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LABELING OF ALCOHOLIC BEVERAGES

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HEARING

BEFORE THE

SUBCOMMITTEE ON
ALCOHOLISM AND DRUG ABUSE

OF THE

COMMITTEE ON
LABOR AND HUMAN RESOURCES
UNITED STATES SENATE

NINETY-SIXTH CONGRESS

FIRST SESSION

ON

S. 1574

TO AMEND THE FEDERAL FOOD, DRUG, AND COSMETIC ACT,
THE FEDERAL ALCOHOL ADMINISTRATION ACT, TO PROVIDE
FOR HEALTH WARNING LABELS ON ALCOHOLIC BEVERAGES

SEPTEMBER 14, 1979



Printed for the use of the Committee on Labor and Human Resources

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LABELING OF ALCOHOLIC BEVERAGES

FRIDAY, SEPTEMBER 14, 1979

U.S. SENATE,
SUBCOMMITTEE ON ALCOHOLISM AND DRUG ABUSE,
COMMITTEE ON LABOR AND HUMAN RESOURCES,
Washington, D.C.

The subcommittee met, pursuant to notice, at 9:10 a.m., in room 6226, Dirksen Senate Office Building, Senator Donald W. Riegle, Jr. (chairman of the subcommittee) presiding.

Present: Senator Riegle and Senator Humphrey.

OPENING STATEMENT OF SENATOR RIEGLE

Senator RIEGLE. The Subcommittee on Alcoholism and Drug Abuse will come to order.

We welcome all those in attendance today.

Today's hearing concerns warning labels for alcoholic beverages and the related consumer-protection and health issues raised by the Senate on May 7, 1979, in voting to require warning labels on hard liquor.

The Thurmond amendment will, of course, be considered in the upcoming conference between the Senate and the House of Representatives on S. 440, my bill to renew and expand the programs of the National Institute on Alcohol Abuse and Alcoholism.

I wish to express at the outset my appreciation for the assistance in our efforts to enact S. 440 and S. 525, the National Institute on Drug Abuse renewal, provided by many of those committed to improved prevention, treatment, and research in these areas.

In particular, I value the endorsement of the National Advisory Council on Alcohol Abuse and Alcoholism, which advised the Secretary of Health, Education, and Welfare to support the substantive provisions of S. 440, in conference with the House, and of the National Coalition for Adequate Alcoholism Programs, and many of the coalition's 26 national alcoholism and alcohol-industry member organizations.

The Senate's strong support of warning labels on some alcoholic beverages expanded concerns expressed by this subcommittee's January 1978 hearing, under the direction of its former chairman, Senator William Hathaway of Maine, on Alcohol Labeling and the Fetal Alcohol Syndrome; by the Food and Drug Administration's November 1977 call for birth defect warnings on all alcoholic beverages; and by the Bureau of Alcohol, Tobacco, and Firearms February 1979 report calling for further action by industry and Government to inform Americans of the risk of birth defects and stating that BATF may order warning labels.

In considering the wording, coverage, and scope of health warnings as endorsed by the Senate, the subcommittee has received more than 250 letters from consumers, medical experts, alcoholism specialists, and representatives of the alcoholic beverage industry. These letters, the majority of which expressed support for health warning labels, also dealt in detail with the six related questions I posed in the June 12 Congressional Record.

The subcommittee staff has prepared an extensive report, which presents these responses and a staff analysis of their contents.

Today's expert witnesses, together with written testimony submitted for the record, will provide important additional information so that Congress and the administration can make an intelligent evaluation of the degree to which alcohol poses serious health risks and particularly for our unborn children.

The list of alcoholism and health organizations which have responded to my request for views by endorsing warning labels includes: The Department of Health, Education, and Welfare; the American Medical Association; the National Association of State Alcohol and Drug Abuse Directors; the Salvation Army; the Alcohol and Drug Problems Association of North America; the American Medical Society on Alcoholism; the National Association of Alcoholism Treatment Programs; the Association of Labor-Management; the National Association of Alcoholism Counselors; the American Business Men's Research Foundation; Women for Sobriety; the Association of Halfway House Programs of North America; the Christopher B. Smithers Foundation; and the Psychiatric Institute.

Industry and health-oriented organizations which wrote in opposition to warning labels were: The Distilled Spirits Council of the United States; the United States Brewers' Association; the Wine Institute; the National Licensed Beverage Association; the Health Education Foundation; Volunteers of America; and the North Conway Institute.

Virtually all of the organizations and individuals who wrote endorsing warning labels said it was essential that these warnings apply to all alcoholic beverages and to advertising as well as labeling. The issue of warnings in advertising of course would break new ground, going beyond the Thurmond amendment.

Various executive branch agencies such as the Bureau of Alcohol, Tobacco, and Firearms, the Food and Drug Administration, the Federal Trade Commission, and the Federal Communications Commission have operating responsibilities that will be involved in this continuing debate. I anticipate that these agencies will resolve many of these issues after the conference committee on S. 440 perfects the Thurmond amendment.

Many of those who wrote on these issues suggested alternative wordings for the warning labels. There is increasing medical concern over the fetal alcohol syndrome, and the recent tragic death of a 13-year-old Maryland girl from drinking several ounces of 151-proof rum highlighted once again the low level of knowledge many of our young people have concerning the toxic effects of heavy drinking.

I have asked the subcommittee staff to prepare a sample warning based on these suggestions, which I have here.

The warning reads:

CAUTION: Excessive use of alcoholic beverages may be harmful to your health, may be habit-forming, and, during pregnancy, may cause birth defects. Heavy, rapid consumption can cause death.

Before calling my first witness, let me ask Senator Humphrey if he has any comments he would like to make at the outset. Senator Humphrey.

**STATEMENT OF HON. GORDON J. HUMPHREY, A U.S. SENATOR
FROM THE STATE OF NEW HAMPSHIRE**

Senator HUMPHREY. I join with my colleagues this morning in welcoming our distinguished witnesses. I am sure that their testimony will add to our knowledge on the efficacy of warning labels for alcoholic beverages.

Alcoholism in this country is a serious problem. Estimates of the dollar cost of \$43 billion show the terrific damage caused by problem drinking to our national economy. But the human loss, from the physically injurious aspects of abuse to the breakup of the family, is the most serious and devastating loss. Yes, alcohol abuse is a serious problem.

Health warning labels are not, however, a serious approach to the problem.

Americans today are besieged by a barrage of Government warnings to do this, not to do that, and so on. The Federal Government, always with good intentions, manages to delve into every aspects of Americans' lives. The result? Suspicion and distrust. The health warning label is just another example of misguided mischief in a long line of good intentions gone astray.

Does anyone here in this hearing from this morning really believe that a cautionary label on a bottle of liquor is going to have any effect at all on a person who abuses alcohol? I certainly do not think that a chronic heavy drinker is going to pay any attention to such a warning. The heavy drinker has been hearing such admonitions all his life. Such a warning would be an unwarranted, costly, and ineffective interference in the lives of all Americans.

Warning labels in the past have had no effect in reducing consumption. In the case of smoking, where years of study and publicity about the health hazards of moderate and heavy smoking resulted in a strongly worded label, a recent report to me by a Library of Congress analyst shows that there has been no discernible downward trend in smoking after the requirement for package warning labels. The label on a package of cigarettes reads, "Warning: The Surgeon General has determined that cigarette smoking is dangerous to your health." Note that the highest medical official in our Government makes this strong assertion. There is no ambiguity in this warning.

On the other hand, the warning proposed for alcoholic beverages is not so certain—because the data are uncertain. Indeed, I think a better wording for the proposal under discussion would be "Warning: The U.S. Senate has determined that alcohol may be hazardous to your health." It would be foolish to act on such an important proposal before we have better information not only on the health risks associated with light or moderate use of alcohol by pregnant women, but more importantly on the efficacy of a warning label.

As Dr. Pittman points out in his testimony, there is not a single shred of scientific evidence which would indicate that health warning labels would be effective in altering alcoholics' drinking patterns. And that is the real question before us this morning.

Senator RIEGLE. In addition, we have a number of other statements that I would like to insert at this point.

The ranking minority member of the subcommittee, Senator Orrin Hatch, is a cosponsor of both S. 440 and the Thurmond amendment. Senator Hatch's interest and concern with combating alcohol abuse and with informing consumers of the risks of excessive consumption have been a great help to our efforts in this area.

[The following was received for the record:]

**STATEMENT OF HON. ORRIN G. HATCH, A U.S. SENATOR FROM
THE STATE OF UTAH**

Senator HATCH. Mr. Chairman, first I want to publicly thank you for following through on your May 7 pledge to our colleagues that the subcommittee would hold this important hearing on the question of consumer health warnings for alcoholic beverages. I applaud your efforts to bring together in an objective fashion, the leading experts who have studied this area so that we may benefit by their knowledge and advice. Moreover, your leadership in preparing the staff "Report on Consumer Health Warnings for Alcoholic Beverages and Related Issues" serves a great public interest and it is in the finest traditions of the men who have previously occupied your chair.

As you know, Mr. Chairman, I am a strong supporter of the so-called Thurmond amendment to S. 440 which affirmatively requires a health warning label on alcoholic beverages containing more than 24 percent alcohol. The warning is simple and straightforward: "Caution: Consumption of alcoholic beverages may be hazardous to your health." As such the warning is similar to the one on cigarette packages.

The problems of the excessive abuse of alcoholism in our society is enormous. We have on many occasions, Mr. Chairman, taken the opportunity, jointly and individually, to advise Americans as to the dimension of the problem. We have attempted to offer viable and constructive solutions to alleviate the hardships of alcoholism, insofar as the Federal Government should go. While there is controversy, I believe the health warning requirement falls within the same vein.

I do not make this statement lightly because I know of sincerely held contrary views that: First, warning labels are cosmetic in nature; second, they are a quick fix and a legislative copout; third, their words are not based on scientific evidence capable of precise measurement as to effectiveness; and fourth, the requirement portends unnecessary over-Government regulation at a time when the Government needs to back off from its stranglehold on business and its paternalistic attitude toward consumers.

There may be a modicum of truth in all of these criticisms but it seems to me that mandatory information to consumers of the risks to their health, especially with respect to birth defects from alcohol consumption during pregnancy, is warranted as a supplemental approach to other educational efforts which must proceed simulta-

neously. In other words warning labels have a roll, not as a cure-all but hopefully they are part of the process by which public awareness can be heightened. Indeed, if this requirement can in any way help our young people in making responsible and informed decisions, it is worth it, in my humble opinion.

I look forward to hearing from these distinguished witnesses.

Thank you, Mr. Chairman.

Senator RIEGLE. I would also like to insert a statement by Senator Howard Metzenbaum, who as a member of this subcommittee has been influential in our efforts to produce a bill which addresses the needs of all Americans who face the disease of alcoholism or the risks of avoidable birth defects.

