Nov. 18, 2002 Testimony of Dr. John Nelson, secretary-treasurer of the American Medical Association

My name is John C. Nelson, MD, and I am the Secretary-Treasurer of the American Medical Association (AMA) Board of Trustees. I have also served as a deputy director of Utah's Department of Health and as a member of the Governor's task forces on child abuse and neglect and teenage pregnancy prevention. Currently, I am serving as a member of the Utah Health Advisory Council.

The AMA is pleased to have the opportunity to testify at this hearing, as it is extremely concerned about the health and safety of our nation's children and the role alcohol plays in shaping their lives. As the leading advocate for physicians and their patients, the AMA is dedicated to the betterment of public health. The AMA believes it is our responsibility to address the problems associated with underage drinking and work to decrease its prevalence in our society.

In my testimony, I will provide an overview of the underage drinking problem, the health effects of alcohol on children and adolescents, the alcohol industry's practices of advertising and marketing to youth, the history of the AMA's efforts in addressing the impact of alcohol on our society, the AMA's policies and calls to action on this issue and the action and policy steps needed to protect our nation's children.

Overview of the Underage Drinking Problem

Underage drinking is a serious societal public health problem that affects every community across the country. It is an epidemic. Every day, many young Americans start down the path to having their lives ruined by alcohol, despite every state making it illegal to sell alcohol to underage customers.

On average young people now start drinking at the age of twelve.[1] This age has been decreasing since 1965. In addition, between 1995 and 2000, the number of young people ages 12 to 17 who first used alcohol increased from 2.2 million to 3.1 million.[2] According to the most recent National Household Survey on Drug Abuse, the prevalence of alcohol use in 2001 increased as youth age rose, from 2.6 percent at age 12 to a peak of 67.5 percent for persons 21 years old.[3] The percentage of underage persons who binged on alcohol also increased with age, from 0.9 percent of 12 year olds to 48.2 percent of 21 year olds.[4] Among full-time college students 18 to 22 years old, 42.5 percent reported binge drinking, and 18.2 percent

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[1] Office of Applied Studies, Substance Abuse and Mental Health Services Administration. Results from the 1997 National Household Survey on Drug Abuse: Volume I. Summary of National Findings. 1998.
[2] Office of Applied Studies, Substance Abuse and Mental Health Services Administration. Results from the 2001 National Household Survey on Drug Abuse: Volume II. Technical Appendices and Selected Data Tables. 2002.
[3] Office of Applied Studies, Substance Abuse and Mental Health Services Administration. Results from the 2001 National Household Survey on Drug Abuse: Volume I. Summary of National Findings. 2002.
[4] Office of Applied Studies, Substance Abuse and Mental Health Services Administration. Results from the 2001 National Household Survey on Drug Abuse: Volume II. Technical Appendices and Selected Data Tables. 2002.

reported heavy drinking in the past month.[5] Binge drinking is defined as drinking five or more drinks on the same occasion on at least one day in the past 30 days. Heavy drinking is defined as five or more drinks on the same occasion on at least five different days in the past 30 days. Heavy alcohol users are also binge alcohol users.

Overall, more than 10 million American youth (ages 12-20) reported drinking alcohol in the past month.[6] This number represents 28.5 percent of this age group, for whom alcohol is an illicit drug. Of these youth, 6.8 million (19.0 percent of this age group) were binge drinkers, and 2.1 million (6.0 percent of this age group) were heavy drinkers. Binge drinking at colleges and universities results in 1,400 student deaths, 600,000 assaults and 70,000 sexual assaults and date rapes each year.[7] College students nationally spend $5.5 billion on alcohol each year, more than they spend on soft drinks, tea, milk, juice, coffee, and textbooks combined.[8] The AMA believes that young people face enormous pressure to use alcohol, particularly from constant and increasing exposure to alcohol industry advertising and marketing, which will be addressed later in the statement.

Our nation also faces several other major challenges that hinder us from solving the underage drinking problem:

- Enforcement of underage drinking laws, of responsible alcohol sales and service regulations, and of other existing regulations and laws aimed at curbing underage drinking is lax or even non-existent in many communities across the country. In many areas, law and liquor enforcement agencies lack the funds and staff to carry out their enforcement responsibilities These funding problems has been exacerbated by recent state budget cuts.

- Children and adolescents lack access to screening and treatment for their alcohol use problems.

- Governments do not allocate adequate funding for comprehensive, environmental approaches to address the underage drinking problem.

- Communities and parents often are in denial about alcohol use by children, or they discount the problem by saying, "It's only alcohol." Parents are not aware of the facts about underage drinking, nor do they understand how the environment children live in can encourage such drinking. They seriously underestimate the amount and severity of underage drinking. Most parents believe that young people take their first drink by age sixteen or seventeen, and are stunned to learn that, on average, children today have their first drink by age twelve.

[5] Office of Applied Studies, Substance Abuse and Mental Health Services Administration. Results from the 2001 National Household Survey on Drug Abuse: Volume I. Summary of National Findings. 2002.
[6] Ibid.
[7] Hingson, R., Heeren, T., Zakocs, R.C., Kopstein, A., and Wechsler, H. Magnitude of Alcohol-Related Mortality and Morbidity Among U.S. College Students Ages 18-24. *Journal of Studies on Alcohol* 63 (2): 136-144, 2002.
[8] Eigen, L. U.S. Alcohol Practices, Policies, and Potentials of American Colleges and Universities: An OSAP White Paper. Department of Health and Human Services, Rockville, MD: Office of Substance Abuse Prevention, 1991.

Health Effects of Alcohol on Children and Adolescents

As physicians, we know all too well the dangers of early alcohol use for children and adolescents. We see the impact of alcohol one patient at a time, one family at a time. But the collective damage caused by alcohol to our children is staggering. The negative consequences of underage drinking costs the U.S. $58.4 billion per year in lost productivity, medical care expenditures, traffic crashes, violence, crime, fires, drownings, and suicide attempts.[9]

Underage drinking is a major factor in nearly all the leading causes of mortality and morbidity for youth ages 5 to 25: automobile crashes, homicide, suicide, injury and HIV infection. Motor vehicle crashes alone cause 29 percent of all deaths among this age group.[10] Researchers estimate that alcohol use is implicated in one- to two-thirds of all sexual assault and date rape cases among teens and college students.[11]

Two years ago, the *Journal of the American Medical Association* published a study on underage drinking and addiction. It showed that youth who regularly consumed alcohol before age 14 were at least three times more likely to develop a diagnosable alcohol dependency than those who delayed alcohol consumption to age 21.[12] Moreover, the problem of alcohol abuse and dependence continues into the college-age years. Thirty-one percent of college students met the criteria for a diagnosis of alcohol abuse and 6 percent for a diagnosis of alcohol dependence in the past 12 months, and more than two of every five students reported at least one symptom of abuse or dependence.[13]

This is a disturbing development, considering how much earlier young people drink today than they did a generation ago. In one study of young people between the ages of 12 and 13, 12.9 percent of the respondents reported drinking beer, 13.1 percent reported drinking wine and 11.4 percent reported drinking hard liquor or spirits.[14] All of these children are at increased risk for alcohol dependency.

The dangers to their health do not only include addiction. A growing body of scientific evidence suggests that even modest alcohol consumption in late childhood and adolescence results in brain damage – possibly permanent brain damage.

The human brain goes through incredible transformation during the five stages of human development: gestation, childhood, adolescence, adulthood and old age. People change and mature due to the brain's "plasticity," i.e., its ability to change and grow over the course of our

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[9] Levy, D.T., Miller T. R., and Cox, K. Costs of Underage Drinking. Prepared for the U.S. Department of Justice Office of Juvenile Justice and Delinquency Prevention. Pacific Institute for Research and Evaluation. Revised October 1999.
[10] Centers for Disease Control. Youth Risk Behavior Surveillance. 1997.
[11] Office of the Inspector General, U.S. Department of Health and Human Services. Youth and Alcohol: Dangerous and Deadly Consequences. April 1992.
[12] Hingson, R., Heeren T., Jamanka, A., and Howland, J. Age of drinking onset and unintentional injury involvement after drinking. *Journal of the American Medical Association* 284 (12): 1527-33, 2000.
[13] Knight, J.R., Wechsler, H., Kuo, M., Seibring, M., Weitzman, E.R., and Schuckit, M.A. Alcohol Abuse and Dependence Among U.S. College Students. *Journal of Studies on Alcohol* 63 (3): 263-270, 2002.
[14] Parents Resource Institute for Drug Education, 2000-2001 PRIDE Survey.

lifetime. While the brain's size does not change much after age 5, adolescence is a period during which some areas of the brain undergo dynamic changes. Up to approximately age 11 or 12, brains cells grow many new nerve connections. In the teen years the brain prunes back to become more efficient.

