	<ul style="list-style-type: none"> • Parents don't understand or talk to their about the harmful effects of alcohol on teen brain • Non-drinking parents assume their children won't drink • Best parenting programs not available here • Enforcement of current laws on selling to minors is uneven 	<ul style="list-style-type: none"> • Change community norm of adult acceptance of underage drinking • Policy changes on host liability for youth alcohol access • Limit access by teaching parents to secure liquor • Increase parental skills in areas that prevent teen alcohol use • Enforce existing EASY laws that restrict alcohol sales to youth 	<ul style="list-style-type: none"> • Educate parents and youth on harmful effects of alcohol on teen brain • Draft social host ordinance • Initiate "Lock-up Your Liquor" • Flyers in City DABC stores • Help create & distribute free SFP DVD to all parents • Increase retail outlet compliance checks to 4 per year 	<ul style="list-style-type: none"> • Increase youth perception of parental disapproval of teen drinking • Pass social host ordinance • Most parents secure alcohol • SFP DVD is shown on SLCTV • Point of sale signage in all SLC retail outlets and DABC stores • Compliance checks at 85% compliance 	<ul style="list-style-type: none"> • Increase by 15% youth perception of parent disapproval of teen drinking • Decrease youth access to alcohol • Increase age of initiation of alcohol use • Decrease 30 day youth alcohol use • Decrease % of underage binge drinkers • Increase family protective factors by 15% • Compliance checks at 90% compliance 	<ul style="list-style-type: none"> • Decrease youth alcohol related offenses by 15% • Decrease youth's (30 day) and lifetime alcohol use by 15% • Increase age of onset of alcohol use by 2 years • Compliance checks at 95% compliance

¹ The long-term outcomes are affected not by any single strategy but by ALL of the strategies and activities. Outcomes are measured by the city-wide youth SHARP survey

Logic Model- Prescription Drugs

Theory of Change

When community groups and government agencies come together to focus on the issue of over the counter and prescription drug abuse among youth, they will develop a comprehensive approach to the problem thus decreasing the misuse of these powerful substances.

Problem Statement			Strategies	Activities	Outcomes		
Problem	But why?	But why here?			Short Term	Intermediate	Long-Term ¹
Utah was #1 in nation in 2007 for prescription drug abuse	<ul style="list-style-type: none"> • Youth believe prescription drugs are safer than street drugs • Prescription drugs are easily accessible to youth • People do not understand that sharing prescription drugs is a felony • Availability of OTC drugs through retail outlets 	<ul style="list-style-type: none"> • No stigma to Rx drugs • People do not understand danger of OTC & prescription drug abuse • Parents do not secure Rx at home • People unaware of laws on controlled substances • OTC meds readily available on store shelves • Utah just beginning to discuss this problem 	<ul style="list-style-type: none"> • Change the community norm on OTC and prescription drug abuse • Develop public policy to reduce OTC youth availability • Educate public on prescription drug use laws • Increase barriers to youth getting prescription drugs from family/ friends through proper home storage and disposal • Develop public policy to reduce OTC and Rx drug abuse 	<ul style="list-style-type: none"> • Educate community • Launch “Clean out Your Medicine Cabinet” day • Find additional locations for prescription drop off boxes • Partner with Utah Pharmacy Assn. to remove OTC products with DXM from store shelves • Partner with other groups and government agencies to research needed policies to reduce OTC and Rx abuse 	<ul style="list-style-type: none"> • Two televised community forums • Two articles in City water bills • Articles PTA Newsletters • Pharmacy initiative in 2 more chains • 3 clergy trainings held • Five more Rx drop-off boxes placed • Citywide Bi-annual “Clean out Medicine Cabinet” days • Partnering with Utah Pharmacy Association underway 	<ul style="list-style-type: none"> Decrease youth 30 day use of OTC and prescription drugs Ten more Rx drop off boxes in place 3 more chain stores remove DXM products from store shelves • Implement identified City policy • Identify potential additional policy initiatives 	<ul style="list-style-type: none"> • Decrease youth 30 day and lifetime use by 15% • Decrease drug overdoses from OTC and prescription drugs by 15% • Decrease deaths from OTC and prescription drugs by 15% • 15 more Rx drop off boxes in place • 5 more chain stores remove DXM products from store shelves • Implement further policies as needed

¹ The long-term outcomes are affected not by any single strategy but by ALL of the strategies and activities.