[The following was received for the record:]

**STATEMENT OF HON. HOWARD M. METZENBAUM, A U.S.
SENATOR FROM THE STATE OF OHIO**

Mr. CHAIRMAN. I am happy to join with you today to hear testimony regarding S. 1574, a bill requiring health warning labels on alcoholic beverages.

According to HEW figures, the annual cost to this Nation of alcoholism and alcohol abuse exceeds \$43 billion. That cost includes lost production, medical bills, costs due to traffic accidents, alcohol-related crimes and support for social service programs designed to deal with the effects of alcohol abuse.

These costs are enormous. But no dollar figure can reflect the human suffering that the abuse of alcohol has brought to millions of Americans.

Currently, there are between 9 and 10 million adult problem drinkers in this country. And there are many millions more who could in the future develop alcohol problems.

There is no doubt that alcohol abuse can present very serious health hazards—heart disease, cancer, cirrhosis of the liver and birth defects. In fact, the fetal alcohol syndrome is the third leading cause of birth defects with associated mental retardation.

And there is no doubt either that alcohol abuse is a growing problem. Among our young people, the abuse of alcohol is approaching epidemic proportions.

Today, roughly 70 percent of our young people use alcohol and a staggering 3.3 million of them have problems related to drinking.

Alcohol-related accidents are the leading cause of death among the Nation's youth.

And I believe that if we are not prepared to face up squarely to teenage alcohol abuse, our society will in the future face even greater alcohol problems than those that confront us today.

I do not argue that the proposal before us today is any kind of panacea.

A health warning will not dissuade the vast majority of people from drinking.

But if a label persuades one pregnant mother not to drink—if it prevents the birth of one retarded child—then I think that such a requirement is worthwhile.

And I believe that this requirement will also be worthwhile if it serves a first step in a commitment to a more vigorous and effective public education program on the dangers of alcohol abuse.

Mr. Chairman, I am aware that there are differences of opinion on the effectiveness of health warning labels. I look forward to hearing alternative proposals on how best to provide consumers, particularly pregnant women, with the information they need to make wise decisions. But I do not believe that there is any disagreement among the people in this room on the need to deal vigorously and effectively with the serious and growing problem of alcohol abuse in this country. And I look forward to hearing the suggestions that will be presented today.

Senator RIEGLE. In dealing with the general topic of consumer health warnings for alcoholic beverages, this hearing covers a very important proposal by Senator Henry Bellmon. I personally believe that Senator Bellmon's bill, S. 1574, presents a sensible approach to assuring that consumers have accurate, up-to-date scientific and health information through requiring the Secretary of Health, Education, and Welfare to prescribe a warning label.

I want to thank Senator Bellmon for his valuable contribution, and to insert his statement at this point.

[The prepared statement of Senator Bellmon and text of S. 1574 follows:]

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United States Senate

COMMITTEE ON THE BUDGET
 WASHINGTON, D.C. 20510

JOHN T. MC EVOY, STAFF DIRECTOR
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September 13, 1979

The Honorable Donald Riegle
 Chairman, Subcommittee on Alcoholism and
 Drug Abuse
 Labor and Human Resources Committee
 United States Senate
 Washington, D.C. 20510

Dear Don:

I am enclosing a statement regarding S. 1574 which I introduced on July 25, 1979 and on which you will be holding hearings on Friday, September 14.

Legislation is needed both to reduce the immediate risks related to alcohol use and as a step in the reorientation of our national health policies. While we must continue to provide for treatment and rehabilitation of the sick, we must begin to shift our emphasis to disease prevention and the responsibility of individuals for their own health. To achieve this goal, we must inform citizens of the health risks associated with their actions. Unfortunately, there is a large gap in the law which precludes appropriate labeling of health risks associated with alcohol consumption. As these risks, such as the Fetal Alcohol Syndrome, are more clearly identified through scientific research, it becomes more and more imperative that citizens have information necessary to make responsible choices in their use of those substances with known hazards.

I urge members of the Alcohol and Drug Abuse Subcommittee to join me and others in developing legislation which will ensure that alcoholic beverages receive appropriate warning labels in order that citizens can make informed and responsible choices in their use of beverage alcohol.

Thank you for the opportunity to submit my views on this very important issue.

Sincerely,

Henry Bellmon
 Henry Bellmon

HB:jem

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STATEMENT BY SENATOR HENRY BELLMON REGARDING S. 1574 --
WARNING LABELS ON ALCOHOLIC BEVERAGES

FOR THE SUBCOMMITTEE ON ALCOHOL AND DRUG ABUSE,
COMMITTEE ON LABOR AND HUMAN RESOURCES
U.S. SENATE
SEPTEMBER 14, 1979

MR. CHAIRMAN, I APPRECIATE THE OPPORTUNITY TO SUBMIT THE FOLLOWING STATEMENT REGARDING S. 1574, WHICH I INTRODUCED ON JULY 25, 1979. THIS BILL RESPONDS TO THE URGENT NEED FOR WARNING LABELS ON PRODUCTS CONTAINING BEVERAGE ALCOHOL BY AUTHORIZING THE SECRETARY OF HEALTH, EDUCATION AND WELFARE TO ISSUE REGULATIONS REQUIRING SUCH LABELING. THE SECRETARY'S REGULATIONS WOULD BE SUBJECT TO CONGRESSIONAL OVERRIDE BY ACTION OF BOTH HOUSES.

I BELIEVE THAT WARNING LABELS ON PRODUCTS CONTAINING BEVERAGE ALCOHOL ARE AN APPROPRIATE AND NECESSARY RESPONSE TO THE GROWING VIEW AMONG HEALTH SPECIALISTS THAT INDIVIDUALS MUST ASSUME GREATER RESPONSIBILITY FOR THEIR OWN HEALTH. THE GREATEST HOPE FOR CONTAINING SPIRALING HEALTH COSTS AND MAKING SIGNIFICANT IMPROVEMENTS IN THE QUALITY OF LIFE FOR MOST AMERICANS LIES IN PREVENTION OF DISEASE AND PROMOTION OF GOOD HEALTH. DR. THEODORE COOPER, FORMER ASSISTANT SECRETARY OF HEALTH, HAS POINTED OUT THAT THE BEST MEDICAL CARE AVAILABLE WOULD ADD HARDLY ONE YEAR TO THE AVERAGE LIFE-EXPECTANCY IN THE U.S.¹ HOWEVER, RESEARCHERS AT THE UNIVERSITY OF CALIFORNIA, LOS ANGELES, FOUND THAT FOLLOWING SEVEN SIMPLE RULES OF HEALTH COULD ADD UP TO ELEVEN YEARS TO LIFE-EXPECTANCY.²

IN ORDER TO ASSUME GREATER RESPONSIBILITY FOR THEIR OWN HEALTH, INDIVIDUALS MUST HAVE ACCESS TO ACCURATE, RELIABLE INFORMATION CONCERNING HEALTH RISKS ASSOCIATED WITH THEIR ACTIONS. ALTHOUGH WARNING

¹ U.S. MEDICINE, JANUARY 15, 1975.

² NEDRA BELLOC, HUMAN POPULATION LABORATORY, CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH & LESTER BUSLOW, SCHOOL OF PUBLIC HEALTH, U.C.L.A.

LABELS MAY NOT INFORM CONSUMERS OF ALL THE RISKS ASSOCIATED WITH CONSUMPTION OF BEVERAGE ALCOHOL, LABELS CAN SENSITIZE INDIVIDUALS TO THE FACT THAT SPECIFIC RISKS DO EXIST AND ENCOURAGE THEM TO SEEK ADDITIONAL INFORMATION. A STUDY BY THE SURGEON GENERAL CLEARLY SHOWED THAT THE PUBLIC HEALTH CAMPAIGN AGAINST CIGARETTES RESULTED IN "NOTABLE CHANGES" IN PUBLIC AWARENESS OF THE HEALTH CONSEQUENCES OF CIGARETTE USE. THUS, THERE IS COMPELLING EVIDENCE THAT WARNING LABELS DO MAKE PEOPLE AWARE OF HEALTH RISKS.

I SHOULD NOTE THAT THE RISKS ASSOCIATED WITH ALCOHOL USE ARE SUBSTANTIAL, ESPECIALLY FOR YOUTH, PREGNANT WOMEN, AND OTHER HIGHLY VULNERABLE INDIVIDUALS. ALCOHOL ABUSE IS THE THIRD LEADING PUBLIC HEALTH PROBLEM IN THE UNITED STATES AND ADVERSELY AFFECTS NOT ONLY AT LEAST 10 MILLION CHRONIC ALCOHOL ABUSERS, BUT IMPOSES TREMENDOUS BURDENS ON FAMILIES WHO MUST TRY TO COPE WITH THIS SERIOUS ILLNESS.

ALCOHOL ABUSE HAS BEEN REFERRED TO AS OUR "42 BILLION DOLLAR HANGOVER", AND IT IS ESTIMATED THAT THE ECONOMIC COSTS OF THIS ILLNESS TOTAL AT LEAST \$42 BILLION A YEAR. THE COSTS IN TERMS OF HUMAN SUFFERING AND UNNECESSARY DEATH, DISEASE, AND DISABILITY CANNOT BE MEASURED. ALCOHOL ABUSE IS A MAJOR CONTRIBUTING FACTOR IN MOST OF THE LEADING CAUSES OF DEATH AND DISABILITY, INCLUDING SOME TYPES OF CANCER, CARDIOVASCULAR DISEASE, CIRRHOSIS OF THE LIVER, DIABETES, AUTOMOBILE ACCIDENTS, SUICIDES, AND HOMICIDES. DATA FROM THE NATIONAL CENTER FOR HEALTH STATISTICS SHOW THAT ANNUAL ALCOHOL-RELATED DEATHS PROBABLY RUN AS HIGH AS 205,000. DEATHS WHICH RESULT DIRECTLY FROM ALCOHOL ABUSE, SUCH AS CIRRHOSIS OF THE LIVER, AUTOMOBILE ACCIDENTS, AND SUICIDES, RANK THIRD AS A CAUSE OF DEATH

IN THE UNITED STATES.