Recent scientific studies suggest that alcohol has the following effects on the brains of children and adolescents and their functioning:

- Different toxic effects for adolescents than those on adults
- Impairment of brain function and memory
- 10 percent reduction in the brain's center of learning and memory
- Poor visual-spatial functioning
- Poorer retention and retrieval of verbal and nonverbal information
- Short-term or relatively moderate drinking impairs learning more in youth than among adults
- Long-lasting changes in the brain
- Reduction of students' academic performance
- Greater risk for falling behind in school
- Greater risk of social problems
- Major factor in depression, suicide and violence
- Disruption of sleep cycles, increasing risk of memory and learning deficits and accidents, impaired social and occupational functions

Childhood drinking has a devastating effect on a child's ability to learn and remember. The hippocampus is the part of the brain responsible for learning and memory. Research conducted by the University of Pittsburgh Medical Center demonstrated that the hippocampus of teens who abused alcohol was 10 percent smaller than in teens who did not abuse alcohol.[15]

Another study shows that individuals who used alcohol as adolescents exhibit a reduced ability to learn, when compared to those who refrained from using alcohol until adulthood. Alcohol shrinks memory signals at a more rapid pace in children than adults, and it reduces memory acquisition. Adolescents who abuse alcohol may remember 10 percent less of what they have learned when compared to non-drinking adolescents.[16]

The medical risks go beyond even brain injury. All of us are familiar with the danger of untreated high blood pressure. A representative sample of current drinkers ages 12 to 16 showed higher levels of diastolic blood pressure than their non-drinking counterparts.[17]

Adolescents who drink heavily also are at increased risk of developing cirrhosis of the liver in adulthood. A study by University of Pittsburgh researchers found that teenagers (ages 14 to 18) with alcohol-use disorders had elevated liver enzyme levels and more abnormalities in

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[15] De Bellis, M.D., et al. Hippocampal Volume in Adolescent-Onset Alcohol Use Disorders. *American Journal of Psychiatry* 157: 737-744, 2000.
[16] Brown, S. A., Tapert, S. F., Granholm, E., et al. Neurocognitive functioning of adolescents: Effects of protracted alcohol use. *Alcoholism: Clinical and Experimental Research* 24 (2): 164-171, 2000.
[17] Hanna, E.Z., et al. Drinking, smoking and blood pressure: Do their relationship among youth foreshadow what we know among adults? Paper presented at the American Public Health Association Annual Meeting, Chicago, IL. November 1999.

physical exams, especially oral exams. The researchers noted that with continued excessive drinking, the teens may develop permanent liver damage.[18]

Addiction, brain damage, high blood pressure, and liver damage – these are serious health issues – and a frightening number of our nation's children are at risk.

<u>Alcohol Industry Practices of Advertising and Marketing Alcohol to Youth</u>

In the past, society tended to blame parents for underage drinking. Today, we increasingly recognize that the environment has a major impact on encouraging children to drink. Even so, most adults, including parents, are often unaware of a child's alcohol environment.

The alcohol industry is now marketing a new category of products that are attractive to children. Brewers produce so-called "alcopops"or "malternatives" with a sweet, fruity taste specifically designed to mask the taste of beer – because most children do not like the taste of hard alcohol.

Children are also attracted to products like Zippershots, 12-proof products that are modeled after the Jell-O packages that children have in their lunch bags. Zippershots are packaged so deceptively that several states have banned them. Last July, Ohio law enforcement officials raided the Toledo corporate offices of the manufacturer, shutting down distribution of Zippershots for violating that state's liquor licensing laws.

Across America, stores carry these "alcopops" in the same coolers as popular non-alcoholic sports and energy drinks. The alcohol industry compounds the problem by making alcohol as affordable as a school lunch.

Add to this the glamorization of alcohol that we see in the entertainment industry, heavy promotion of alcohol connected to sports, as well as the easy availability of alcohol, and the result is an environment that encourages young people to drink. Research shows that children develop brand identification at a very young age. The alcohol industry employs very creative minds in fostering brands that appeal to children.

A study of 9 to 11 year olds, conducted in 1996, found that the Budweiser Frogs had higher slogan recognition than Tony the Tiger, Smokey the Bear or the (then popular) Mighty Morphin Power Rangers.[19] Early brand identification and impressions are a critical part of a child's later behavior. Studies dating back to 1994 have found that alcohol advertising may predispose young people to drinking.
Children exposed to alcohol advertising and branding grow up assuming that they will consume alcohol. In fact, a random sample of fifth and sixth graders reported that awareness of alcohol advertising, including knowledge of brands and slogans, was linked to more positive beliefs about drinking. Children with more favorable attitudes towards drinking expected to drink more frequently as adults. The study concluded that children associate

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[18] Clark, D. B., Lynch, K.G., Donovan, J. E., and Block, G. D. Health Problems in Adolescents with Alcohol Use Disorders: Self-report, Liver Injury and Physical Examination Findings and Correlates. *Alcoholism: Clinical and Experimental Research* 25 (9): 1350-1359, 2001.
[19] Leiber, L. Commercial and Character Slogan Recall by Children Aged 9 to 11 Years: Budweiser Frogs Versus Bugs Bunny. Berkeley, CA: Center on Alcohol Advertising, 1996.

alcohol ads with romance, fun, relaxation and attractiveness.[20] One alcohol prevention advocate characterized the effects that marketing has on underage drinking, "Holding young people solely responsible for underage drinking is like holding fish responsible for dying in a polluted stream."[21]

Our children are being exposed to more and more alcohol advertising every day. A new study, by the Center on Alcohol Marketing and Youth at Georgetown University, analyzed alcohol advertising in national magazines in 2001. Youth between the ages of 12 and 20 saw 45 percent more beer ads, 27 percent more distilled spirit ads, and 60 percent more "malternative" ads in magazines than adults over 21.[22]

The influence of television and television advertising on children is especially powerful because these mediums are so pervasive in our lives. Television is our constant companion and unfortunately is frequently a child's only companion. In 1999, the Kaiser Family Foundation published a study based on 3,000 interviews and completed questionnaires with children ages 2 to 18.[23] That survey provides a revealing picture of the role TV plays in a child's life.

Children eight years old and older watch on average nearly 20 hours of TV each week. At age eight or older, parents are watching with their children only 5 percent of the time. Over half of all children report that the TV set was "usually on" during meals. One in three children between the ages of 2 and 7 have a TV in their room. At age eight, it jumps to 65 percent of children with personal TV sets. Television is often a backdrop of a child's life. Solutions to reduce underage drinking must include television. While parents can and do turn off the TV, they can't shut off – or shut out – everything.

In recent months, the AMA has spoken out against alcohol advertising on television. Because we believe that television has incredible power and influence when it comes to America's children, the AMA supports the elimination of all alcohol advertising on television.

Just a few months ago, we joined the National Liquor Law Enforcement Association in convincing the maker of Sam Adams beer to pull a TV ad of an underage party that mocked the police. Last spring, we forcefully objected to NBC's decision to accept ads for hard liquor products. Eventually, the network reversed its decision, but the threat of expanded alcohol advertising remains. Diageo, the world's largest liquor company, has continued talks with the networks, and recently said that it expected ads for spirits to reach the TV network air waves soon.

Diageo has also signed an unprecedented multi-million dollar agreement with the Washington Redskins, the New England Patriots, and the Miami Dolphins that could give its brands a TV presence.

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[20] Grube, J. and Wallack, L. Television beer advertising and drinking knowledge, beliefs, and intentions among school children. *American Journal of Public Health* 84 (2): 254-259, 1994.
[21] Laurie Leiber, executive director, Berkeley, CA: Center on Alcohol Advertising, 1997.
[22] Center on Alcohol Marketing and Youth, Georgetown University. Overexposed: Youth a Target of Alcohol Advertising in Magazines. Report. September 2002.
[23] Rideout, V., Foehr, U. G., Roberts, D. F., and Brodie, M. Kids & Media @ the New Millennium: A Comprehensive National Analysis of Children's Media Use. Report for the Henry J. Kaiser Family Foundation. November 1999.

It is generally acknowledged that alcohol advertising sells alcohol. If it did not, distillers like Diageo would not be demanding "a level playing field" with vintners and brewers, so they could match them dollar for dollar in television airtime. It is America's children who need the level playing field, and that is why the AMA will continue to fight for an across the board ban of alcohol advertising on television – a ban that includes beer and wine - not just hard liquor.