Logic Model- Tobacco

Theory of Change

Second hand smoke is responsible for serious health problems. Public policy change that creates smoke-free environments is the most effective way to reduce and prevent smoking.

Problem Statement			Strategies	Activities	Outcomes		
Problem	But why?	But why here?			Short Term	Intermediate	Long-Term¹
<ul style="list-style-type: none"> Residents in multi-dwelling units are exposed to harmful second hand smoke 	<p>No policies in place for smoke-free multi dwelling units</p>	<p>Second hand smoke related health effects are relatively new concerns</p>	<ul style="list-style-type: none"> Develop avenues for owners and managers to declare multi dwelling units smoke free 	<ul style="list-style-type: none"> Determine stakeholders in regulating smoke free policy in MDU's* Identify and address barriers to smoke free policy in MDU's <p>Partner with UDOH, SLVHD, TAAT, CTFU to educate key stakeholders, public officials on creating MDU smoke free policy</p>	<p>Barriers to smoke free MDU policy have been addressed</p> <p>Stakeholders and public officials including, Salt Lake City Council, are debriefed on smoke free MDU policy</p> <p>Sample policy drafted</p>	<ul style="list-style-type: none"> Public supports smoke free MDU's 	<ul style="list-style-type: none"> Smoke free MDU policy in place Decreased number of Salt Lake City residents exposed to second hand smoke 20% of SLC MDU's are smoke free Decreased number of Salt Lake City youth who smoke

Logic Model- Marijuana

Theory of Change

When substance abuse prevention coalitions take a public stance that marijuana is an illicit drug and that its use is dangerous and unacceptable; the community will partner with the coalition providing a comprehensive approach and united front. As a result of this broad collaborative effort, youth marijuana use will decrease.

Problem Statement			Strategies	Activities	Outcomes		
Problem	But why?	But why here?			Short Term	Intermediate	Long-Term ¹
Marijuana is the most widely used illicit drug among youth (2001 National Household Survey) Marijuana is the 2 nd highest substance used next to alcohol by youth grades 8-12 in Salt Lake City	Many kids think marijuana is harmless	Pro-use messages are available on the Internet	Change the community norm surrounding marijuana by presenting up to date scientific evidence on the significant health, social, learning and behavioral effects of marijuana on young users	Educate all segments of the community: media, schools, clergy, volunteer groups, medical community, parents and youth on the harms of marijuana Include information in clergy trainings, City water bills, televised forums Provide lunch time seminars for businesses through SL Chamber of Commerce to educate on harms of marijuana use	Increased protective factors through changed community attitudes about marijuana Youth, parents, clergy and influential adults understand current research on marijuana and the health, social, learning and behavioral risks associated with the drug.	Decrease 30 day marijuana use by Salt Lake City youth Increase age of initiation of youth marijuana use	Decrease 30 day and lifetime marijuana use by Salt Lake City youth by 15%
	Parents admit to being ambivalent about the drug and unaware of its risks	Community norms in a segment of our community tolerate marijuana use					

Logic Model- Inhalants

Theory of Change

When parents, guardians, and other adults are educated to the potential harm of inhalant use, its ready availability, and indications of use, they will develop an environment for disapproval of use and actively pursue community strategies to limit availability.