IN ADDITION TO THESE WELL-KNOWN RISKS ASSOCIATED WITH ALCOHOL ABUSE, THERE IS CONCLUSIVE EVIDENCE THAT ALCOHOL IS DIRECTLY INVOLVED IN BIRTH DEFECTS, AND THAT THE RISK OF FETAL ABNORMALITY IS CORRELATED WITH THE AMOUNT OF ALCOHOL CONSUMED. THESE BIRTH DEFECTS HAVE BEEN IDENTIFIED AS THE FETAL ALCOHOL SYNDROME AND TYPICALLY INCLUDE DEVELOPMENTAL AND PERFORMANCE DEFICIENCIES, CRANIOFACIAL AND LIMB ABNORMALITIES, AND BENIGN TUMORS. BOTH PRE- AND POST-NATAL GROWTH DEFICIENCIES ARE PRESENT AND I.Q.'S OF AFFECTED CHILDREN AVERAGE 30 TO 40 POINTS BELOW NORMAL.³ RECENT EPIDEMIOLOGICAL EVIDENCE SUGGESTS THAT ALCOHOL CONSUMPTION DURING PREGNANCY MAY ALSO BE CENTRAL TO THE DEVELOPMENT OF MORE SUBTLE - AND USUALLY MORE FREQUENT - ABNORMALITIES OF ATTENTION, BEHAVIOR, AND LEARNING WHICH ARE COLLECTIVELY TERMED MINIMAL BRAIN DYSFUNCTION. IT IS ESTIMATED THAT A SIGNIFICANT PORTION OF THE ESTIMATED FIVE TO SEVEN MILLION CHILDREN WITH THESE DISORDERS ARE AFFECTED AS A RESULT OF MATERNAL CONSUMPTION OF ALCOHOL DURING PREGNANCY.

AT THE PRESENT TIME, THERE IS NO CONCLUSIVE EVIDENCE CONCERNING WHAT MAY CONSTITUTE A SAFE LEVEL OF ALCOHOL CONSUMPTION BY PREGNANT WOMEN. IT IS CLEAR, HOWEVER, THAT A DEFINITE RISK IS ESTABLISHED BY INGESTION OF THREE OR MORE OUNCES OF ALCOHOL PER DAY. THERE IS SOME EVIDENCE THAT SIGNIFICANT RISKS MAY OCCUR AT MUCH LOWER LEVELS OF CONSUMPTION AND THAT PERIODIC AND VERY HIGH BLOOD ALCOHOL CONCENTRATIONS ARE ESPECIALLY DANGEROUS TO THE FETUS. ACCORDING TO A RECENT

³ KENNETH WARREN, "A CRITICAL REVIEW OF THE FETAL ALCOHOL SYNDROME", NATIONAL INSTITUTE OF ALCOHOL ABUSE AND ALCOHOLISM, JUNE 1, 1977.

STUDY PUBLISHED IN THE JOURNAL OF PEDIATRICS, RISKS TO THE FETUS ARE INCREASED WHEN SMOKING IS COMBINED WITH HIGH ALCOHOL CONSUMPTION.⁴

IT SHOULD ALSO BE EMPHASIZED THAT THERE IS A GROWING AWARENESS IN THE MEDICAL AND SCIENTIFIC COMMUNITY THAT ALCOHOL MAY PRODUCE SERIOUS AND OFTEN FATAL EFFECTS WHEN MIXED WITH OTHER DRUGS. ACCORDING TO STUDIES PUBLISHED BY THE NEW YORK ACADEMY OF SCIENCES, ALCOHOL CAN ACTIVATE THE DEPRESSIVE EFFECTS OF TRANQUILIZERS AND SEDATIVES AND THIS COMBINATION REPRESENTS THE LEADING CAUSE OF DRUG OVERDOSE AND DEATH IN HOSPITAL EMERGENCY ROOMS.⁵ ALCOHOL GREATLY INFLUENCES THE EFFECT OF ALMOST EVERY CLASS OF THERAPEUTIC DRUGS INCLUDING THOSE USED IN THE TREATMENT OF INFECTIONS, BLOOD DISORDERS (INCLUDING BLOOD THINNING AGENTS USED FOR CARDIOVASCULAR DISEASE), GOUT, PANCREATITIS, DIABETES, GASTRO-INTESTINAL DISORDERS, AND LIVER DISEASES.⁶ PERSONS TAKING MEDICATIONS SHOULD BE ALERTED TO SERIOUS, OFTEN LIFE-THREATENING, RISKS ASSOCIATED WITH THE USE OF ALCOHOL AND PRESCRIPTION DRUGS. INFORMED CITIZENS WILL BE MORE LIKELY TO CONSULT WITH THEIR DOCTORS BEFORE COMBINING ALCOHOL WITH ANY MEDICATION.

THE PURPOSE OF WARNING LABELS IS NOT TO RESTRICT ANY CITIZEN WHO MAY CHOOSE TO DRINK ALCOHOL BEVERAGES. IT IS DESIGNED, RATHER, TO ASSIST AND PROMOTE INDIVIDUAL RESPONSIBILITY FOR HEALTH. INDIVIDUALS WHO CHOOSE TO DRINK ALCOHOLIC BEVERAGES HAVE THE RIGHT AND RESPONSIBILITY TO MAKE INFORMED DECISIONS. HOPEFULLY, MANY OF THEM WILL SELECT OPTIONS WHICH AT LEAST MINIMIZE RISKS TO THEMSELVES AND TO OTHERS, INCLUDING UNBORN CHILDREN. AT A MINIMUM, LABELS SHOULD ALERT PREGNANT WOMEN TO

⁴ JAMES HANSON, ET AL., "THE EFFECTS OF MODERATE ALCOHOL CONSUMPTION DURING FETAL GROWTH AND MORPHOGENESIS", THE JOURNAL OF PEDIATRICS, VOL. 92, 1978.

⁵ VESSELL AND BAUDE, INTERACTIONS OF DRUGS ABUSE, ANNUALS OF THE NEW YORK ACADEMY OF SCIENCE, VOL. 281, 1976.

⁶ P.D. HANSTEN, DRUG INTERACTIONS, PHILADELPHIA; LEA AND FEBIGER, 1973.

THE RISKS OF BIRTH DEFECTS AND INFORM ALL CITIZENS OF THE POTENTIAL HAZARDS OF MIXING ALCOHOL WITH OTHER DRUGS.

THERE IS CONSIDERABLE DEBATE OVER WHETHER OR NOT WARNING LABELS ACTUALLY SERVE A USEFUL PURPOSE. WHILE THE ANSWER TO THIS QUESTION IS FAR FROM CONCLUSIVE, THERE IS LITTLE DOUBT THAT APPROPRIATE LABELS DO MAKE PEOPLE AWARE OF THE RISKS ASSOCIATED WITH CERTAIN ACTIONS. AS I INDICATED PREVIOUSLY, STUDIES OF THE IMPACT OF LABELING UPON CIGARETTE SMOKING DO SHOW THAT PEOPLE ARE MADE MORE AWARE OF RISKS ASSOCIATED WITH SMOKING. THERE IS ALSO SOME ENCOURAGING EVIDENCE OF BEHAVIORAL CHANGES WHICH REDUCE HEALTH RISKS ASSOCIATED WITH CIGARETTES SUCH AS SHIFTS TO FILTER CIGARETTES, REDUCTIONS IN LEVEL OF CONSUMPTION, AND A DECREASE IN THE NUMBER OF ADULTS WHO SMOKE. BEHAVIORAL SCIENCE RESEARCH SUGGESTS THAT INFORMATION SUCH AS THAT PROVIDED ON WARNING LABELS IS MOST EFFECTIVE WHERE THERE IS A DIRECT AND IMMEDIATE RELATIONSHIP BETWEEN INDIVIDUAL BEHAVIOR AND THE CONSEQUENCES WHICH FOLLOW FROM THAT BEHAVIOR. THE LONG DELAY INVOLVED IN THE USE OF CIGARETTES AND SUBSEQUENT DEVELOPMENT OF RELATED DISEASES SUCH AS LUNG CANCER REDUCES THE IMPACT OF WARNING LABELS. IN THE CASE OF ALCOHOLIC BEVERAGES, HOWEVER, THE IMPACT, ESPECIALLY FOR PREGNANT WOMEN, IS IMMEDIATE AND CAN DIRECTLY AFFECT THE HEALTH OF THE BABY. WE HAVE COMPELLING EVIDENCE THAT WOMEN WILL MAKE MAJOR BEHAVIORAL CHANGES IN ORDER TO PROTECT THE HEALTH AND WELL-BEING OF THEIR CHILDREN. FOR EXAMPLE, THERE WAS A SHARP AND IMMEDIATE DECREASE IN THE USE OF L.S.D. AMONG YOUNG WOMEN WHEN SCIENTISTS REPORTED A POSSIBLE LINK BETWEEN L.S.D. AND BIRTH DEFECTS. ON THE BASIS OF PAST EXPERIENCES, THEREFORE, WE HAVE EVERY REASON TO BELIEVE THAT WARNING LABELS COULD BE USEFUL

IN REDUCING THE RISK OF BIRTH DEFECTS AND RELATED PROBLEMS ASSOCIATED WITH ALCOHOL ABUSE.

THE CONGRESS SHOULD ADOPT A CONSISTENT POLICY FOR THE DEVELOPMENT OF WARNING AND INFORMATIONAL LABELS FOR PRODUCTS WITH KNOWN POTENTIAL HEALTH RISKS. IN THE LAST CONGRESS, I INTRODUCED LEGISLATION (S. 3317), WHICH WOULD HAVE DEVELOPED A CONSISTENT POLICY BY EXPANDING THE LABELING AUTHORITY OF F.D.A. TO INCLUDE ALCOHOL AND CIGARETTES. WITH REGARD TO ALCOHOL, THE NEED FOR THIS LEGISLATION WAS CREATED BY A DECISION OF THE FEDERAL DISTRICT COURT FOR WESTERN KENTUCKY (BROWN-FORMAN DISTILLERS VS. CORP. VS. MATHEWS, 1976) WHICH RULED THAT EXCLUSIVE AUTHORITY FOR LABELING ALCOHOLIC BEVERAGES RESIDES WITH THE DEPARTMENT OF THE TREASURY. UNFORTUNATELY, NO ACTION WAS TAKEN ON THIS LEGISLATION. IN JULY OF THIS YEAR, I RE-INTRODUCED THIS PROPOSED LEGISLATION AS S. 1574 AND I URGE THE SUBCOMMITTEE ON ALCOHOL AND DRUG ABUSE TO TAKE IMMEDIATE ACTION ON MY BILL OR OTHER SIMILAR LEGISLATION.

LEGISLATION IS NEEDED BOTH TO REDUCE THE IMMEDIATE RISKS RELATED TO ALCOHOL USE AND AS A STEP IN THE REORIENTATION OF OUR NATIONAL HEALTH POLICIES. WHILE WE MUST CONTINUE TO PROVIDE FOR TREATMENT AND REHABILITATION OF THE SICK, WE MUST BEGIN TO SHIFT OUR EMPHASIS TO DISEASE PREVENTION AND THE RESPONSIBILITY OF INDIVIDUALS FOR THEIR OWN HEALTH. TO ACHIEVE THIS GOAL, WE MUST INFORM CITIZENS OF THE HEALTH RISKS ASSOCIATED WITH THEIR ACTIONS. UNFORTUNATELY, THERE IS A LARGE GAP IN THE LAW WHICH PRECLUDES APPROPRIATE LABELING OF HEALTH RISKS ASSOCIATED WITH ALCOHOL CONSUMPTION. AS THESE RISKS, SUCH AS THE FETAL ALCOHOL SYNDROME, ARE MORE CLEARLY IDENTIFIED THROUGH SCIENTIFIC RESEARCH, IT BECOMES MORE AND MORE IMPERATIVE THAT CITIZENS

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HAVE INFORMATION NECESSARY TO MAKE RESPONSIBLE CHOICES IN THEIR USE OF THOSE SUBSTANCES WITH KNOWN HAZARDS.