Unfortunately, the inappropriate marketing and promotion of alcohol to young people is not confined to television or even to the alcohol industry. The Internet is filled with many examples of alcohol promotion to youth by the alcohol industry and by other businesses. In late August of 2001, the AMA and its Reducing Underage Drinking Through Coalitions were stunned to see that the Microsoft Network's Web site advertised a "microbrew kit" and the book, *Beer Drinking Games*, under the banner "CARE packages: What to send your homesick student" on the back-to-school shopping page. After receiving a letter from the AMA noting that "marketing alcohol for a 'care package' in the same cyber-breath as Harry Potter notebooks and makeup demonstrates a lack of judgment and failure to appreciate the seriousness of the underage-drinking problem," Microsoft removed the offending items. In another instance of the inappropriate promotion of alcohol to youth, late last year, an investment Web site, OneShare.com, included several alcohol companies (Anheuser-Busch, Boston Beer Company and Coors) in its "My First Stock" section, where youngsters can learn the basics of investing. At the urging of a Reducing Underage Drinking coalition in Texas, the site removed those companies.

History of AMA Efforts on Alcohol

In 1956, the AMA adopted policy stating that alcoholism is a disease, not a character flaw.[24] Today, we continue to differentiate between moderate adult consumption of a legal product and dangerous, health threatening, illegal or underage consumption of alcohol. AMA Policy continues to focus on specific areas of risk (see appendix for a complete list of AMA policies on alcohol). We have successfully advocated for the elimination of alcohol from childhood medicines, and we have promoted education about fetal alcohol syndrome – among other endeavors. High on our current list of alcohol priorities is preventing underage drinking and changing the alcohol environment.

The AMA plays a key role in the disseminating new research findings and state-of-the-art clinical practices on alcohol abuse – educating physicians and patients – through the *Journal of the American Medical Association* as well as other journals and publications and its Web site, www.ama-assn.org.

The AMA also is working closely with organizations such as the Association for Medical Education and Research in Substance Abuse to prepare the nation's health professional workforce – including physicians – to deal with substance abuse through increased education and training. Physicians can and must play a key role in the early detection of alcohol abuse, intervention and treatment of children and adolescents. They can provide information about health risks associated with drinking, recommend behavioral changes, and provide guidance for limiting alcohol use.

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[24] American Medical Association, House of Delegates policies on Alcoholism as a Disease: 30,995, 95.983, 30.997, and 30.958 (see appendix for specific policies).

The AMA regularly convenes groups and programs and participates in major conferences and meetings on the issue of underage drinking. For example, last May, in Spain, the AMA was one of the major presenters at the first-ever technical meeting of the World Health Organization on the marketing and promotion of alcohol to young people, "Drinking It In." The AMA made its presentation on the role of the alcohol industry in the promotion of alcohol to youth and whether the industry is willing to address the underage-drinking problem.

Recognizing that traditional efforts to reduce underage drinking by focusing on youth education and prevention techniques – often simply trying to convince youth not to drink – have been only marginally successful, the AMA has embraced a promising public health model – a comprehensive, environmental management approach that focuses on how the social environment encourages and enables alcohol abuse among young people. This approach includes health education, interventions, treatment, and most critically, environmental change.

The AMA, with funding from The Robert Wood Johnson Foundation, has established two national programs applying the environmental management approach, Reducing Underage Drinking Through Coalitions (RUDC) and A Matter of Degree (AMOD) (to reduce high-risk drinking among college students).

RUDC's twelve statewide coalitions of youth, business, civic organizations, government agencies, religious institutions and other leaders are working together to create positive change by addressing the environmental factors that contribute most to underage drinking. These factors include: illegal alcohol sales to minors, alcohol distribution and pricing practices, cultural norms, and marketing promotions and advertising. Examples of environmental policy changes that RUDC coalitions have successfully championed include: keg registration, enforcement activities to ensure that merchants are not selling alcohol to minors, training of sales clerks and alcohol servers, alcohol-free community events, and social host liability laws (which hold suppliers of alcohol to minors, usually at parties, liable for any problems that occur).

AMOD fosters collaboration between 10 participating universities and communities in which the schools are located to address such environmental factors as alcohol advertising and marketing, institutional policies and practices, and local ordinances. For instance, AMOD coalitions have curbed the practice of alcohol discounting, such as two-for-one drink specials, limited alcohol-industry sponsorship of athletics and other campus social events, and weighed in on local alcohol licensing and zoning issues to control the proliferation of bars and other alcohol outlets that ring college campuses.

<u>Action and Policy Steps Needed</u>

Underage drinking is an epidemic that is destroying the lives and futures of millions of our young people, and we must solve this critical problem using the same tools we have employed in tackling other public health and clinical health epidemics. The AMA urges the Board on Children, Youth and Families (BOCYF) and the Institute of Medicine (IOM) to adopt a comprehensive public health model approach to underage drinking that includes surveillance, reporting and epidemiology.

The AMA recommends that policymakers address the underage drinking problem on three levels:

- tertiary treatment – dealing with the consequences of alcohol abuse – e.g., liver disease, broken bodies from automobile crashes;
- secondary intervention – e.g., stopping individuals who already abuse alcohol from drinking; and
- primary prevention – e.g., preventing underage drinking.

As a society, we are effective on the tertiary level, but struggle at the secondary and primary levels, where increased services and programs, with adequate availability and access, are needed to accomplish the goal of reducing underage drinking.

Public policy is our best tool for changing the alcohol environment and the environmental factors that encourage underage drinking. A wide range of public policy tools are available which include: banning alcohol advertising on television and alcohol billboard ads near schools and playgrounds, increasing alcohol excise taxes and controlling the number of retail outlets in a neighborhood, stepping up enforcement of underage drinking laws, reducing alcohol displays in stores aimed at youth, and eliminating alcohol service and promotion in public places frequented by young people, such as parks and recreation areas.

As BOCYF and IOM conduct their study of this issue, the AMA recommends that they consider the following action and policy steps:

Expand Physician Involvement

Physicians can play a key role in solving the underage drinking problem. Physicians can detect alcohol use problems through physical exams and medical histories as well as indicators such as depression, declining school performance and inappropriate or stunted social behavior. The screening and intervention skills and competencies of practicing physicians must be updated and physicians-in-training must be educated on alcohol screening and intervention, especially of adolescents. We must also improve efforts and programs to address the range of the alcohol problems of our children leading up to addiction, which include prevention, early detection and treatment. Adequate reimbursement for physicians who screen and treat children and adolescents who abuse alcohol must also exist.

The AMA can play a leadership role in helping solve the underage drinking problem. It excels at convening medical and health professions organizations as well as other groups to build consensus on key health and public health issues. To increase the early detection of alcohol problems among our youth, along with effective treatment and referral, the AMA can bring together our physician colleagues in various specialties who see and treat children and adolescents. The goal of this meeting would be to create a higher level of awareness of the issue, to ask for their assistance in making this issue a priority among their physician and health professional members, and to address how we can work together on the underage drinking problem.

In December 2002, the AMA will hold a major alcohol policy advocacy forum at its House of Delegates' Interim Meeting, with specialty organizations such as the American Academy of Child and Adolescent Psychiatry and the American Association of Public Health Physicians

as co-sponsors, which will focus on increasing awareness of underage drinking and policies to reduce the underage drinking problem.

In the past, the AMA has convened or co-sponsored major alcohol policy meetings, including:

- Leadership to Keep America's Children Alcohol-Free and the AMA Alliance to work together on underage drinking
- First-ever Global Alcohol Policy Conference
- Law enforcement officers in conjunction with the Office of Juvenile Justice and Delinquency Prevention of the U.S. Department of Justice
- State coalitions of physicians, health educators, parents, alcohol prevention advocates and government agencies
- Strategy meetings of state public health advocates on alcohol taxes
- Faith-based organizations
- Colleges and universities in conjunction with the Higher Education Center to address the college binge drinking problem

Examine Alcohol Advertising and Marketing Practices

Clearly, from recent studies on the exposure of children and adolescents to alcohol advertising and actions of key players in the alcohol industry like Diageo and Anheuser-Busch, further examination of alcohol advertising and marketing practices is needed. We urge BOCYF and IOM in their final report to Congress to recommend that the Federal Trade Commission and appropriate Congressional committees hold hearings to investigate the impact of alcohol advertising and marketing on underage drinking and to begin developing mandatory standards to prevent the targeting of young people. The AMA urges BOCYF and IOM to call on the FTC to review all alcohol advertising to determine whether the ads are targeted towards young people. This would ensure that alcohol ads receive independent scrutiny and would most likely result in fewer ads being directed towards children and teenagers.
The AMA believes that more scientific research must be undertaken to determine the impact of direct-to-consumer alcohol advertising on youth, how it influences attitudes toward alcohol and underage drinking behavior, how such advertising appeals to children (e.g., the Budweiser frogs and lizards) and how to combat it. Although some research now exists and anecdotal evidence is present, more extensive research is warranted to track alcohol advertising and its impact on children.