Problem Statement			Strategies	Activities	Outcomes		
Problem	But why?	But why here?			Short Term	Intermediate	Long-Term ¹
<ul style="list-style-type: none"> • Inhalant abuse in Grade 6 is at the national use level • Lack of community awareness of inhalant problems • Youth have easy access to inhalant-abuse products 	<ul style="list-style-type: none"> • Products that can be abused are easily accessible • Public unaware of prevalence of inhalant use / products used • Issue of inhalants is not being specifically addressed • Products commonly used in schools are potentially harmful 	<ul style="list-style-type: none"> • Products that can be inhaled are easily available • The school culture is not typically environment-ally savvy • Inhalants not thought of as drug abuse • “Huffing” not considered dangerous • Parents don’t understand the brain damage possible with inhalant use 	<ul style="list-style-type: none"> • Secure potential inhalants to regulate youth purchase • Change the community norm on inhalant use by alerting public to dangers and renaming it as “breathing toxic fumes” • Educate school administrators on school products typically abused • Encourage schools to substitute potential inhalants with safer products 	<ul style="list-style-type: none"> • Partner with Utah Retailer Association to secure inhalant products • Include inhalants in clergy seminars and TV forums • Partner with SLC School District to add parent component to existing school inhalant curriculum • Encourage the creation of Scent Free schools and give schools a list of alternatives 	<ul style="list-style-type: none"> • Develop voluntary policies and procedures for the storage and display of products that are misused • 30,000 adults provided inhalant alert education • Parent component drafted for SLC school inhalant curriculum • Schools aware of products abused at school 	<ul style="list-style-type: none"> • Voluntary procedures for storage/ display of products used as inhalants are implemented in area retail outlets • Youth retail access to inhalants is decreased • School District drafts Scent Free School guidelines • Parent component in inhalant curriculum • Increase age of initiation of inhalant use • Decrease 30 day youth inhalant use 	<ul style="list-style-type: none"> • Decrease 30 day and life time youth inhalant use by 15% • Increase # of Scent free elementary and middle schools in SLC school district by 50%

¹ The long-term outcomes are affected not by any single strategy but by ALL of the strategies and activities. The long-term outcomes are measurable by the city-wide SHARP youth survey.



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Teen Substance Use Down in 'Drug Free Communities'

September 25, 2008

Research Summary

A new [report](#) from the Office of National Drug Control Policy (ONDCP) says that alcohol, tobacco and other drug use rates were lower than national averages in cities and towns with coalitions funded by the Drug Free Communities (DFC) program.

Annual youth marijuana, alcohol and tobacco use in DFC communities was 9.9 percent, 23.3 percent, and 10 percent lower, respectively, than the national average for use of these substances. Trends in current use among DFC communities were compared with national data from the Youth Risk Behavior Surveillance System.

The report also found that youth drug use declined more rapidly in communities with DFC coalitions than the national average.

The 769 DFC coalitions are made of community leaders, parents, youth, teachers, religious and fraternal organizations, health care and business professionals, law enforcement and the media. The DFC program provides grants of up to \$625,000 over five years to community organizations that facilitate citizen participation in local drug-prevention efforts.

Visit www.jointogether.org for complete news coverage, resources and advocacy tools to advance effective drug and alcohol policy, prevention and treatment.

Receive free news and funding headlines by email! Sign up at www.jointogether.org/ftodirect.

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Join Together is a project of the [Boston University School of Public Health](#).

Are there fewer alcohol-related problems in countries where youth are allowed to drink at earlier ages?

Question:

Youth in other countries are exposed to alcohol at earlier ages and engage in less alcohol abuse and have healthier attitudes toward alcohol. Don't those countries have fewer alcohol-related problems than we do?

Answer:

Actually, that is a myth. Despite anecdotal reports of adults teaching youth to drink in moderation, survey data provide no evidence that European youth are more responsible about alcohol consumption than American youth. A recent study compared rates of alcohol consumption and alcohol-related problems in the United States with those in Europe and found that both rates and frequency of drinking among European youth are higher than in the United States. Additionally, about half of the European countries surveyed had higher rates of intoxication among their youth.

Further, "...a greater percentage of young people from nearly all European countries in the survey report drinking in the past 30 days. For a majority of these European countries, a greater percentage of young people report having five or more drinks in a row.⁶ Additionally, per capita consumption of alcohol and cirrhosis death rates are both higher in France and Italy, two countries with a lower legal drinking age."

Reports of fewer alcohol-related crashes among European youth are likely due to youth driving "...less frequently in Europe than in the United States. Compared with the United States, Europeans have higher legal driving ages, more expensive automobiles and greater access to public transportation. Looking beyond traffic crashes, however, European countries have similar or higher rates of other alcohol-related problems compared with the United States."