I URGE MEMBERS OF THE ALCOHOL AND DRUG ABUSE SUBCOMMITTEE TO JOIN WITH ME AND OTHERS IN DEVELOPING LEGISLATION WHICH WILL ENSURE THAT ALCOHOLIC BEVERAGES RECEIVE APPROPRIATE WARNING LABELS IN ORDER THAT CITIZENS CAN MAKE INFORMED AND RESPONSIBLE CHOICES IN THEIR USE OF BEVERAGE ALCOHOL.

96TH CONGRESS
1ST SESSION

S. 1574

To amend the Federal Food, Drug, and Cosmetic Act, the Federal Alcohol Administration Act, to provide for health warning labels on alcoholic beverages.

IN THE SENATE OF THE UNITED STATES

JULY 25 (legislative day, JUNE 21), 1979

Mr. BELLMON introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

A BILL

To amend the Federal Food, Drug, and Cosmetic Act, the Federal Alcohol Administration Act, to provide for health warning labels on alcoholic beverages.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 SECTION 1. The Federal Food, Drug, and Cosmetic Act
4 is amended by the addition of a new section, section 903 (21
5 U.S.C. 393) as follows:

6 “SEC. 903. The Secretary shall prescribe, by regula-
7 tions issued in accordance with the provisions of section 553
8 of title 5, United States Code, statements relating to health

1 which shall be contained on the labeling of alcoholic beverage
2 labels: *Provided*, That Congress may, within thirty days after
3 the promulgation of any regulation to implement this section,
4 invalidate such regulations by joint resolution.”.

5 SEC. 2. Section 5 of the Federal Alcohol Administration
6 Act (27 U.S.C. 205) is amended by inserting in the first sentence
7 of subsection (e) after “conformity with” the following:
8 “any regulation prescribed by the Secretary of Health, Education,
9 and Welfare, pursuant to section 393 of title 21,
10 United States Code, and with”.



Senator RIEGLE. Finally, I have a statement by Representative George Brown, who has forcefully advocated the need for health warning labels on alcoholic beverages. Representative Brown has introduced a bill in the House of Representatives to require such labels, and his efforts to inform American consumers of the risks of heavy drinking are well known.

[The following was received for the record:]

STATEMENT OF CONGRESSMAN GEORGE E. BROWN, JR., ON HEALTH WARNINGS FOR
ALCOHOLIC BEVERAGES

MR. CHAIRMAN, thank you for the opportunity to speak before this Subcommittee on the subject of alcohol and health warning labels. I would like to take this opportunity to commend Senator Reigle and the Senate Subcommittee on Alcoholism and Drug Abuse for the fine work they have done in this area.

I don't believe I have to reiterate the statistics of this nation's problem with alcohol consumption. Suffice it to say that any other health problem of this proportion would be considered an epidemic. It is also noteworthy that a significant share of our nation's medical care bill is attributable to alcohol abuse.

The question presented before this Subcommittee is whether and to what extent a health warning label on alcoholic beverages will reduce or affect the rate of alcohol abuse in this country. As you know, I have introduced legislation in the House (H.R. 4441) to require health warnings on alcohol beverages so there should be little question whether I believe they are useful or necessary.

My reasons for supporting the concept of a health warning, in addition to educational campaigns and treatment facilities, are that I sincerely believe it is the least we as a government entity can do to protect the health, safety and welfare of our population.

You may say that doing nothing at all is the least we can do, leaving the industry to inform our citizens. Well, I find a contradiction of terms in that strategy and I believe we would clearly be ignoring our constitutional responsibility.

You may say that educational efforts are the least the government can do without interfering with the rights of industry

to sell their product or with the individual to indulge himself. Here, I am not arguing that health warnings should be in lieu of educational efforts, but rather, in addition to these efforts. Educational campaigns should go on in the schools and on the job. But what effect will such efforts have against the tremendous media resources available to the liquor industry. One can hardly pick up a magazine or watch a sports event without being entranced by the invitation for a rugged and masculine beer or smooth and sexy scotch.

These messages have broader implications and broader impacts on our society. They constitute a socialization and acceptance that influences everybody, including our youth. This is apparent by the alarming fact that nearly one fifth of our youth are known to have problems with alcohol consumption.

To effectively present the health message, we must convey a warning. Our government cannot be satisfied with the message to "drink responsibly". That would be conceding that alcohol is something less than the potential hazard it really is.

This warning should be required across the board. This means that it should be required on all forms of alcoholic beverages, even though the legislative proposal I introduced is limited to distilled spirits. It also means that health warnings should be required on all advertising of alcoholic beverages. My proposal, H.R. 4441, would make such a requirement.

Mr. Chairman, I believe that one issue that we have not addressed is the apparent conflict of jurisdiction among our federal agencies over alcoholic beverages. It seems to me the

question of health warnings would not be such a debatable question if alcohol was considered a food or drug under the appropriate law. At present, this is unclear as jurisdiction is shared by the Department of Treasury and H.E.W., with Treasury recognized as having the primary role.

The Department of Treasury obtains its jurisdiction from the Federal Alcohol Administration Act, a statute enacted after prohibition with little revision made since that time. The Department of Treasury plays a contradictory role as it is charged with raising revenues and, at the same time, with enforcing our alcoholic beverage laws in the interest of the public health.

I believe the time has come to clarify this jurisdictional morass, to clarify that alcohol consumption is clearly a health issue and not a revenue matter.

Next year, I plan to introduce legislation to transfer all jurisdiction over alcoholic beverages from the Department of Treasury to a more appropriate agency, presumably H.E.W.

As the Surgeon General tells us, the American people are healthier today than ever before. They are more health conscious and more life conscious. I believe this government has a responsibility to promote this healthy attitude. I can see no better way to do this than through the passage of the proposed legislation.

Senator RIEGLE. Let me call our first witness to the table. He is John DeLuca, the new Director of the National Institute on Alcohol Abuse and Alcoholism. He is accompanied by Donald Beers, the Associate Chief Counsel for Enforcement of the FDA.

We are delighted to have you both here today.

STATEMENT OF JOHN R. DeLUCA, DIRECTOR, NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM, ACCOMPANIED BY DONALD O. BEERS, ASSOCIATE CHIEF COUNSEL FOR ENFORCEMENT, FOOD AND DRUG ADMINISTRATION

Mr. DeLUCA. Thank you, Mr. Chairman, and Senator Humphrey.

With your permission, I would like to take a few minutes of your time to present the position of the Department of Health, Education, and Welfare on the recent proposals to require health warning labels on containers of alcoholic beverages.

As you know, the consequences of excessive and inappropriate consumption of alcohol weigh heavily on the Nation. Alcoholism and alcohol abuse are root problems of this society, with effects on health, family life, productivity, highway safety, and the criminal justice system. The economic costs are very high—more than \$40 billion annually by our most recent estimate. The personal costs to individuals and families are incalculable.

You know also that alcoholism and alcohol abuse are treatable. And the problems resulting from excessive or inappropriate use of alcohol are preventable.

I would like to emphasize these two points, if I may, for they shape the Department's approach to the questions before you.

First, excessive alcohol consumption is not just a private matter. It has significant adverse public consequences. It endangers the health, safety, and welfare of millions of this Nation's citizens and taxes the resources of Federal, State, and local governments.

Second, these consequences can be prevented.

In such circumstances, we have a special responsibility—and a special opportunity—to act.

The first Surgeon General's Report on Health Promotion and Disease Prevention, issued last July, identifies excessive consumption of alcohol as one of the major factors responsible for premature morbidity and mortality in the United States. The report also reflects growing consensus among scientists, the health community, and, I believe, the public that this Nation's health strategy must be dramatically recast, that we must move now to prevent disease and encourage good health.

In response to these concerns, the Department has recently launched a major effort to deal with alcoholism and alcohol abuse. One of the critical components of this initiative is to inform people of the adverse consequences of excessive alcohol consumption and to make them aware of the risks that may be associated with their drinking. Our activities in this area will include physician education, public service messages, and school and community programs directed at young people.

In addition, we are working with the Treasury Department's Bureau of Alcohol, Tobacco and Firearms on an educational campaign concerning the risks of alcohol consumption during pregnancy.

In many of these efforts, we will be working closely with the beverage alcohol industry, which recognizes its responsibility for public education and has sponsored a number of campaigns to discourage unsafe and unhealthy drinking practices.

We believe that warning labels on alcoholic beverages—one of the many ways to carry out the Federal Government's obligation to warn people of scientifically established health hazards—may well be a useful additional tool in these educational efforts.

We are aware, of course, of active debate over the effectiveness of warning labels in changing behavior. But in our view, there can be little question that warning labels would raise public awareness of the health hazards of excessive or inappropriate use of alcohol and that, over a period of time, this would have some effect on patterns of alcohol consumption.

In an analogous area, a 1977 study of cigarette warning labels by the Federal Trade Commission concluded that the impact of warning labels is very difficult to assess. Although the total number of cigarettes consumed has not decreased since the requirement of warning labels became effective in 1966, the percentage of people who smoke has declined from 42 percent to 33 percent and many smokers have switched from nonfilter to filter cigarettes.

In a study appended to the FTC report, Dr. Martin Fishbein of the University of Illinois concluded that "there are enough reported successes in the literature to warrant—the conclusion—that it is possible to both inform the public and to influence their smoking decisions."

The analogy of cigarette or drug warnings to alcohol may not be perfect, and it is necessary to learn more about the dynamics of alcohol use. However, our experience to date suggests that warnings are more effective where people have a means of moderating their behavior, rather than a stark choice between doing or not doing the potentially hazardous activity.

For this reason, alcohol warning labels might well be effective since it is excessive or inappropriate use, not use per se, which is of concern.

The Department believes, however, that labels bearing specific warnings might be more effective than a general warning label. Though most people know in a general way that excessive consumption of alcohol may be hazardous, many do not know the specific risks to health which may be entailed by its use.

Alcohol acts on the brain and central nervous system with striking effects on mood, behavior, motor ability, and judgment. Excessive consumption increases the risk of cancer of the head and neck; poses increased risk for certain types of heart disease; and can cause birth defects. Many commonly prescribed drugs have altered therapeutic and/or adverse medical effects when taken with alcohol.

Regular consumption of alcohol generally results in increased ability to tolerate its effects. This permits and sometimes encourages greater consumption to achieve the desired effect of the beverage and can increase the likelihood of developing physical and psychological addiction.

As a matter of national health policy, we require warnings on many drugs and other products with less dramatic effects and less

potential for harm than alcohol. Specific warning labels focused on the risks of inappropriate alcohol consumption would convey to consumers helpful, precise information upon which to base decisions regarding their use of alcohol.