Increase Alcohol Excise Taxes

Increasing alcohol excise taxes would be another effective means to help create healthier environments and save young lives. Numerous economic studies indicate that price increases reduce alcohol consumption among young people, including binge drinking among college students. Younger people are generally more price sensitive, so higher alcohol prices should help delay and reduce drinking within this group. In addition, increased alcohol tax revenues could be used to support programs that address alcohol problems through prevention, treatment, law enforcement and research.

Develop and Fund Counter Advertising and Public Awareness Campaigns

The AMA believes that an appropriate level of funds should be dedicated to counter advertising so that alcohol ads no longer present the only major source of information about what alcohol can do to youth. We also believe that public information campaigns should be resumed that highlight the problems created by underage drinking and its serious effects on our children as well as identifying prevention strategies. Apart from drinking and driving prevention campaigns, we have not had a national campaign focused on underage drinking since the 1980s. We strongly encourage national and voluntary organizations, such as the Ad Council and the Partnership for a Drug-Free America, to conduct public health campaigns on alcohol.

Expand Research on the Harmful Effects of Alcohol on Adolescents

The AMA believes that more research must be conducted on the harmful effects of alcohol on adolescents and the effectiveness of physician screening of and intervention with adolescents as well as on state-of-the-art prevention approaches and environmental policy changes. In particular, we support the types of environmental management approaches such as those used in the RUDC and AMOD programs to reduce youth access to alcohol and the harms and consequences of alcohol abuse by youth. The federal government can play a key role in this area by funding major research projects on youth and alcohol. For example, the Agency for Healthcare Research and Quality, using its evidence-based research approach, would be an appropriate source.

Improve Product Labeling

The AMA believes that alcoholic beverage products should be labeled to warn people of the dangers and negative health effects of alcohol. Just as Congress mandated warning labels for tobacco products and tobacco advertising, it should require warning labels on alcoholic beverages and alcohol advertising. Such labels should be of prominent size and in prominent locations (i.e., on the front of alcoholic beverage packages). Examples of potential labels include: “Caution: It is illegal for this product to be sold or provided to persons under age 21”; “Caution: Consumption of alcohol will seriously affect your ability to operate a motor vehicle”; “Caution: Use of alcohol with other drugs has serious side effects”; “Caution: Alcohol is a central nervous depressant with serious side effects.”

Implement Comprehensive School Health Programs

Key to the successful implementation of a strategy to reduce underage drinking is the need to arm our children with decision-making skills and age appropriate information to make good decisions to counter the impact of the thousands of alcohol ads and messages. Comprehensive school health programs with a good curriculum addressing preventable unhealthy behaviors, including underage drinking, can give young people the opportunity to live healthier, fully productive lives. These programs should exist in every school district in this nation and should be taught by certified health educators, substance abuse prevention professionals, and trained school health nurses. Such programs should begin in kindergarten, so children learn early about the harmful effects of alcohol on their growth and their brains as well as their social behavior. We also urge that teachers and other appropriate school personnel (e.g., nurses, social workers and school psychologists) receive training for substance abuse issues so that they can detect alcohol problems in students and provide appropriate intervention and referral.

Step Up Enforcement

Too many adults fail to take the underage drinking issue seriously. Liquor and law enforcement officials must work diligently to ensure that existing regulations and laws on underage drinking are enforced. The judicial system must strictly apply existing laws and penalties and impose appropriate remedies including community service and education programs to reduce and deter youth alcohol use (e.g., having offenders speaking to high school students about the dangers and consequences of alcohol abuse).

Conclusion

In conclusion, the AMA urges BOCYF and IOM to recommend a comprehensive, environmental approach that addresses the social, economic, cultural, physical and political contexts that are contributing to the problem of underage drinking. Policymakers must carefully evaluate all forms of alcohol advertising, including branding and marketing that can influence children, and we must limit alcohol advertising that reaches children. In addition, the AMA believes that existing regulations and laws must be uniformly enforced and that penalties should be increased for those in the alcohol industry who seek to make our children their customers and those who provide, serve or sell alcohol to children. The AMA will work to make physicians more effective in screening and intervening with young people who abuse alcohol. Finally, all adults must take an active role in reducing children's access and exposure to alcohol.

These aren't easy challenges we face, and the stakes are very high. But we can and must protect our children and their good health. Working together – parents, schools, law enforcement, policymakers, public health and medicine can ameliorate the underage drinking problem, which will vastly improve our children's health and the health of our communities.

APPENDIX

AMERICAN MEDICAL ASSOCIATION POLICIES ON ALCOHOL

ALCOHOLISM AS A DISEASE

H-30.995 Alcoholism as a Disability

The AMA believes it is important for professionals and laymen alike to recognize that alcoholism is in and of itself a disabling and handicapping condition.

The AMA encourages the availability of appropriate services to persons suffering from multiple disabilities or multiple handicaps, including alcoholism.

The AMA endorses the position that printed and audiovisual materials pertaining to the subject of people suffering from both alcoholism and other disabilities include the terminology "alcoholic person with multiple disabilities or alcoholic person with multiple handicaps." Hopefully, this language clarification will reinforce the concept that alcoholism is in and of itself a disabling and handicapping condition. (CSA Rep. H, I-80; Reaffirmed: CLRPD Rep. B, I-90; Reaffirmed by CSA Rep. 14, A-97)

H-95.983 Drug Dependencies as Diseases

The AMA:

- endorses the proposition that drug dependencies, including alcoholism, are diseases and that their treatment is a legitimate part of medical practice, and
- encourages physicians, other health professionals, medical and other health related organizations, and government and other policymakers to become more well informed about drug dependencies, and to base their policies and activities on the recognition that drug dependencies are, in fact, diseases. (Res. 113, A-87)
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H-30.997 Dual Disease Classification of Alcoholism

The AMA reaffirms its policy endorsing the dual classification of alcoholism under both the psychiatric and medical sections of the International Classification of Diseases. (Res. 22, I-79; Reaffirmed: CLRPD Rep. B, I-89; Reaffirmed: CLRPD Rep. B, I-90; Reaffirmed by CSA Rep. 14, A-97)

H-30.958 Ethyl Alcohol and Nicotine as Addictive Drugs

The AMA:

- identifies alcohol and nicotine as drugs of addiction which are gateways to the use of other drugs by young people;
- urges all physicians to intervene as early as possible with their patients who use tobacco products and have problems related to alcohol use, so as to prevent adverse health effects and reduce the probability of long-term addition;
- encourages physicians who treat patients with alcohol problems to be alert to the high probability of co-existing nicotine problems; and
- reaffirms that individuals who suffer from drug addiction in any of its manifestations are persons with a treatable disease. (Amended Res. 28,
A-91; Reaffirmed by CSA Rep. 14, A-97)

ALCOHOL, OTHER DRUGS AND ADOLESCENT HEALTH CARE

H-60.964 Confidential Care for Minors

- Physicians who treat minors have an ethical duty to promote the autonomy of minor patients by involving them in the medical decision-making process to a degree commensurate with their abilities.
- When minors request confidential services, physicians should encourage them to involve their parents. This includes making efforts to obtain the minors' reasons for not involving their parents and correcting misconceptions that may be motivating their objections.
- Where the law does not require otherwise:
  Physicians should permit competent minors to consent to medical care and should:

  a. not notify parents without the patients' consent. Depending on the seriousness of the decision, competence may be evaluated by physicians for most minors. When necessary, experts in adolescent medicine or child psychological development should be consulted. Use of the courts for competence determinations should be made only as a last resort.
  b. When an immature minor requests contraceptive services, pregnancy-related care (including pregnancy testing, prenatal and postnatal care, and delivery services) or *treatment for* sexually transmitted disease, *drug and alcohol abuse* or mental illness, physicians must recognize that requiring parental involvement may be counterproductive to the health of the patient. Physicians should encourage parental involvement in these situations. However, if the minor continues to object, his or her wishes ordinarily should be respected. If the physician is uncomfortable with providing services without parental involvement, and alternative confidential services are available, the minor may be referred to those services. In cases when the physician believes that without parental involvement and guidance, the minor will face a serious health threat, and there is reason to believe that the parents will be helpful and understanding, disclosing the problem to the parents is ethically justified. When the physician does breach confidentiality to the parents, he or she must discuss the reasons for the breach with the minor prior to the disclosure.
  c. For minors who are mature enough to be unaccompanied by their parents for their examination, confidentiality of information disclosed during an exam, interview, or in counseling should be maintained. Such information may be disclosed to parents when the patient consents to disclosure. Confidentiality may be justifiably breached in situations for which confidentiality for adults may be breached. In addition, confidentiality for immature minors may be ethically breached when necessary to enable the parent to make an informed decision about treatment for the minor or when such a breach is necessary to avert serious harm to the minor.