"European countries are now looking to the United States for research



UPDATED FOR 2002 NATIONAL SURVEY ON DRUG USE AND HEALTH

Drinking in America: Myths, Realities, and Prevention Policy

Myths About American Drinking

“Alcohol is an integral part of American life. It is a normal accompaniment to most social events. Most Americans enjoy drinking on a regular basis.” These are widely held perceptions about alcohol—created in part by alcohol advertising and popular culture. But these perceptions are not entirely true. These perceptions—and misperceptions—affect our attitudes toward alcohol and our policies regarding the sale to and consumption of alcohol by youth as well as adults.

This paper provides a more realistic picture of who drinks, how much, and how often. It compares the drinking patterns of adults to those of people under age 21. It then analyzes the implications of these drinking patterns for alcohol policy.

Alcohol: Counting the cost

While there are many positive impressions associated with alcohol, Americans are becoming conscious of the problems created by alcohol. For example, we no longer accept impaired-driving crashes as unavoidable “accidents.” But alcohol-related problems go well beyond impaired driving. In fact, more than 75,000 deaths are attributable to alcohol consumption each year and the economic costs associated with alcohol problems total more than \$184 billion annually.¹ As large as they are, these figures do not begin to capture all of alcohol’s social and health toll; more than one-third of Americans report that alcohol has caused problems in their immediate family.²

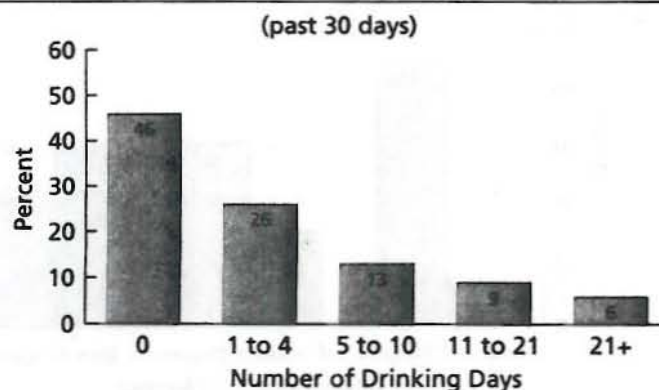
When society views drinking as a normal and accepted part of life, these problems may seem inevitable. Some of this view is based on misperception of drinking patterns. A more accurate picture has implications for strategies to reduce alcohol-related problems.

Adults: Who drinks and how much?

A large majority of Americans either do not drink or drink infrequently. For this majority alcohol is an unimportant consumer product. According to the National Survey on Drug Use and Health (an interview survey carried out in homes), about 46 percent of adults 21 years of age and older report that they did not consume any alcohol in the past month and an additional 26 percent report drinking once a week or less.³ (See Figure 1.)

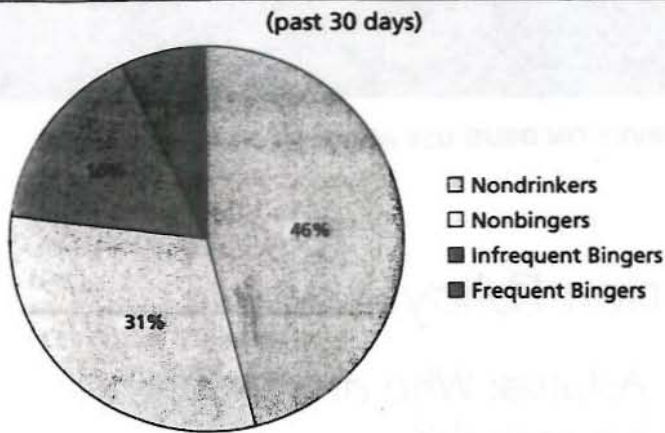
In addition to information about how frequently people drink, it is also important to examine the quantity people typically drink on each occasion. Figure 2 provides information about whether adults 21 and over had five or more drinks per occasion (termed here a “binge”). Among adults, 46 percent did not drink at all, and 31 percent drank but did not have five or more drinks on any occasion. That is, 77 percent of adults do not drink at a hazardous level.

FIGURE 1 Frequency of Drinking Among U.S. Adults 21 and Older



Source: NSDUH, 2002.