The experience in Sweden, in which cigarette packages are labeled in random sequence with one of a series of health warnings, suggests that such a system may provoke more interest and capture more public attention than a single, general warning.

I favor exploring the use of this and other creative measures for conveying the risks of excessive alcohol consumption to potential consumers.

I would like to add, however, that if warning labels are applied to distilled spirits, the Department believes they should also be required for beer and wine. From a health perspective, the key factor is the amount of alcohol consumed during a given period of time—not the source of that alcohol. A 12-ounce can of standard beer or a 6-ounce glass of wine has about the same alcohol content as an average drink of distilled spirits such as Scotch or bourbon.

Excessive consumption of beer and wine, like excessive consumption of distilled spirits, can and does cause serious health and social problems.

To imply otherwise is to convey a dangerous message—particularly to young people, for whom beer or wine is often the beverage of choice. It is also an inappropriate message to convey to women of childbearing age and to their families and to physicians.

In our view it is important that all containers of alcoholic beverages display clear information on alcohol content, so that those who wish to consume alcohol only in moderate amounts will have the information necessary to do so. We believe that indicating percentage of alcohol by volume is the clearest way to convey the concentration of alcohol in a given beverage.

At present, most containers of wine do indicate percentage of alcohol by volume. Containers of distilled spirits indicate proof—a different measure of alcohol content and one less readily understandable to most consumers than alcohol by volume.

Federal law actually prohibits any statement of alcoholic content on containers of beer unless such statements are specifically required by State law. As a result, drinking beer is often seen as “not really drinking.” This is simply not correct.

In a letter you sent, Mr. Chairman, to the Department earlier this year, you sent a letter to the Department asking whether warning labels should be placed on advertisements for alcoholic beverages.

As you know, HEW does not have statutory authority to regulate the advertising of alcoholic beverages. However, it is an area of great interest to us. Over the last few years, we have communicated our views and concerns to those agencies which do have such authority—the Federal Trade Commission and the Treasury Department’s Bureau of Alcohol, Tobacco and Firearms.

At present, NIAAA, these agencies, and the Department of Transportation are jointly funding a contract to study the effects of advertising on perceptions about alcoholic beverages and attitudes toward consumption of alcohol. We will be pleased to share the results of this study with you when we receive them.

Nonetheless, there is no doubt that advertising for alcoholic beverages—like other advertising—is intended to persuade people to begin using the product or to increase their use of it. Skillful advertising allays any concern and positively promotes the perception that alcohol consumption, often in apparently generous quantities, is healthful, stylish, and attractive. In order for people—particularly young people—to be mindful of the dangers of alcohol abuse, it is necessary for advertising to convey some information about the risks of alcohol use as well.

In summary, Mr. Chairman, we believe it to be the Federal Government's obligation to inform the public of scientifically established health risks. Excessive consumption of alcohol is one such health risk. It is a major factor in premature illness and death in this country. It demands and will receive the Department's sustained attention as we move in a variety of ways—including public education—to encourage health and promote well-being.

We view warning labels on alcoholic beverages as one of many forms of public education—not as regulation or a mechanism for control. While such warnings may not have an immediate or measurable impact on existing patterns of consumption, this does not relieve us of our obligation to inform the public of a scientifically established health hazard. And we believe that, over a period of years, warning labels may well have a significant impact on developing patterns of consumption.

Mr. Chairman, I will be happy now to answer any questions you may have on these matters or on the status of the Department's efforts to implement its alcohol initiatives.

Senator RIEGLE. Thank you for your testimony. It is good to have you here for your first appearance as Director of NIAAA.

We know you are off to a good, strong start. We are pleased to have the chance to work with you.

Before we go to the labeling issue, I note that you say in your statement that Secretary Harris is implementing the alcoholism initiatives that were announced by Secretary Califano this May.

I am wondering if you could give us a status report on those initiatives, and tell us whether the administration will be submitting a supplemental request to finance them? Will we see a followthrough on them?

Mr. DeLUCA. Yes, we will. Last week, in fact, accompanied by Dr. Richmond and Dr. Klerman, we met and briefed Secretary Harris on the alcoholism initiatives. She clearly feels that the alcoholism and alcohol abuse problem is a severe public health problem.

She reviewed the program as had been announced by Secretary Califano and has assured us of her very strong support and assurance of her efforts to continue.

We will be submitting a supplemental request for the funds to support these new programs.

Senator RIEGLE. Is there anything else you can tell us on the status of any of these other programs underway now, beyond what you have just said?

Mr. DeLUCA. We are beginning to implement a number of the tasks that are incorporated in this Department initiative. I think, as you know, it not only includes new programing for NIAAA, but

also involves the activities of a number of other HEW programs and agencies.

There is, I think, very exciting work that is beginning with the Health Care Financing Administration, with respect to the use of medicare and medicaid for the use of alcoholism services.

The Health Resources Administration, HRA, is in the process of implementing a program which would encourage new alcoholism curricula in 15 medical schools, and NIAAA is moving on schedule to announce the specific programs which we have in the budget request which would increase both prevention and treatment programs for women and for youth.

We are increasing our research efforts with respect to the fetal alcohol syndrome. We are placing a very heavy emphasis on what we consider is an extremely important program, that is, occupational alcoholism programs. We are pleased with the progress the Department of HEW is making, and in the progress of implementing its own employee assistance program.

So I feel confident that the Department initiative is on schedule and is being implemented. It is one major constraint, and an important one, the appropriations process, as the year goes on. But I feel confident that hopefully that will work out.

Senator RIEGLE. We will hear testimony about the progress of the fetal alcohol syndrome public awareness campaign being conducted by the industry.

I am wondering if you could give us your evaluations of the plans for that campaign.

Mr DeLUCA. I think there are a number of very positive aspects of that public awareness campaign. Essentially, it is important to take note that the beverage alcohol industry is cooperative, that it is involved, that it obviously has spent serious amounts of time and effort.

Major trade associations involved have worked together. I was present at the presentation of the proposals. Clearly, there is a basic understanding that there is a need to increase the public's understanding with respect to alcohol consumption during pregnancy.

NIAAA and the Department can express to Treasury what I would hope is viewed by the beverage industry as constructive criticism of the proposal to date. I would hope that they would continue to listen to our views, and that of FDA.

There are, from our perspective, some shortcomings. We would like to see a more direct reference made in developing that public awareness campaign between the correlation between excessive consumption and direct birth defects. I think people have to be informed of the specific correlation.

I would hope that as that campaign develops, and as people participate with the beverage alcohol industry, they would be consistent in that message.

We also expressed again what we thought was a constructive criticism, that the campaign should have a broader audience, and should not be targeted as specifically as it was originally proposed.

I hope that they have reviewed that suggestion, and will attempt to reach both men and women, and will attempt to reach women from all economic and social strata. We felt that any major public

information campaign should include messages through the public media, including TV.

The original proposal did not include that, and we have strongly suggested to the beverage alcohol industry to review their effort and see whether or not in fact they could develop a coordinated campaign that would include TV messages as well as the print media, as well as radio, as well as written literature and pamphlets.

Senator RIEGLE. Is there any indication that they have taken you up on your suggestion to do this in a broadbased form?

Mr. DeLUCA. My understanding is that there is development work on radio. I do not know whether or not there is—the industry has decided to move in the direction of TV public messages.

Senator RIEGLE. Television would seem to be the most powerful, efficient, and massive way to get the message out. Do you agree?

Mr. DeLUCA. It clearly is our view. As you know, part of our prevention effort, as incorporated in the initiative, is a budget request to develop a major public media campaign for the institute, and one that would direct messages to the public about the fetal alcoholic syndrome, as well as drinking driving problems to young people, as well as a general discussion directed specifically at women.

So we will be hopefully able to incorporate TV messages in our prevention activities, and public education activities. Obviously, if we feel it important enough to do, we consider it important that it be voluntary and private sectors do so also.

Senator RIEGLE. Could you devise a public service advertisement that you could then persuade television stations to air concerning this problem?

Mr. DeLUCA. Yes.

Senator RIEGLE. So if the industry does not do it, you are still free to do it?

Mr. DeLUCA. Again, based on the initiative format, and our appropriations, we will go ahead, and we plan to go ahead, with TV messages, in a number of the areas that are associated with health risks.

Senator RIEGLE. It seems to me that it would be sound, from several points of view, for the industry to take that initiative itself. That would demonstrate that they were responding to a problem in a responsible fashion; and, I think, it would show that they have a very clear desire to disseminate concerns about the risks involved in the overuse or misuse of alcohol.

So I would hope that while you proceed, they will proceed also. To the extent that it could be done cooperatively, that would be the best of all possible worlds. But it seems to me that it would be to their advantage to take that step.

I think anytime an industry, where it has some problem in terms of the misuse of its products, takes the responsibility to alert people to the risks, that rather than doing harm to the industry's long-term positions, in fact it strengthens them.

I think for that reason as well as just the requirements of the public interest, that the industry would move aggressively.

We know how to deliver messages in this country. We know that the broadcast media are the way to get it done the fastest and most effectively.

Mr. DELUCA. I agree with you, Senator. I think in a number of conversations we have had with the various trade associations within the industry, we have conveyed a very strong desire that as they develop a number of these public education campaigns, that they do so incorporating TV. That has not come from the beverage industry, been just simply ignored. I think they have given our constructive suggestions serious thought.

Senator RIEGLE. Do you have any data that is relatively current with respect to the impact of the fetal alcoholic syndrome? How many children born each year affected adversely by the excessive use of alcohol by their mothers?

Mr. DELUCA. We currently estimate approximately 1,500 newborn infants do exhibit what could be called the fetal alcohol syndrome. I think what is of even greater concern is that independent of the exhibiting of a full syndrome is the increasingly clear evidence that there is a correlation between excessive consumption and a variety of different birth defects. An infant might not be exhibiting all these defects, and therefore be diagnosed as having the syndrome.

So there could potentially be a number of newborns who are going undiagnosed or unrecognized also due to the potential that the damage can be very subtle and difficult to recognize at first.

Senator RIEGLE. Senator Humphrey.

Senator HUMPHREY. On what was that figure of 1,500 based?

Mr. DELUCA. That is based on our information that we have collected through reporting of physicians, and through some of the survey research work that we have funded in the past.

It is an estimate, Senator Humphrey.

Senator RIEGLE. I take it that it would be your professional judgment that that is probably a low estimate? That is a conservative estimate? I take it that does not include these youngsters who have some other pattern of reaction to alcohol.

Mr. DELUCA. That is correct. I think it would be safe to say that that is a low estimate.

But I think the more important issue is the suggestion that there is very subtle damage occurring, and that that could be an extensive number; but we don't know that.

Senator RIEGLE. What are the worst observable defects that we identify with the fetal alcohol syndrome?