When laws violate these ethical standards, physicians should fulfill their legal requirements. However, such laws should be altered to conform with these guidelines. Physicians should play an active role in changing laws that are not in conformity with these standards. (CEJA Rep. G, A-92)

H-60.965 Confidential Health Services for Adolescents

The AMA:

- reaffirms that confidential care for adolescents is critical to improving their health;
- encourages physicians to allow emancipated and mature minors to give informed consent for medical, psychiatric, and surgical care without parental consent and notification, in conformity with state and federal law;
- encourages physicians to involve parents in the medical care of the adolescent patient, when it would be in the best interest of the adolescent. When, in the opinion of the physician, parental involvement would not be beneficial, parental consent or notification should not be a barrier to care;
- urges physicians to discuss their policies about confidentiality with parents and the adolescent patient, as well as conditions under which confidentiality would be abrogated. This discussion should include possible arrangements for the adolescent to have independent access to health care (including financial arrangements);
- encourages physicians to offer adolescents an opportunity for examination and counseling apart from parents. The same confidentiality will be preserved between the adolescent patient and physician as between the parent (or responsible adult) and the physician;
- encourages state and county medical societies to become aware of the nature and effect of laws and regulations regarding confidential health services for adolescents in their respective jurisdictions. State medical societies should provide this information to physicians to clarify services that may be legally provided on a confidential basis;
- urges undergraduate and graduate medical education programs and continuing education programs to inform physicians about issues surrounding minors' consent and confidential care, including relevant law and implementation into practice;
- encourages health care payors to develop a method of listing of services which preserves confidentiality for adolescents; and
- encourages medical societies to evaluate laws on consent and confidential care for adolescents and to help eliminate laws which restrict the availability of confidential care. (Amended CSA Rep. A, A-92)

H-60.955 Screening Pediatric and Adolescent Injury Victims for Drugs and Alcohol (see Screening and Testing below)

H-60.971 Removal of High Alcohol Content from Medications Targeted for Use by Children and Youth

The AMA encourages pharmaceutical companies that manufacture medications which are high in alcohol concentrations to limit the alcohol content of their medications to the minimum amount necessary as determined solely by the physical and chemical characteristics of the medication. (Sub. Res. 507, I-91)

ALCOHOL AND OTHER DRUG SCREENING AND TESTING

H-30.955 Sequelae of Alcohol Intake

The AMA:

- will initiate and maintain an intensive campaign to encourage all physicians to take an alcohol history from all their teenage and adult patients and to warn them of the serious sequelae of alcohol consumption; and

- will apprise all physicians of the many reasons that doctors often loathe to intervene with patients who abuse alcohol as outlined in the Journal of the American Medical Association, Volume 267, No. 5, "Patients Who Drink Too Much." (Res. 408, A-92)

H-60.955 Screening Pediatric and Adolescent Injury Victims for Drugs and Alcohol
The AMA:

- supports drug and alcohol screening as an appropriate component of a comprehensive medical evaluation for pediatric and adolescent injury victims when clinically indicated; and
- encourages physicians to actively pursue appropriate referral and treatment when clinically indicated for all pediatric and adolescent injury patients who test positive for the presence of drugs or alcohol. (Res. 408, I-94)

H-30.944 National Alcohol Screening Day
The AMA endorses and promotes National alcohol Screening day; and AMA members are encouraged to participate as screeners during National Alcohol Screening Day. (Res. 427, I-97)

REFERRAL AND TREATMENT
H-95.991 Referral of Patients to Chemical Dependency Programs
The AMA urges its members to acquaint themselves with the various chemical dependency programs available for the medical treatment of alcohol and drug abuse and, where appropriate, to refer their patients to them promptly. (Res. 31, I-79; Reaffirmed: CLRPD Rep. B, I-89)

H-95.956 Harm Reduction Through Addiction Treatment
The AMA affirms that addiction treatment is a demonstrably viable and efficient method of reducing the harmful personal and social consequences of the inappropriate use of alcohol and other psychoactive drugs; and urges the Administration and Congress to provide significantly increased funding for treatment of alcoholism and other drug dependencies and support of basic and clinical research so that the causes, mechanisms of action and development of addiction can continue to be elucidated to enhance treatment efficacy. (Res. 411, A-95)

H-95.951 Role of Self-Help in Addiction Treatment
The AMA:

- recognizes that:
  a. patients in need of treatment for alcohol or other drug-related disorders should be treated for these medical conditions by qualified professionals in a manner consonant with accepted practice guidelines and patient placement criteria; and
  b. self-help groups are valuable resources for many patients and their families and should be utilized by physicians as adjuncts to a treatment plan; and
- urges managed care organizations and insurers to consider self-help as a complement to, not a substitute for, treatment directed by professionals, and to refrain from using their patient's involvement in self-help activities as a basis for denying authorization for payment for professional treatment of patients and their families who need such care. (Res. 713, A-98)

H-30.943 Alcoholism and Alcohol Abuse Among Women
The AMA recognizes the prevalence of alcohol abuse and dependence among women, as well as current barriers to diagnosis and treatment. The AMA urges physicians to be alert to the presence of alcohol-related problems among women and to screen all patients for alcohol abuse and dependence. The AMA encourages physicians to educate women of all ages about their increased risk of damage to the nervous system, liver and heart disease from alcohol and about the effect of alcohol on the developing fetus. The AMA encourages adequate funding for research to explore the nature and extent of alcoholism among women, effective treatment modalities for women with alcoholism, and variations in alcohol use and abuse among ethnic and other subpopulations. The AMA encourages all medical education programs to provide greater coverage on alcohol as a significant source of morbidity and mortality in women. (CSA Rep. 5, I-97)

ACCESS TO AND PAYMENT FOR TREATMENT SERVICES

H-185.974 Parity for Mental Illness, Alcoholism, and Related Disorders in Medical Benefits Programs
The AMA supports parity of coverage for mental illness, alcoholism and substance abuse. (Res. 212, A-96)

H-185.992 Life-Threatening Emotional/Behavioral Disease
The AMA reaffirms its support of the availability of insurance for the appropriate treatment of substance abuse and serious emotional illness. (Res. 55, A-88)

H-30.956 Inclusion of Detoxification Coverage in Minimum Benefits Package for the Uninsured
The AMA endorses the position that coverage for detoxification should be included in any minimum health insurance benefits package. (Amended Res. 806, I-91)

H-30.977 Alcoholism as a Disease
The AMA urges change in federal laws and regulations to require that the Veterans Administration determine benefits eligibility on the basis that alcoholism is a disease. (Res. 112, A-88)

H-30.996 Alcoholism Insurance
The AMA supports:

- continued efforts to stimulate provision of a broad continuum of alcoholism treatment benefits by insurers that follow the plan of the National Institute on Alcohol Abuse and Alcoholism;
- continued encouragement for consideration by state legislatures of legislation providing for truth in benefits advertising and clarity of contract language; and
- encouragement for the expansion of alcoholism treatment benefits under the Federal Employee Benefits Program to include more than detoxification. (Sub. Res. 67, A-80; Reaffirmed: CLRPD Rep. B, I-90)

H-30.999 Admission of Alcoholics to General Hospitals
The AMA encourages insurance companies and prepayment plans to remove unrealistic limitations on the extent of coverage afforded for the treatment of alcoholism, recognizing that alcoholism is a chronic illness and that multiple hospital admissions under medical supervision may be essential to arresting the progress of the disease. (CMS Rep. G, I-66; Reaffirmed: CLRPD Rep. C, A-88)

H-95.973 Increased Funding for Drug Treatment
The AMA:
- urges Congress to substantially increase its funding for drug treatment programs;
- urges Congress to increase funding for the expansion and creation of new staff training programs; and
- urges state medical societies to press for greater commitment of funds by state and local government to expand the quantity and improve the quality of the drug treatment system. (Res. 116, I-89)

H-95.980 Increased Funding for Drug-Related Programs
The AMA supports the expansion of those drug rehabilitation programs which provide an environment for medical and other professional counseling, education and behavior change, and voluntary HIV testing for persons at risk for HIV. (Res. 35, I-88)

H-160.959 Health Care Access for the Inner-City Poor
The AMA reaffirms the following statement from Policy H-140.975: "Physicians should continue their traditional assumption of a part of the responsibility for the medical care of those who cannot afford essential health care."