FIGURE 2 Drinking Patterns Among U.S. Adults 21 and Older



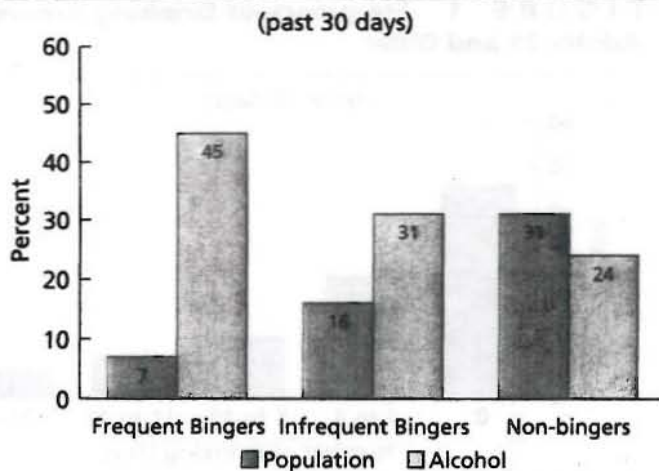
Source: NSDUH, 2002.

Even among drinkers, only a minority consume this much alcohol on any occasion. About 43 percent of adult drinkers had five or more drinks on any occasion in the last 30 days.

The average number of drinks consumed by drinkers who do not binge was fewer than three per week. By contrast, frequent bingers who have had five or more drinks at a time five or more times in the past month consume on average more than 24 drinks per week. Even though frequent bingers are only seven percent of the population, they drink 45 percent of the alcohol consumed by adults in the United States. Figure 3 shows the proportion of alcohol consumed by different types of adult drinkers.

- Binge drinkers are 23 percent of the population, but drink 76 percent of the alcohol.

FIGURE 3 Alcohol Consumed by Drinking Pattern Among Adult Drinkers



Source: NSDUH, 2002.

- Frequent bingers are only 7 percent of the population, but drink 45 percent of the alcohol.

These statistics show the importance of heavy drinkers for the alcohol market. Alcohol sales depend on the heaviest drinking consumers. The claim that the “overwhelming majority of Americans” use alcohol responsibly is true only because most Americans either abstain or consume alcohol very infrequently.

The following picture of adult drinking emerges from these data:

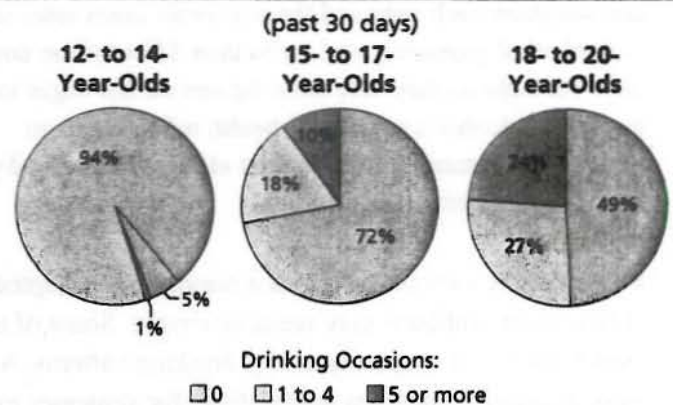
- Most American adults either abstain or drink very little.
- A relatively small percentage of drinkers drink most of the alcohol.
- This small percentage often consumes several drinks at a time, increasing the risk of serious health and safety problems.

Underage: Who drinks and how much?

The picture for underage drinking is somewhat different. Most young people reported to the National Household Survey that they had not had anything to drink in the last month. About 94 percent of 12- to 14-year-olds reported that they had not drunk alcohol while 72 percent of 15- to 17-year-olds and 49 percent of 18- to 20-year-olds reported that they had not drunk in the preceding month. Figure 4 shows the proportions of young people reporting drinking at different frequencies.