Mr. DELUCA. The syndrome is identified by a number of what are considered to be fairly obvious damages. Most prominent is deficient size, which in the case of fetal alcohol syndrome is of some concern, because the infant does not seem to recover that initial defect in size over a period of time.

Mental retardation and facial abnormalities which actually affect the cheekbones and which is a permanent condition.

Senator RIEGLE. So we are talking about the most serious kinds of human risks that one can imagine.

Mr. DELUCA. Clearly we are talking about a tragic consequence, and I think made more tragic by the fact that it is totally preventable.

Senator RIEGLE. Mr. Beers, I am not a lawyer, but as I understand the district court's decision in the *Brown-Forman Distillers v. Matthews* case the FDA can still enforce the adulteration aspects of the Federal Food, Drug, and Cosmetic Act with respect to alcoholic beverage, but is forbidden to enforce the labeling provisions of that law.

Is that a correct understanding?

Mr. BEERS. Yes; your understanding is correct on that.

Senator RIEGLE. Following on, then, it would seem to me that this decision seems to leave a lot of unanswered questions under the terms of the Brown-Forman order. Is it true that any U.S. attorney could bring suit against members of the alcoholic beverage industry for failure to comply with the labeling provisions of the Food, Drug, and Cosmetic Act?

Mr. BEERS. Mr. Chairman, the question that you have asked is a question that I will respond to as a lawyer rather than as a representative of the Food and Drug Administration.

The Department of Justice, and the various U.S. attorneys around the country were not named in the injunction order of Judge Gordon. A U.S. attorney or other representative of the Department of Justice can bring a suit to enforce the provisions of the Federal Food, Drug, and Cosmetic Act, without a recommendation of the Commissioner of Food and Drug.

So it is technically possible for the scenario which you have suggested to go forward. A U.S. attorney could bring such a suit. That suit would not involve a contempt of the letter of Judge Gordon's order.

I should say that that action would violate the spirit of Judge Gordon's order, and there might be some legal question about whether it would be appropriate.

Senator RIEGLE. In your judgment, then, do you feel that the FDA is not currently free to exercise its jurisdiction with respect to labeling of alcoholic beverages?

Mr. BEERS. That is correct. The Food and Drug Administration now cannot take any steps to enforce labeling provisions of the Food and Drug Act with respect to alcohol beverages.

Senator RIEGLE. But if you were keen to do it, you are free to make a recommendation to another agency of Government?

Mr. BEERS. There is no prohibition of the Commissioner of Food and Drugs communicating to the Treasury Department, which does have authority over the labeling of alcoholic beverages.

In fact, this has gone on.

Senator RIEGLE. In the past you have made recommendations along that line?

Mr. BEERS. That is correct.

Senator RIEGLE. Do you think the Treasury Department has current legal jurisdiction to act in this area?

Mr. BEERS. Mr. Chairman, there is possibly some question about that. My judgment is that they do have the legal authority to require a health warning label on alcoholic beverages.

I should make clear that there could possibly be dispute about their statutory authority.

Senator RIEGLE. About their precise legal authority to do it?

Mr. BEERS. That is correct.

Senator RIEGLE. What would prevent HEW from making a very strong and forceful recommendation to the Treasury Department to take this step?

In other words, if that is your view, and you cannot do it, why not, in a pointed way ask them to do it?

Mr. DeLUCA. The Department's position on that is—it has been expressed various times by the various units in the Agency that have communicated, as you noted, this concern.

I think the Secretary of HEW also communicated to the Secretary of Treasury that the possibility of warning labels could very well be needed if the public education campaigns don't work.

I think the Department's position is that warning labels are one of a number of different positions that ought to be and could be used to alert the public to the health risks and will continue to convey that to the Departments of the Government who are responsible.

Senator RIEGLE. I assume then that there is disappointment on the part of HEW and others that Treasury is not moving more aggressively in this respect?

Mr. DeLUCA. I think there is an understanding that the Treasury Department, in working with the beverage alcohol industry, in the public awareness campaign, has made a statement and is following a time period that they feel is their best effort at this point.

Senator RIEGLE. If we had the power to just put the authorities where we thought they should be, wouldn't it perhaps be best that any requirement for a warning due to a health hazard, be placed within the health agency rather than in the Treasury Department or some other part of Government?

Mr. DeLUCA. That could be debated, as to which Government agency ought to have that regulation. I think the more important point is that there is a basic Government responsibility. I think HEW does view itself as the health protector, and if we can differentiate that from the Treasury Department's view of itself as the tax collector, and therefore we do feel that we have a basic Government responsibility to inform the public.

I think that is our concern.

Senator RIEGLE. Senator Humphrey, do you have questions?

Senator HUMPHREY. Thank you, Mr. Chairman. Mr. DeLuca, has the Institute conducted a scientific study to determine if there is any evidence that alcohol abuse would be curtailed by the proposed health warning labels on bottles?

Mr. DeLUCA. No, we have not to date conducted an independent study of this specific situation.

Senator HUMPHREY. Do you know of any scientific studies focused specifically on that question?

Mr. DeLUCA. Only as I mentioned in my testimony, in the analogous area of health warning labels, with respect to cigarettes, which obviously have been conducted in a number of instances.

Senator HUMPHREY. But no specific scientific studies focused on the question of whether warning labels on the bottle of alcoholic beverages could curtail use?

Mr. DeLUCA. To the best of my knowledge, I don't believe that those studies exist.

Senator HUMPHREY. Don't you think it would be prudent to conduct such a study before making this proposal?

Mr. DeLUCA. I feel that what our concern is that the public be informed. I think we could debate for some time to come whether a health warning label actually changes individual behavior.

I think that debate is taking place. It is being measured, taking place, with respect to cigarettes. The issue is one of, will the warning label have the effect of increasing the public's understanding, will it increase the awareness, and if used with and in conjunction with a thoughtful public education campaign, will it assist in insuring that the public is informed of health risks?

I think we tend to feel that that is the more important issue, and obviously it would be nice to have scientific studies of whether or not a warning label actually changes individual behavior, and to what degree and percentage.

But in light of the fact that we don't have that information, we feel that the risks involved outweigh the lack of information at this point.

Senator HUMPHREY. Mr. DeLuca, has the Institute conducted a scientific study to determine if such labels would deter pregnant women from heavy drinking?

Mr. DeLUCA. We again have not conducted, as you say, a scientific study on this particular question of whether or not a health warning label would deter a woman from excessive consumption during pregnancy.

Senator HUMPHREY. Do you know of such a study?

Mr. DeLUCA. Again, I am not aware of such a study at this point. But I also feel that we do have a fairly strong sense and understanding of public education—

Senator HUMPHREY. I understand that, and I certainly support that. I think it is worthwhile. But there are other means of accomplishing the goal of public education. Surely, we all know that labels are not the only tool that we have in combating alcohol abuse.

Mr. DeLuca, what scientific evidence do you have that there are people or groups of people who do not know that alcohol abuse is a health hazard?

Mr. DeLUCA. There are a number of studies that have taken place. The Institute has funded general surveys, a number of major research firms. I would be happy to submit a listing of those, and the citations. But we are in constant process of funding that kind of work, in part, in the preparation of our major reports to Congress.

That is an ongoing activity of the Institute. I think we have a good sense that although there is general understanding, and I think people have a lot of conventional wisdom and myth, alcohol abuse has been with us and in our society for a very, very long time.

It would be naive to assume that people do not operate with substances in their midst, and come to understand how to use those to a degree. But also, we have only recently begun to have structured research, the kind of scientific research that has been so badly needed in this area.

I think we have to come to grips with the fact that we are getting new information, and that we are getting a clearer understanding of the health risks involved, and to let people know, to allow people to make informed decisions, is truly a basic obligation of the Government.

Senator HUMPHREY. Yes, but this hearing is not focused on the whole problem of alcohol abuse. This hearing is not focused on the whole broad range of tools available to us. This hearing is focused on this issue of whether we shall label bottles containing alcoholic beverages. My question was whether the Institute has evidence that there are people or groups of people who do not know that abuse of alcohol is a health hazard.

You said, if I understand you correctly—and I hope you will correct me if I am wrong—that you will submit studies that will show that there are people or groups of people who do not know that alcohol is harmful to their health.

Mr. DELUCA. That is right.

Senator HUMPHREY. The Institute held a conference on fetal alcohol syndrome in February 1977. The conference reported that research on the effects of alcohol on the human fetus, as opposed to animal studies, was not conclusive, especially since the heavy drinking women in the population often smoked heavily, ate poorly, and had a generally different way of living from the norm.

Has the situation changed since that conference? Do you feel there is now conclusive evidence linking the excessive use of alcohol and fetal malformation?

Mr. DELUCA. I think there is very strong evidence to suggest that the excessive consumption of alcohol during pregnancy could be correlated to health defects; and is an important variable in what is defined as the fetal alcohol syndrome; as being essentially the most gross description of this birth defect correlation.

We are continuing to fund—and it is a very, very important endeavor of our research efforts—to seek out other information to refine our knowledge, to attempt to differentiate between—and I think you raise a very good point—the effects of these various substances, and how each one plays on the other, and what weight we could give to each of these variables.

I don't think, however, that there is counter information to suggest that this correlation between excessive consumption, that alcohol has a toxic effect, and the continuing research is, in most instances, supportive of this, even if excessive consumption occurs.

Senator HUMPHREY. Am I correct in my assertion that the conference report concluded that the evidence was not conclusive?

Mr. DELUCA. I think it is a correct assumption to make that we do not have conclusive evidence—

Senator HUMPHREY. Excuse me, I did not ask about assumptions. I asked if I am correct in my assertion that the report of the 1977 NIAAA Conference stated that the evidence was not conclusive.

Mr. DELUCA. That is a correct assertion. It continues to be, but I have to make the point—

Senator HUMPHREY. By saying that it continues to be, are you saying that you do not have in your hands scientific studies that refute the conclusion of the conference report of February 1977?

Mr. DELUCA. I am saying that our research is continuing to seek an answer to that conclusive evidence, You used that word, so it makes an important distinction. It does not distract from the fact that there are a series of scientific projects underway. There are various experiments to date which are continuing to support, and strongly have evidence, that there is a correlation between excessive alcoholic consumption and birth defects.

I do think we have scientific studies that are conclusive on that. Again, I would be happy to submit those for the record, and for your review.

Senator HUMPHREY. With regard to the fetal alcohol syndrome, does scientific research indicate that light or moderate drinking has any effect on the fetus or mother?

Mr. DELUCA. Again, that is an area of major interest to us. In an attempt to offer important guidelines as to how people should use alcohol, and particular guidelines for women during pregnancy, we are conducting again, Senator, a number of studies in an attempt to see whether we can find what we would call a safe level of consumption during pregnancy.

We do not know what a safe level is. Our information campaign will be changing this year, where we will be recommending the safest course for a woman to follow during pregnancy, which is not to drink because of the unknowns, and because of the potential risk factor.

We would like a woman to know that if you would like to reduce the risks that the best thing to do would be not to drink during that period of pregnancy.