The AMA will stimulate more effective ways in which health education and preventive health services can be more effectively provided to and utilized by the inner-city underserved. Such services may include:

a. Immunizations;
b. Nutritional guidance;
c. Family planning;
d. Programs for prevention of sexually transmitted diseases;
e. Substance abuse programs;
f. Programs on domestic violence;
g. Education in healthy lifestyles; and
h. Parenting assistance and education (Amended CMS/CME Rep., I-92)

H-160.963 Community-Based Treatment Centers
It is the policy of the AMA:
- to communicate to state and county medical societies its support of community-based treatment centers for substance abuse, emotional disorders and developmental disabilities;
- to make available to state and county medical societies model liability legislation and scientific reports dealing with community-based services;

- to alert American Medical Television and American Medical News to this policy and to explore the possibility of enhancing physician and public knowledge regarding community-based treatment centers. (Amended BOT Rep. F, I-91)

PHYSICIAN PREPARATION ON ALCOHOL AND OTHER DRUG DEPENDENCIES

H-30.983 Medical Education on Alcoholism and Other Chemical Dependencies

The AMA supports:

- taking a leadership role in educating or causing changes in physician education for exposure to early identification, treatment and prevention of alcoholism and other chemical dependencies; and
- public education efforts in coordination with other interested groups on an ongoing basis. (Res. 67, I-86)

H-300.962 Recognition of Those Who Practice Addiction Medicine

It is the policy of the AMA to:

- encourage all physicians, particularly those in primary care fields, to undertake education in treatment of substance abuse;
- direct its representatives to appropriate Residency Review Committees (RRCs) to ask the committees on which they serve to consider requiring instruction in the recognition and management of substance abuse. Those RRCs that already require such instruction should consider greater emphasis for this subject.
- encourage treatment of substance abuse as a subject for continuing medical education; and
- affirm that many physicians in fields other than psychiatry have graduate education and experience appropriate for the treatment of substance abuse, and for utilization review, and for other evaluation of such treatment, and should be entitled to compensation. (Amended CME Rep. I-93-5)

H-295.922 Establishing Essential Requirements for Medical Education in Substance Abuse

AMA policy states that alcohol and other drug abuse education needs to be an integral part of medical education; and that the AMA supports the development of programs to train medical students in the identification, treatment, and prevention of alcoholism and other chemical dependencies. (Res. 303, I-94)

YOUTH ACCESS TO ALCOHOL

H-30.989 Nationwide Legal Drinking Age of 21 Years

The AMA:

- encourages each state medical society to seek and support legislation to raise the minimum legal drinking age to 21; and
- urges all physicians to educate their patients about the dangers of alcohol abuse and operating a motor vehicle while under the influence of alcohol. (Sub. Res. 95, A-83; Reaffirmed: CLRPD Rep. I-93-1)

H-30.957 Age Requirement for Purchase of Nonalcoholic Beer

The AMA:

- supports accurate and appropriate labeling disclosing the alcohol content of all beverages, including so-called "nonalcoholic" beer and other substances as well, including over-the-counter and prescription medications, with removal of "nonalcoholic" from the label of any substance containing any alcohol;
- supports efforts to educate the public and consumers relating to the alcohol content of so-called "nonalcoholic" beverages and other substances, including medications, especially as related to consumption by minors; and
- expresses its strong disapproval of any consumption of "nonalcoholic beer" by persons under 21 years of age, which creates an image of drinking alcoholic beverages and thereby may encourage the illegal underage use of alcohol. (Sub. Res. 217, I-91)

H-30.961 Student Life Styles
The AMA:
- supports educational programs for students that deal with the problem of alcoholism and drugs, and
- encourages educational institutions to continue or institute efforts to eliminate the illegal and inappropriate use of alcohol and other drugs on their premises or at their functions. (Amended Res. 159, A-91)

H-30.975 Regulating the Availability of Alcoholic Beverages
The AMA supports the development of model state legislation that would reduce the availability of alcoholic beverages by eliminating their sale at gasoline retailers. (Sub. Res. 142, A-89)

H-60.971 Removal of High Alcohol Content from Medications Targeted for Use by Children and Youth
The AMA encourages pharmaceutical companies that manufacture medications which are high in alcohol concentrations to limit the alcohol content of their medications to the minimum amount necessary as determined solely by the physical and chemical characteristics of the medication. (Sub. Res. 507, I-91)

UNDERAGE DRINKING AND DRIVING
H-30.968 Driver's License Revocation For Underage DWI
The AMA supports legislation mandating the revocation of a driver's license when the driver is found to be driving while intoxicated and is underage for purchasing alcohol. (Res. 230, A-90)

H-170.970 Teenage Drinking and Driving
The AMA supports and encourages programs in elementary, middle, and secondary schools, which provide information on the dangers of driving while under the influence of alcohol, and which emphasize that teenagers who drive should drink no alcoholic beverages whatsoever; and will work with private and civic groups such as Mothers Against Drunk Driving (MADD) to achieve the goals and intent of this resolution. (Sub. Res. 407, A-95)

H-30.959 Mandatory Loss of Driver's License for Drivers Under Age 21 with Any Blood Alcohol Level
The AMA:

- supports the development of model legislation which would provide for school education programs to teach adolescents about the dangers of drinking and driving and which would mandate the following penalties when a driver under age 21 drives with any blood alcohol level (except for minimal blood alcohol levels, such as less than .02 percent, only from medications or religious practices):
  a. for the first offense – mandatory revocation of the driver's license for one year and
  b. for the second offense – mandatory revocation of the driver's license for two years or until age 21, whichever is greater;
- urges state medical associations to seek enactment of the legislation in their legislatures; and
- encourages state medical associations to participate in educational activities related to eliminating alcohol use by adolescents. (Amended BOT Rep. T, A-91)

H-30.968 Driver's License Revocation for Underage DWI
The AMA supports legislation mandating the revocation of a driver's license when the driver is found to be driving while intoxicated and is underage for purchasing alcohol. (Res. 230, A-90)

H-30.989 Nationwide Legal Drinking Age of 21 Years
The AMA:

- encourages each state medical society to seek and support legislation to raise the minimum legal drinking age to 21; and
- urges all physicians to educate their patients about the dangers of alcohol abuse and operating a motor vehicle while under the influence of alcohol. (Sub. Res. 95, A-83; Reaffirmed: CLRPD Rep. I-93-1)

DRINKING AND DRIVING
H-30.945 Drivers Impaired by Alcohol
The AMA:

- acknowledges that all alcohol consumption, even at low levels, has a negative impact on driver skills, perceptions, abilities, and performance and poses significant health and safety risks. The AMA will be involved in efforts to educate physicians, the public, and policy makers about this issue and urges national, state, and local medical associations and societies, together with public health, transportation safety, insurance industry, and alcohol beverage industry professionals to renew and strengthen their commitment to preventing alcohol-impaired driving;

- encourages physicians to participate in educating the public about the hazards of chemically impaired driving;
- urges public education messages that now use the phrase "drunk driving," or make reference to the amount one might drink without fear of arrest, be replaced with messages that indicate that "all alcohol use, even at low levels, impairs driving performance and poses significant health and safety risks;"
- urges all states to pass legislation mandating all drivers convicted of first and multiple DUI offenses be screened for alcoholism and provided with referral and treatment when indicated;

- further recommends the following measures be taken to reduce repeat DUI offenses:
    a. Aggressive measures be applied to first-time DUI offenders (e.g., license suspension and administrative license revocation),
    b. Stronger penalties be leveled against repeat offenders, including second-time offenders,
    c. Such legal sanctions must be linked, for all offenders, to substance abuse assessment and treatment services, to prevent future deaths in alcohol-related crashes and multiple DUI offenses,
    d. The AMA calls upon the states to coordinate law enforcement, court system, and motor vehicle departments to implement forceful and swift penalties for second-time DUI convictions to send the message that those who drink and drive might receive a second chance but not a third; and
- encourages the National Highway Traffic Safety Administration to investigate the feasibility of technologies that would prevent an automobile from being started or driven by an individual with an excessive blood alcohol level. (CSA Rep. 14, A-97)

BLOOD ALCOHOL LEVEL

H-30.973 Encouraging State Action to Prevent Drunk Driving

The AMA:

- encourages state medical societies to urge their state legislators to adopt a blood alcohol level of 0.05 percent as per se illegal for driving; and
- supports working with Congress to make federal highway funds to states contingent upon state adoption of a blood alcohol level of 0.05 percent as per se illegal for driving. (Res. 1, I-89)

H-30.975 Regulating the Availability of Alcoholic Beverages

The AMA supports the development of model state legislation that would reduce the availability of alcoholic beverages by *eliminating their sale at gasoline retailers*. (Sub. Res. 142, A-89)

H-30.978 Warning on Drinking and Driving

The AMA supports continued warnings against the irresponsible use of alcohol and challenges the liquor, beer, and wine trade groups to include in their advertising specific warnings against driving after drinking. (Sub. Res. 62, I-87)

H-30.966 Posting Of DUI Laws Where Alcohol Is Sold

It is the policy of the AMA to draft model legislation requiring state motor vehicle licensing bureaus and any store, restaurant or bar that sells alcohol to post local DUI penalties. (Res. 288, A-90)