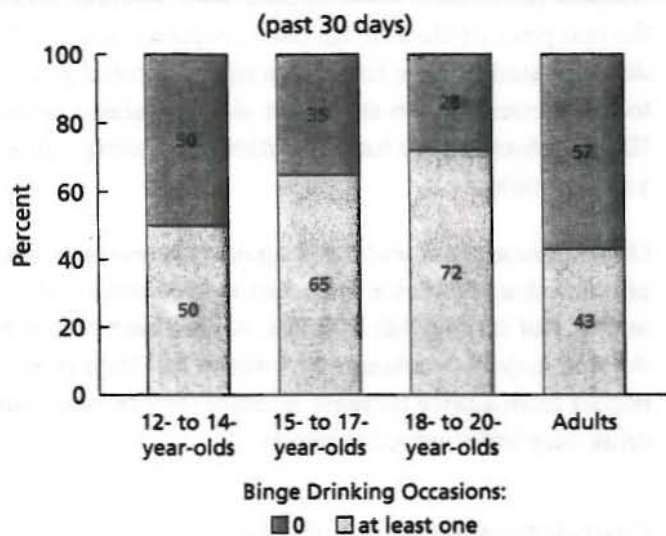
In terms of the quantity of drinking (Figure 5), the proportion of young drinkers who report drinking heavily (five or more drinks at a sitting) is higher than for adults.

FIGURE 4 Drinking Among Youth



Source: NSDUH, 2002.

FIGURE 5 Binge Drinking Among Youth and Adult Drinkers



Source: NSDUH, 2002.

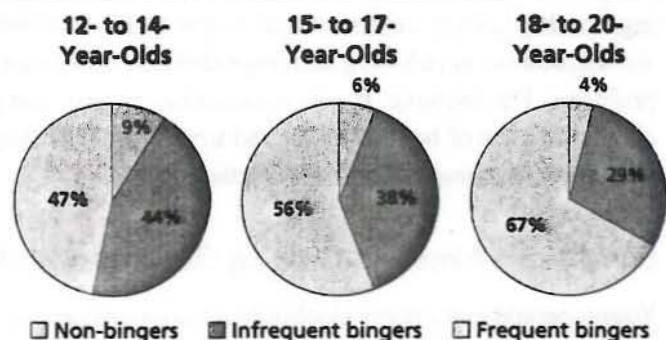
While about 43 percent of adult drinkers report heavy drinking on one or more occasions in the past month, 50 percent of 12- to 14-year-old drinkers, 65 percent of 15- to 17-year-old drinkers and 72 percent of 18- to 20-year-old drinkers report heavy drinking in the past month.

Young people who drink heavily consume the vast majority of the alcohol consumed by their age group (Figure 6). Percentages range from 91 percent for 12- to 14-year-olds to 96 percent for 18- to 20-year-olds. Underage drinkers consume about 11 percent of all the alcohol purchased in the United States in 2002, and the vast majority of this alcohol is consumed in a risky fashion.

The following picture of underage drinking emerges:

- The majority of young people abstain from regular use of alcohol—a greater percentage than adults.

FIGURE 6 Percentage of Drinks Consumed by Drinking Pattern Among Underage Drinkers



Source: NSDUH, 2002.

- Young people who do consume alcohol are more likely than adults to drink heavily.
- The small proportion of youth who drink heavily consume the vast majority of the alcohol consumed by underage drinkers.

Social norms and social policy: Correcting perceptions

How do social beliefs about drinking affect our efforts to prevent problems associated with drinking? Social norms and expectations play a powerful role in shaping the *alcohol environment* at both the community and societal level. The belief that most adults drink in moderate amounts without problems translates into public policies that make alcohol readily available at low prices and permit widespread marketing that communicates only positive messages about alcohol's effects. These policies in turn create an environment that encourages alcohol use and downplays its potential for harm to public health and safety.

Although we may think that our alcohol policies are simply helping to meet the demand from moderate-drinking adults, they are actually accommodating heavy and hazardous drinking by a small minority of consumers, many of whom are underage. Such policies undercut our efforts to reduce alcohol-related problems and underage drinking.

Consider the impact of the following environmental influences on potential consumers—especially young people.