Senator HUMPHREY. I am not sure, frankly Mr. DeLuca, you answered my question.

Do you have scientific research that indicates that light drinking has any effect on the fetus or the mother?

Mr. DELUCA. We do not have research that has answered that question. What I said was we had research we have funded in an attempt to find that answer.

Senator HUMPHREY. Thank you. Perhaps this is your agency's responsibility, but has anyone estimated what this labeling proposal will cost the industry and ultimately the consumer?

Mr. DELUCA. It is not an area that NIAAA—we have not funded a review of analysis of that. But my understanding is that the guidelines Treasury has issued, some of the work FDA has done has indicated that this would not be an insurmountable problem.

Senator RIEGLE. Would you yield?

We do have some information on that which John may not be aware of. The industry has made an estimate that the cost would be something under a penny a bottle to do this. But, of course, that gets into the various operating assumptions. But there are estimates that the industry has done that has addressed this question of what the cost would be.

Senator HUMPHREY. Mr. DeLuca, if your Institute had jurisdiction over travel by automobile, would you be in favor of having a label on the dashboard, "Caution, could be harmful to the health of the occupants?" We all know that many Americans are killed in automobiles which are operated recklessly.

Mr. DeLUCA. I think that if we felt that as a society, as individuals, that we were not fully informed of what a complex and dangerous machine an automobile was, that would be one way of reminding us.

Senator HUMPHREY. Alcohol has been around for a few more generations than automobiles. Do you not think that Americans have the sense to assume the risks of driving without a label?

Mr. DeLUCA. I have a great deal of confidence in my own commonsense and the commonsense of most Americans. In fact, they might exhibit a great deal of it. However, Senator, 50 percent of the fatalities of all automobile accidents are caused by drunk drivers. We have to—

Senator HUMPHREY. We could reword the label to read "operation of this vehicle under the influence is even more hazardous to your health than usual."

Mr. DeLUCA. We have to pay attention to the fact that no matter what level of commonsense we have, that the relationships between driving and drinking is of the most serious nature. It is totally preventable. It is an issue that as a society we have to come to grips with.

Senator HUMPHREY. Where do we draw the line in this patronizing attitude that pervades the Government? I know you mean well. I find something very interesting around here in the 9 months I have been here. The whole darn city is patronizing. Look what has happened to the country. We have bound up the country in a tight roll of rules and regulations.

President Carter is right, yes, there is a crisis of spirit in this country, but I think he has misdiagnosed the malaise. He seems to think it is because of greediness or the materialism of the country. No it is because of the overwhelming patronizing on the part of persons such as yourself.

Mr. DeLUCA. If I could, for a moment, Senator, because I think you have raised a very important point and one that we have given a great deal of thought to.

HEW's position is one that we really feel is a basic Government obligation that people are informed of health risks and that that is the critical ingredient in the equation.

As I said in my testimony, health warning labels could be one of the techniques used. We are not discussing, I think, when we are trying to inform the public on an issue like this, a level of Government intervention or in addition a process about whether a person uses or does not use alcohol. Our concern is that those decisions are informed decisions.

Senator HUMPHREY. Mr. DeLuca, as we all know, a significant portion of alcohol consumed is done so in such a way that the consumer does not see the bottle.

How do you propose to handle this? Would it not be logical if we are going to do this to put a sign over every bar, have every airline do it for every cocktail, and have each waitress give a verbal warning every time a drink is poured into the glass?

Mr. DeLUCA. Again I think what the Department is saying is an informed public, public education campaign, is very important. One technique that could have possible validity is a health warning label.

Obviously, Senator, we would not assume that kind of situation. In a sense, what we are conveying in our discussion this morning is that there is a need. If you have an increased consciousness of the risks involved, you will be able to judge the appropriateness.

Our concern is not with whether people use or do not use alcohol. We do not consider that to be a concern of the Public Health Service agencies. We are concerned with the inappropriate use and abuse, and the health situation that creates.

Senator HUMPHREY. On page 3 of your statement, approximately midway down, second paragraph, you state that "we believe that warning labels on alcoholic beverages may well be a useful tool in this effort."

Why did you use the word "may?" Are you uncertain? Or are you certain?

Mr. DeLUCA. I think it is clear and it is understood that if, in fact, a decision was made to have health warning labels that that would create an increased awareness and the Department's position is to suggest that that would occur.

Senator HUMPHREY. Why didn't you use the word "will"—"will be a useful tool?"

Mr. DeLUCA. Probably because of how I handle the English language.

Senator HUMPHREY. Would you like to revise it at this point?

Mr. DeLUCA. No.

Senator HUMPHREY. It connotes uncertainty. Do you want to have that connotation?

Mr. DeLUCA. I think as we talked about earlier, we do not have, and I would not want to suggest, that we do have studies which conclusively say that a health warning label changes individual behavior, certain degrees, and percentages. We discussed that at an earlier point. But I think that we do have strong feelings that as one of the techniques they would increase the public's awareness.

Senator RIEGLE. Let me interrupt. I do not want to interrupt your line of questioning, but those were the second bells on the vote.

Strom Thurmond has headed for the floor. We have about 4½ minutes to get there. Let me suggest that we adjourn briefly to vote.

I would appreciate it if you could stay a little bit longer so Senator Humphrey can complete his questioning. The committee will stand in recess for about 7 or 8 minutes.

[Short recess.]

Senator RIEGLE. The subcommittee will be in order.

Senator Humphrey, let me yield back to you.

Senator HUMPHREY. Thank you.

As I resume my questioning, Mr. DeLuca, let me assure you that if my questioning is sharp, it is nothing personal.

When we went off to vote, we were dwelling on a statement you made on page 3. I am still new around here. I like to think I am learning fast. I had to ask of my distinguished chairman whether it is possible for a witness to change his written testimony during the hearing. I am informed that it is.

So I must ask you to clarify if you do wish to change your testimony at this point, or would you prefer to stick with the word "may"?

Mr. DELUCA. I think we will remain with the word "may."

Senator HUMPHREY. You are satisfied with the connotation, then, that there is some doubt as to whether or not labels would be an useful additional tool?

Mr. DELUCA. If, in my remaining with the word "may," that could be the only conclusion you could draw, then I would prefer to change the word. That is not what we are saying.

Senator HUMPHREY. I think any reasonable man understands the word "may" to not be definitive, to not be definite, but to connote some doubt.

Mr. DELUCA. I think it would be an inappropriate understanding. If it is over language, the Department does feel that health warning labels could be a useful tool and a public education campaign, if we really do want to issue a health alert, if that is what the Senate would like to do. We are advising to say we are—

Senator HUMPHREY. Now, you are using the word "could." Do you want to change the word "may" to "could"?

Senator RIEGLE. Would you yield on that point?

I draw from your statement, and correct me if I am wrong, that you felt this was vital information for the public to have, that there are health risks. As I understand your statement, the question is whether or not the warning label is the most effective way or an effective way to help deliver that information. It seems to me what you are saying is that a warning label obviously carries a certain amount of educative value, but it is very difficult to judge how much. It is more of a subjective evaluation and something that is part of a much larger education campaign.

It involves educating doctors, broadcast media, and so forth.

I gather there is no ambiguity that the public needs to know that there are risks that have been established. The only remaining question is what is the most effective way to deliver that message to the public.

Mr. DELUCA. That is correct. We are clearly trying to say that there are risks, that these risks are known, that the public needs to know that there are risks, that we cannot depend on the fact that as we have increased scientific understanding, as we have new research, that everyone will be up to date on that. That is our basic Government responsibility in one way or another, through some mechanism, to accomplish that.

Senator RIEGLE. I thank you for yielding.

Senator HUMPHREY. I thank the chairman for that clarification.

I think the record speaks for itself. You are using the word "may." "May" is not the same word as "will." You have earlier stated clearly that the Institute has not conducted a scientific study to determine whether it will or will not be a useful tool. You have stated that you have no information on any scientific study conducted by any other organization or person. I think everyone can understand why you are using the word "may."

In the next paragraph, the second sentence, you say, "but in our view there can be little question that warning labels would raise public awareness."

Why did you not say that there can be no question?

Mr. DeLUCA. Again, Senator, it could be a possible deficiency in my undergraduate work which was at the University of Vermont in a neighboring New England State, which I enjoyed very much. I might have done too much skiing during that time.

I feel what we are trying to convey again is not in doubt and that is again a desire. We think it is an important obligation to inform the public. Health warning labels is one technique. I do believe and I think there is consensus in the Department that if there was a decision made to require health warning labels, it would, in fact—that even that fact would raise public awareness of the health hazards that are associated with excessive consumption of alcohol.

Senator HUMPHREY. Is there a study to back up that assertion?

Mr. DeLUCA. I think again that opinion is based on the studies which have been done on the health warning labels with respect to cigarettes.

Senator HUMPHREY. As I understand it, the per capita consumption of cigarettes did level off immediately after the 1965 label, in 1967 it picked up again and has been increasing 1 to 3 percent every year up until the latest year for which data is available, in 1977.

If I am mistaken in that, please correct me now or later.

Senator RIEGLE. If I may, has there not been a drop in the number of people using cigarettes, apart from the number of cigarettes each person uses? Has there not been a rather substantial drop in the percentages?

Mr. DeLUCA. Yes; a significant decrease from 42 percent to 33 percent. There is also, of course, the other event or phenomenon which is the shifting to filter cigarettes or cigarettes of lower nicotine content which is considered by many to be an indication of people understanding the messages being conveyed.

Senator HUMPHREY. We are concerned in this hearing about people who use alcohol to excess. If per capita consumption of cigarettes has either leveled off or increased, while at the same time the percentage of the smoking population has gone down, that would seem to indicate that those who do smoke are smoking more. Therefore, the label did not help reduce smoking.

Senator RIEGLE. It would seem to me if you are trying to pin that down scientifically, you would have a problem. One might argue without label people would be smoking even more. Maybe it is due to other factors, increase in population, inflation, or maybe it is due to the high cost of fuel oil or other problems that arise. I think if you are going to try to isolate a factor on what is causing an increase in the amount of smoking by those who smoke, you have a big task on your hands.

I just do not know how useful it is to try to track that back to the effect of the label.

Senator HUMPHREY. That is quite true. Indeed, Mr. DeLuca, in his testimony states that a 1977 study of warning labels by the Federal Trade Commission concluded that the impact of the warning label is very difficult to assess from either side of the issue.

Mr. DeLUCA. Again, Senator, to stress what I think is a very important concept in the Department's position, there needs to be,

and I do not mean to be repetitive, but there needs to be a public education campaign. I do not think there is consensus. I do not think the Department is saying that if a health warning label was the only device used, that we would see significant changes, and we are not recommending or discussing that. We feel there is a need at this point to have a health alert.

The excessive problems that come from the consumption of alcohol are major. We have clearly a major public health problem in this country due to alcohol abuse.