ALCOHOL ADVERTISING

H-95.972 Substance Abuse As A Public Health Hazard

It is the policy of the AMA to actively support and work for a *total statutory prohibition of advertising of alcoholic beverages except for inside retail or wholesale outlets*. (Res. 166, A-90; Amended by: CLRPD Rep. 1-A-94)

H-30.981 Total Ban on Alcoholic Beverage Advertisement
The AMA supports continued research, educational, and promotional activities dealing with issues of alcohol advertising and health education. (Sub. Res. 74, A-87; Reaffirmed: Sunset Report, I-97)

H-30.953 Alcoholic Beverage Ads in Mass Transit Systems
The AMA will work with state and local medical societies to support the elimination of advertising of alcoholic beverages from all mass transit systems. (Res. 225, A-93)

H-30.949 Hard Liquor Advertising
The AMA will seek immediate legislative and regulatory action at the federal level to prohibit the televised advertisement of hard liquor beverages. (Res. 432, A-96)

H-30.954 Prohibiting Beer Ads on Television
The AMA requests Congress to ban all beer advertising on television. (Res. 410, I-92)

H-30.976 Advertising and Promotion of Alcoholic Beverages
The AMA supports federal legislation that would restrict advertising and promotion of beer and other alcoholic beverages. (Res. 137, A-89)

H-30.990 Alcoholic Beverages Advertising Ban
The AMA opposes the use of the airwaves to promote drinking and will draft model legislation which prohibits the televised advertisement of all alcoholic beverages. (Res. 94, A-83; Reaffirmed: CLRPD Rep. I-93-1; Modified by: Res. 203, I-94)

H-30.984 Alcohol Advertising and Depiction in the Public Media
The AMA recommends:

- that additional well-designed research be conducted under impartial and independent auspices to provide more definitive evidence on whether, and in what manner, advertising contributes to alcohol abuse;
- that producers and distributors of alcoholic beverages discontinue advertising directed toward youth, such as promotions on high school and college campuses;
- that advertisers and broadcasters cooperate in eliminating television program content that depicts the irresponsible use of alcohol without showing its adverse consequences (examples of such use include driving after drinking, drinking while pregnant or drinking to enhance performance or win social acceptance);
- that health education labels be used on all alcoholic beverage containers and in all alcoholic beverage advertising (with the messages focusing on the hazards of alcohol consumption by specific population groups especially at risk, such as pregnant women, as well as the dangers of irresponsible use to all sectors of the populace); and
- that the alcohol beverage industry be encouraged to accurately label all product containers as to ingredients, preservatives and ethanol content (by percent, rather than by proof). (BOT Rep. Q, A-86)

H-485.998 Television Commercials Aimed At Children
The AMA opposes TV advertising and programming aimed specifically at exploiting children, particularly those ads and programs that have an impact on the health and safety of children. (Res. 27, A-79; Reaffirmed: CLRPD Rep. B, I-89; Sub. Res. 220, I-91)

LABELING

H-495.994 Strengthening Tobacco and Alcohol Product Warnings

The AMA supports working toward more effective warnings regarding the use of tobacco and alcohol products. (Res. 16, I-89)

H-30.957 Age Requirement for Purchase of Nonalcoholic Beer

Our AMA:

- supports accurate and appropriate labeling disclosing the alcohol content of all beverages, including so-called "nonalcoholic" beer and other substances as well, including over-the-counter and prescription medications, with removal of "nonalcoholic" from the label of any substance containing any alcohol;
- supports efforts to educate the public and consumers relating to the alcohol content of so-called "nonalcoholic" beverages and other substances, including medications, especially as related to consumption by minors; and
- expresses its strong disapproval of any consumption of "nonalcoholic beer" by persons under 21 years of age, which creates an image of drinking alcoholic beverages and thereby may encourage the illegal underaged use of alcohol. (Sub. Res. 217, I-91; Reaffirmed: Sunset Report, I-01)

H-30.947 Nutritional Labels on Alcoholic Products

The AMA will initiate the development of federal legislation to require nutritional labels on alcoholic beverages in according with the Nutritional Labeling and Educational Act. (Res. 401, A-97)

ALCOHOL AND OTHER DRUG EDUCATION

H-170.977 Comprehensive Health Education

- The AMA supports legislation such as S 2191 to further the local implementation of the CDC recommendations on comprehensive health education programs. Educational testing to confirm understanding of health education information should be encouraged.
- The AMA accepts the CDC guidelines on comprehensive health education. The CDC defines its concept of comprehensive school health education as follows:
  --a documented, planned, and sequential program of health education for students in grades kindergarten through 12;
  --a curriculum that addresses and integrates education about a range of categorical health problems and issues (e.g., human immunodeficiency virus (HIV) infection, drug abuse, drinking and driving, emotional health, environmental pollution) at developmentally appropriate ages;
  --activities to help young people develop the skills they will need to avoid:
    - i. behaviors that result in unintentional and intentional injuries;
    - ii. drug and alcohol abuse;
    - iii. tobacco use;
    - iv. sexual behaviors that result in HIV infection, other sexually transmitted diseases, and unintended pregnancies;
    - v. imprudent dietary patterns; and
    - vi. inadequate physical activity;

--instruction provided for a prescribed amount of time at each grade level;

--management and coordination in each school by an education professional trained to implement the program;
--instruction from teachers who have been trained to teach the subject;
--involvement of parents, health professionals, and other concerned community members; and
--periodic evaluations, updating, and improvement. (BOT Rep. X, A-92)

H-170.986 Health Information and Education

Individuals should seek out and act upon information that promotes appropriate use of the health care system and that promotes a healthy lifestyle for themselves, their families and others for whom they are responsible. Individuals should seek informed opinions from health care professionals regarding health information delivered by the mass media self-help and mutual aid groups are important components of health promotion/disease and injury prevention, and their development and maintenance should be promoted.

Employers should provide and employees should participate in programs on health awareness, safety and the use of health care benefit packages.

Employers should provide a safe workplace and should contribute to a safe community environment. Further, they should promptly inform employees and the community when they know that hazardous substances are being used or produced at the worksite.

Government, business and industry should cooperatively develop effective worksite programs for health promotion and disease and injury prevention, with special emphasis on substance abuse.

Federal and state governments should provide funds and allocate resources for health promotion and disease and injury prevention activities.

Public and private agencies should increase their efforts to identify and curtail false and misleading information on health and health care.

Health care professionals and providers should provide information on disease processes, healthy lifestyles and the use of the health care delivery system to their patients and to the local community.

Information on health and health care should be presented in an accurate and objective manner.

Educational programs for health professionals at all levels should incorporate an appropriate emphasis on health promotion/disease and injury prevention and patient education in their curricula.

Third party payors should provide options in benefit plans that enable employers and individuals to select plans that encourage healthy lifestyles and are most appropriate for their particular needs. They should also continue to develop and disseminate information

on the appropriate utilization of health care services for the plans they market.

State and local educational agencies should incorporate comprehensive health education programs into their curricula, with minimum standards for sex education, sexual responsibility, and substance abuse education. Teachers should be qualified and competent to instruct in health education programs.

Private organizations should continue to support health promotion/disease and injury prevention activities by coordinating these activities, adequately funding them, and increasing public awareness of such services.

Basic information is needed about those channels of communication used by the public to gather health information. Studies should be conducted on how well research news is disseminated by the media to the public. Evaluation should be undertaken to determine the effectiveness of health information and education efforts. When available, the results of evaluation studies should guide the selection of health education programs. (BOT Rep. NN, A-87)

PERINATAL AND ALCOHOL ISSUES

H-95.965 Residential Treatment for Drug-Addicted Women

Our AMA encourages state medical societies to support an exemption in public aid rules that would allow for the coverage of residential drug treatment programs for women with child-bearing potential. (Res. 405, I-91; Reaffirmed: Sunset Report, I-01)

H-95.976 Drug Abuse in the United States - the Next Generation

Our AMA is committed to efforts that can help prevent this national problem from becoming a chronic burden. The AMA pledges its continuing involvement in programs to alert physicians and the public to the dimensions of the problem and the most promising solutions. The AMA, therefore:

- supports cooperation in activities of organizations such as the National Association for Perinatal Addiction Research and Education (NAPARE) in fostering education, research, prevention, and treatment of substance abuse;
- encourages the development of model substance abuse treatment programs, complete with an evaluation component that is designed to meet the special needs of pregnant women and women with infant children through a comprehensive array of essential services;
- urges physicians to routinely provide, at a minimum, a historical screen for all pregnant women, and those of childbearing age for substance abuse and to follow up positive screens with appropriate counseling, interventions and referrals;
- supports pursuing the development of educational materials for physicians, physicians in training, other health care providers, and the public on prevention, diagnosis, and treatment of perinatal addiction. In this regard, the AMA encourages further collaboration with the Partnership for a Drug-Free America in delivering appropriate messages to health professionals and the public on the risks and ramifications of perinatal drug and alcohol use;
- urges the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, and the Federal Office for Substance Abuse Prevention to continue to support research and demonstration projects around effective prevention and intervention strategies;