- *Alcohol is cheap and becoming cheaper.* The real price of alcohol has been steadily dropping for the last five decades, in part due to the decline in the real value of alcohol excise taxes (which have been eroded by inflation). Cheap beers are now roughly the same price as popular brands of soft drinks.⁵ Price promotions, such as happy hours and drinking games, often target young drinkers and promote binge drinking.⁶
- *Americans are bombarded with \$4 billion of alcohol marketing each year.* Alcohol advertising and product placements are very common and often occur on television and in radio shows for which the majority of the audience is underage, on Internet sites attractive to young people, and on billboards and in retail outlets where young people are frequently present.⁷ Advertising often uses youth-oriented themes.⁸

- *Alcohol is one of the most readily available consumer products.* Many communities, especially in low-income areas, are saturated with alcohol outlets.⁹ Alcohol is often more available than basic staples and school supplies. Alcohol sales are often key to the success of convenience stores and gas stations, which may be located in residential areas, near schools, and in other locations frequented by children.
- *New alcohol products cater to youthful tastes and may promote underage drinking.* Sweet alcohol products blur the line between alcohol and soft drinks; malt liquors, which have high alcohol content and low prices, are sold in 40-ounce and larger containers used by young people as single servings. Clever marketing ploys—such as test tube “shots,” containers that look like TNT explosives, and drinks that change the color of the drinker’s tongue—target youthful drinkers.¹⁰

Our community environments make alcohol easily available and send messages that promote alcohol’s glamour and attractiveness.

Realistic perceptions: Effective policies

The common public perception is that the majority of people drink alcohol and that most alcohol is consumed in a moderate fashion. Given these perceptions, the public and policy makers are often reluctant to impose restrictions and controls on how alcohol is manufactured, promoted, sold, and consumed; if the vast majority of adults drink responsibly, then controls on sales place a burden on these responsible drinkers.

However, most Americans do not drink frequently and most alcohol is consumed by heavy drinkers and in a risky fashion. Therefore, controls on alcohol have little or no impact on the majority of Americans, but such controls *can* reduce heavy and hazardous drinking, especially among underage drinkers.

A variety of policies have been proven to be effective or show promise in reducing alcohol consumption and related problems. Some key policy strategies are discussed briefly in the section that follows.

Increasing alcohol prices

Alcohol prices have not kept pace with inflation, and thus, the real price of alcohol has been dropping steadily. Many different studies have found that higher alcohol prices lead to lower consumption and fewer alcohol-related problems.¹¹ Higher prices tend to have a particularly strong effect on young people.¹²

One common argument made against increases in alcohol prices is that such price increases would penalize the majority of responsible drinkers. As has been shown here, the vast majority of Americans would feel little or no impact from a price increase because they do not drink or drink very little and infrequently.

Restricting alcohol outlets

Restricting the density of alcohol outlets and their location is one way of decreasing consumption and related problems.¹³ Several studies have demonstrated the connection between the density of alcohol outlets in a community and the rates of violence, particularly among youth.¹⁴ Alcohol outlets can be restricted through limiting the number or density of outlets or through limiting the types of locations where alcohol may be sold. For example, many communities have imposed limits on sales or consumption of alcohol in public places (such as parks and beaches), at public events (such as fairs and festivals), or at certain kinds of retail locations (such as gas stations).

Strengthening and enforcing minimum purchase age laws

Raising the minimum purchase age for alcohol has been very effective in reducing drinking and related problems among young people.¹⁵ Despite the progress that has been made, young people report that alcohol is readily available from a variety of sources, in part because current laws are not well enforced.¹⁶ Effective enforcement of the law can substantially reduce youth alcohol access.¹⁷ In addition, strengthening existing laws to further restrict youth access to alcohol shows promise in reducing underage drinking and related problems. For example, some communities require that purchasers of kegs of beer be registered in order to deter serving keg beer to underage drinkers at parties.

Strategies Aimed at Curbing Social Availability

Young people can obtain alcohol from noncommercial sources such as older friends, family members and other

adults who buy or provide alcohol to them.¹⁸ Adults who provide alcohol to minors can be held accountable for their actions through enforcement and policy approaches aimed at social availability of alcohol.¹⁹ Shoulder tap operations focus on third-party transactions of alcohol that involve adults purchasing alcohol for youth. Social host liability laws and proactive party patrols and controlled party dispersal operations may also deter adults from hosting underage parties and providing alcohol to minors.