- urges that public policy be predicated on the understanding that alcoholism and drug dependence, including tobacco dependence as indicated by the Surgeon General's report, are diseases characterized by compulsive use in the face of adverse consequences;
- affirms the concept that substance abuse is a disease and supports developing model legislation to appropriately address perinatal addiction as a disease, bearing in mind physicians' concern for the health of the mother, the fetus and resultant offspring; and
- calls for better coordination of research, prevention, and intervention services for women and infants at risk for both HIV infection and perinatal addiction. (BOT Rep. Y, I-89; Reaffirmed: Sunset Report, A-00)

H-420.962 Perinatal Addiction - Issues in Care and Prevention
The AMA:
- adopts the following statement: Transplacental drug transfer should not be subject to criminal sanctions or civil liability;
- encourages the federal government to expand the proportion of funds allocated to drug treatment, prevention, and education within the context of its "War on Drugs." In particular, support is crucial for establishing and making broadly available specialized treatment programs for drug-addicted pregnant women wherever possible;
- urges the federal government to fund additional research to further knowledge about and effective treatment programs for drug-addicted pregnant women, encourages also the support of research that provides long-term follow-up data on the developmental consequences of perinatal drug exposure, and identifies appropriate methodologies for early intervention with perinatally exposed children;
- reaffirms the following statement: Pregnant substance abusers should be provided with rehabilitative treatment appropriate to their specific physiological and psychological needs;
- through its communication vehicles, encourages all physicians to increase their knowledge regarding the effects of drug and alcohol abuse during pregnancy and to routinely inquire about alcohol and drug use in the course of providing prenatal care; and
- will address the special needs of pregnant drug abusers within the context of its ongoing Health Access America programs. (CSA Rep. G, A-92; Reaffirmation A-99)

H-420.964 Fetal Alcohol Syndrome Educational Program
Our AMA supports joining with others to plan and implement an educational campaign to inform physicians about Fetal Alcohol Syndrome and the referral and treatment of alcohol abuse by pregnant women or women at risk of becoming pregnant. (Res. 122, A-91; Reaffirmed: Sunset Report, I-01)

H-420.969 Legal Interventions During Pregnancy
Court Ordered Medical Treatments And Legal Penalties For Potentially Harmful Behavior By Pregnant Women:
- Judicial intervention is inappropriate when a woman has made an informed refusal of a medical treatment designed to benefit her fetus. If an exceptional circumstance could be found in which a medical treatment poses an insignificant or no health risk to the woman, entails a minimal invasion of her bodily integrity, and would clearly prevent substantial and irreversible harm to her fetus, it might be appropriate for a physician to seek judicial intervention. However, the fundamental principle against compelled medical procedures should control in all cases which do not present such exceptional circumstances.

- The physician's duty is to provide appropriate information, such that the pregnant woman may make an informed and thoughtful decision, not to dictate the woman's decision.
- A physician should not be liable for honoring a pregnant woman's informed refusal of medical treatment designed to benefit the fetus.
- Criminal sanctions or civil liability for harmful behavior by the pregnant woman toward her fetus are inappropriate.
- Pregnant substance abusers should be provided with rehabilitative treatment appropriate to their specific physiological and psychological needs.
- To minimize the risk of legal action by a pregnant patient or an injured fetus, the physician should document medical recommendations made including the consequences of failure to comply with the physician's recommendation. (BOT Rep. OO, A-90; Reaffirmed: Sunset Report, I-00)

H-420.970 Treatment Versus Criminalization - Physician Role in Drug Addiction During Pregnancy

It is the policy of the AMA:

- to reconfirm its position that drug addiction is a disease amenable to treatment rather than a criminal activity;
- to forewarn the U.S. government and the public at large that there are extremely serious implications of drug addiction during pregnancy and there is a pressing need for adequate maternal drug treatment and family supportive child protective services;
- to oppose legislation which criminalizes maternal drug addiction or requires physicians to function as agents of law enforcement - gathering evidence for prosecution rather than provider of treatment; and
- to provide concentrated lobbying efforts to encourage legislature funding for maternal drug addiction treatment rather than prosecution, and to encourage state and specialty medical societies to do the same. (Res. 131, A-90; Reaffirmed: Sunset Report, I-00)

H-420.971 Infant Victims of Substance Abuse

It is the policy of the AMA:

- to develop educational programs for physicians to enable them to recognize, evaluate and counsel women of childbearing age about the impact of substance abuse on their children; and
- to call for more funding for treatment and research of the long-term effects of maternal substance abuse on children. (Res. 101, A-90; Reaffirmation A-99)

H-420.974 Warnings Against Alcohol Use During Pregnancy

Our AMA urges pharmaceutical companies that manufacture over-the-counter pregnancy and ovulation tests and related products to include written or pictorial warnings against alcohol, tobacco and illicit drug use during pregnancy in their package inserts. (Res. 15, I-89; Reaffirmation A-99)

H-420.976 Alcohol and Other Substance Abuse During Pregnancy

Our AMA:

- supports ongoing efforts to educate the public, especially adolescents, about the effects of alcohol abuse on prenatal and postnatal development;
- favors expanding these efforts to target abuse of other substances; and

- encourages intensified research into the physical and psychosocial aspects of maternal substance abuse as well as the development of efficacious prevention and treatment modalities. (Res. 244, A-89; Reaffirmation A-99)

H-420.977 Posting of Warnings Against Use of Alcohol During Pregnancy
The AMA supports seeking appropriate federal or state legislation to require that warning signs stating that drinking alcoholic beverages during pregnancy can cause birth defects be posted in a prominently visible location in all places where alcoholic beverages are sold. (Sub. Res. 123, I-88; Reaffirmed: Sunset Report, I-98)

H-420.981 Fetal Alcohol Syndrome Warning Legislation
The AMA supports appropriate mechanisms, including legislation, intended to increase public awareness of Fetal Alcohol Syndrome. (Sub. Res. 76, I-87; Reaffirmed: Sunset Report, I-97)

H-420.991 Fetal Effects of Maternal Alcohol Use
The AMA believes that:

- The evidence is clear that a woman who drinks heavily during pregnancy places her unborn child at substantial risk for fetal damage and physical and mental deficiencies in infancy. Physicians should be alert to signs of possible alcohol abuse and alcoholism in their female patients of child-bearing age, not only those who are pregnant, and institute appropriate diagnostic and therapeutic measures as early as possible. Prompt intervention may prevent adverse fetal consequences from occurring in this high-risk group.
- The fetal risks involved in moderate or minimal alcohol consumption have not been established through research to date, nor has a safe level of maternal alcohol use been established. One of the objectives of future research should be to determine whether there is a level of maternal alcohol consumption below which embryotoxic and teratogenic effects attributable to alcohol are virtually non-existent.
- Until such a determination is made, physicians should inform their patients as to what the research to date does and does not show and should encourage them to decide about drinking in light of the evidence and their own situations. Physicians should be explicit in reinforcing the concept that, with several aspects of the issue still in doubt, the safest course is abstinence.
- Long-term longitudinal studies should be undertaken to give a clearer perception of the nature and duration of alcohol-related birth defects. Cooperative projects should be designed with uniform means of assessing the quantity and extent of alcohol intake.
- To enhance public education efforts, schools, hospitals, and community organizations should become involved in programs conducted by governmental agencies and professional associations.
- Physicians should take an active part in education campaigns. In so doing, they should emphasize the often overlooked consequences of maternal drinking that are less dramatic and pronounced than are features of the fetal alcohol syndrome, consequences that are at least indicated, if not sharply delineated, by some of the research that has been conducted in several parts of the world with diverse populations. (CSA Rep. E, A-82; Reaffirmed: CLRPD Rep. A, I-92)

ALCOHOL AND TAXES

H-490.957 Raise Revenue for Health Care Needs
The AMA supports an increase in federal excise taxes for tobacco and alcohol which would be allocated to health care needs and health education. (Res. 165, A-90; Reaffirmed: Sub. Res. 114, A-93; Reaffirmed: BOT Rep. I-93-40; Reaffirmed: Sub. Res. 233, I-93)

H-30.987 Earmarking of Federal Taxes on Tobacco Products and Alcoholic Beverages
The AMA:

- continues to oppose earmarking tax funds for categorical disease programs; and
- continues to support research and education programs, funded through general revenues and private sources, that are concerned with health problems associated with alcohol and tobacco use. (BOT Rep. M, I-84; CLRPD Rep. 1-A-94; CLRPD Rep. 3 - I-94)