Controlling alcohol advertising and promotion

Studies on the effects of advertising on adults do not show a strong connection between exposure to advertising and overall consumption.²⁰ However, survey studies on alcohol advertising and young people consistently indicate that children and adolescents who are exposed to alcohol advertisements have more favorable attitudes toward drinking, are more likely to be underage drinkers, and intend to drink more when they are adults.²¹ The fact that these survey effects are small may be due, in part, to the pervasiveness of alcohol advertising in the environment. Nearly everyone is exposed to hundreds or even thousands of alcohol advertisements each year. It is impossible to say what effect a major change in the nature of the alcohol messages in the environment might have.²²

Public Support for Alcohol Policy Change

It is often believed that moderate drinking Americans would not support policies that would make alcohol more expensive or more inconvenient to obtain. After all, we believe the status quo reflects what people want. A recent survey of public opinion, however, demonstrates that these assumptions are inaccurate. There is strong public support for policies designed to create a healthier environment with regard to alcohol, especially to prevent alcohol problems among youth.²³ These survey findings shouldn't be surprising—after all, most people have no stake at all in the current status quo that makes alcohol so readily available and attractive because they either do not drink or drink very little and infrequently.

Tables 1 and 2 review some of the findings from the *Youth Access to Alcohol Survey* published in September 1998.

Large majorities of the population favor various regulatory strategies designed to reduce underage drinking problems, including such things as

- alcohol tax increases to pay for prevention programs
- restrictions on alcohol advertising to make drinking less appealing to young people
- compliance check programs (in which law enforcement agencies use underage decoys to determine whether alcohol retailers are selling to minors)
- keg registration laws to deter the purchase of kegs of beer for underage consumption
- restrictions on public drinking in locations where young people are likely to be present.

TABLE 1 Percent of U.S. population (18+ years of age) favoring alcohol policies designed to reduce alcohol problems among youth

Proposed Policy	Favor Strongly	Favor Somewhat	Oppose Somewhat	Oppose Strongly
Increase alcohol tax by 5 cents to fund prevention programs	65.0	16.8	5.7	12.6
Restrict alcohol ads to make drinking less appealing to youth	52.6	26.0	10.5	10.8
Conduct compliance checks to reduce illegal sales to minors	46.5	19.0	9.5	25.0
Require registration of beer kegs	39.9	21.3	15.3	23.5

Source: Harwood, E., Wagenaar, A., and Zander, K. (1998). *Youth Access to Alcohol Survey: Summary Report*. Prepared for the Robert Wood Johnson Foundation. Minneapolis, MN: University of Minnesota.

TABLE 2 Percent of U.S. population (18+ years of age) favoring restrictions on drinking in public locations

Public location	Ban drinking	By permit only	No restrictions
Parks	63.0	27.3	9.8
Concerts	51.2	34.1	14.6
Beaches	53.1	28.7	18.2
Stadiums/arenas	47.8	29.6	22.6

Source: Harwood, E., Wagenaar, A., and Zander, K. (1998). *Youth Access to Alcohol Survey: Summary Report*. Prepared for the Robert Wood Johnson Foundation. Minneapolis, MN: University of Minnesota.

Conclusion

Most Americans either abstain from alcohol or drink very infrequently—less than once a week. Our public policies and social norms, however, do not reflect this fact and make alcohol readily accessible at low prices. Alcohol sales are dominated by a relatively small minority of the population who drink heavily. Policies and norms that promote alcohol availability support and encourage these problematic drinking behaviors. Most Americans consume very little alcohol, so it is not surprising that large majorities of the population support stricter alcohol policies designed to reduce drinking problems, especially among young people. These policy reforms have been shown to be effective in reducing alcohol consumption and problems.

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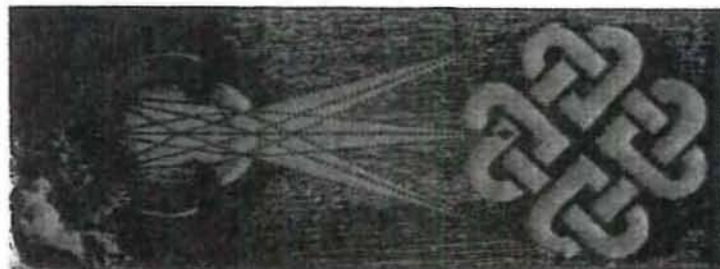
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