Secretary Harris feels very strongly about that. We do have to be talking in the context that there is a serious problem.

Senator HUMPHREY. I agree wholeheartedly. We ought to be doing something about it. I question whether that something is what we are proposing here today.

To go back to the automobile analogy, a lot of people are being killed in automobiles, but no one has proposed putting a label on the dashboard. We put our efforts into more constructive approaches.

On page 8, you state, second sentence of the first paragraph, "As a result, drinking beer is often seen as not really drinking." On what scientific study is that assertion based?

Mr. DeLUCA. I will be able to submit to you a listing of the variety of different attitude surveys we have conducted and are conducting. That comes again from, I think, the survey information as we go about asking people and determining what they thought they were doing.

Senator HUMPHREY. You are, if I understand you correctly, going to submit a report on a scientific study that backs up that assertion?

Mr. DeLUCA. That is correct.

Senator HUMPHREY. Thank you, Mr. Chairman.

Senator RIEGLE. I have one other thing and then I want to call on our colleague, Strom Thurmond who offered the amendment on the floor and who wants to introduce one of the witnesses coming up.

But before I do that, let me just ask your reaction to this.

We did not discuss this in detail, but I would like a reaction right now to this kind of an approach in terms of a label, both in terms of its general message as well as the specific items in it. Let us just go through it.

Caution, excessive use of alcoholic beverages may be harmful to your health, may be habit forming, and, during pregnancy, may cause birth defects. Heavy rapid consumption can cause death.

This is something that the staff has developed based on a lot of information and comment that has come back. Would I be safe in assuming, based on what you have been saying, that if we were going to go with that, maybe zeroing in on the birth defects, pregnancy risks, would that be the most important part? I ask either of you to respond with your reaction to this kind of content and this kind of emphasis.

Mr. DeLUCA. I do think that if there was to be a health warning label, that the choice of the word "excessive" is very important. I think that distinction between the use of alcohol and the inappropriate or excessive use of alcohol is an appropriate one to make. I

think that is a positive use of that word and it makes, in fact, the caution therefore more accurate in its message. I think there is clearly scientific evidence to establish the correlation between excessive consumption and birth defects and, so, during pregnancy, either could be supported and is accurate in the sense that it may cause birth defects. Habit forming because, as our testimony indicated, it does have that potential.

The label is without any reference to what can occur in motor ability and coordination around a very important preventable situation, drinking and driving. I think the concept, as expressed in that sample, is symbolic of the number of very real risks that are associated with the excessive consumption of alcohol.

Our testimony included also, I think, an important point which is whether or not it would be useful to review a rotating label system as used in Sweden on cigarettes because there could be advice that on a label like that, it would be too complex a label.

Senator RIEGLE. What about the case of the 13-year-old girl out in the suburbs that died the other day from taking a large amount of alcohol. She died within a matter of hours.

I am wondering about the last part of this label. Do you think it would be wise to add mention of this risk? The data suggests that it is the teenagers who do not know this risk of excessive use and also the danger in drinking and driving under the influence. Do we need to add a warning that if you take too much in a short period of time it can be fatal? A few weeks ago, within a few miles of this hearing room, a 13-year-old girl died.

Mr. DELUCA. Obviously we are very knowledgeable about the toxic effects of consumption. That kind of a tragedy can occur. It would be more helpful to you, Senator, if we were able to analyze that sample and would provide you with our best advice.

Senator RIEGLE. Why do you not do that? This simply is one sample of the type of label which could focus on the concerns that we have. If you want to study it and think about it and give us a reaction to it or suggest ways it might be better put, the committee would welcome that.

Senator Thurmond, we are delighted to have you with us this morning, I gather that you have someone that you want to introduce and a comment you want to make.

Let me thank these first witnesses for coming. We look forward to those responses for the record, both to Senator Humphrey's questions and to mine.

[Information supplied for the record follows:]



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NATIONAL INSTITUTE
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ALCOHOL ABUSE AND ALCOHOLISM

OCT 25 1978

The Honorable Gordon J. Humphrey
United States Senate
Washington, D. C. 20510

Dear Senator Humphrey:

Thank you for your letter of September 26 asking additional questions for the record of the hearing concerning health warning labels on containers of alcoholic beverages recently conducted by the Subcommittee on Alcoholism and Drug Abuse.

My answers to the specific questions you ask in this letter follow.

1. Both you and Secretary Califano believe that warning labels will "increase public awareness" of the problem of alcohol abuse. An HEW-contracted study, Checkup: A National Assessment of Health Awareness Among 17-Year-Olds and Young Adults, published in September, 1978, states that fully ninety-eight per cent of the young adults surveyed know that "continuous and heavy use of alcohol causes damage to the liver and brain." Ninety-six per cent of 17-year-olds understand the same facts. This is a very high percentage. In light of this survey, conducted on behalf of HEW, how can you say that a warning label would raise public awareness? Will a warning label reach the remaining 2-4 per cent?

The percentages you cite are indeed very high. However, they represent answers to just one true/false question and are thus of questionable significance in shedding light on the respondents' understanding of the effects of alcohol. In fact, there were four questions regarding alcohol included in the survey; these questions referred to depressing the body's functioning, physical addiction, and driving ability after drinking, as well as damage to the liver and brain. Looking at the respondents' answers to all four questions leads to a less optimistic view of the state of the public's knowledge. To quote from the study:

"Eighty-five percent of the young adults identified all four statements as true, compared to 61% of the 17-year-olds. The consultants were particularly concerned with the high percentage

of 17-year-olds (39%) who did not know all four of those effects, and felt the data reflected the general lack of appreciation for the dangers of alcohol within this age group."

I should also note that all the 17-year-olds interviewed were attending school. Thus, only part of that age group is covered by the study (I have one estimate of approximately 25% of youth having dropped out of school by the 12th grade). For these reasons, I believe that even the data in the study you cite demonstrate that public knowledge regarding alcohol is incomplete and that there are segments of the population that are particularly uninformed.

2. Please comment on the jurisdiction of the FDA and the BATF in regard to warning labels. Should the FDA be given jurisdiction in the warning label issue?

Since the jurisdiction of the FDA and the BATF with regard to labelling of alcoholic beverages is set forth in statute and additionally has been the subject of litigation, I do not feel it is appropriate for me, as Director of the National Institute on Alcohol Abuse and Alcoholism, to comment on this matter. But, jurisdictional issues aside, I would like to reiterate the point I made earlier: we do believe there is a basic Federal responsibility to inform the public of scientifically established health hazards.

3. Do you think that the BATF has done a good job in regulating the alcoholic beverage industry?

I am not in a position to make a judgment on BATF's enforcement of the tax laws. However, we have made suggestions to BATF regarding its role in overseeing the alcoholic beverage industry's campaign to inform the public regarding the risks of alcohol consumption during pregnancy. Our suggestions reflect concerns about the content of the industry's campaign. We are hopeful these suggestions will receive serious consideration.

4. In regard to the Fetal Alcohol Syndrome, does research indicate that light or moderate drinking have any effect on the fetus or the mother?

Investigators have published data to indicate that light and moderate drinking can exert an effect, in utero, on the developing human fetus. Dr. Ruth Little (Am. Journal of Public Health 67, 1154-1156, (1977)) has published data to substantiate a decrease in birth weight of 91 grams (3 ounces) for pre-pregnancy alcohol consumption averaging 1 ounce per day and a decrease of 160 grams (5.5 ounces) for alcohol consumption at the same level during late pregnancy. These associations are independent of other variables which can also affect birth weight, such as cigarette consumption, maternal age, height, parity, gestational age, and sex of the child. Decreased birth weight is customarily associated with increased risks for fetal outcome; however, factors involved in lowered birth weight are not always those associated with teratogenic outcomes or perinatal

mortality. Scientific rigor requires that these latter associations be independently established in the study of any pregnancy-risk agent. In this regard, Harlap (American Journal of Epidemiology, in press) has recently noted a correlation between alcohol consumption at the one and two drink per day level and an increase in second trimester spontaneous abortions.

It is of note that we are unaware of any reports of clearly diagnosed cases of fetal alcohol syndrome in offspring of women who either were not, or had not been at sometime, very heavy drinkers, consuming over three ounces of alcohol per day (most consuming over five ounces of alcohol per day).

To assess possible teratogenic effects of alcohol at moderate levels of alcohol consumption, Hanson, Streissguth and Smith (Journal of Pediatrics, 92 457-460 (1978)) examined a total of 163 infants for morphogenic presentation suggestive of fetal alcohol syndrome. The analysis indicated that 6 of 54 infants (11%) born to women who consumed 1 to 2 ounces of alcohol per day prior to the recognition of pregnancy delivered children with morphology suggestive of FAS, while only 2 of 81 (2.5%) infants born to light drinkers (consumption below one ounce per day) exhibited such suggestive morphology.

The small amount of evidence of this type obtained so far does not unequivocally establish a health risk for pregnancy outcome in light or moderate alcohol consumers. It does, however, add support to the view that there is at present no known "safe" level of alcohol consumption during pregnancy.

In the course of the hearing, I also promised to submit for the record backup material in response to some of your questions. These questions were as follows:

1. You said ... that you will submit studies that you have that will show that there are people or groups of people that do not know that alcohol is harmful to their health.

Over the past several years, NIAAA has supported a number of surveys exploring the American public's knowledge about and attitudes toward drinking and alcohol abuse. These surveys are:

Harris, L., and Associates, Inc., Public Awareness of the National Institute on Alcohol Abuse and Alcoholism Advertising Campaign and Public Attitudes Toward Drinking and Alcohol Abuse. Phase 0: Fall 1971, Study No. 2138; Phase One: Fall 1972, Study No. 2224; Phase Two: Spring 1973, Study No. 2318; Phase Three: Fall 1973, Study No. 2342; and Phase Four: Winter 1974 and Overall Summary, Study No. 2355, Reports prepared for the National Institute on Alcohol Abuse and Alcoholism.

Rappeport, M., Labow, P., and Williams, J., for Opinion Research Corporation. The Public Evaluation of the NIAAA Public Education Campaign, Volumes I, II, Report to NIAAA, 1975.

Brief analyses of these surveys appeared in the 1974 and 1978 Special Report to the U.S. Congress on Alcohol and Health from the Secretary of Health, Education, and Welfare.

In addition, NIAAA has supported a study analyzing trends revealed by these surveys. This study is:

Johnson, P., Armor, D. J., Polich, S., and Stambul, H., for the Rand Corporation. U.S. Adult Drinking Practices: Time Trends, Social Correlates, and Sex Roles. A working note prepared for NIAAA, November 1977.

Some general trends are discernible in these surveys. Basically, people are becoming more knowledgeable about alcohol problems and more concerned about the use of alcohol. Nonetheless, examination of the patterns of responses to many questions over several years suggests that public knowledge regarding the health hazards of alcohol consumption is incomplete and that certain segments of the population are particularly uninformed.

We are currently funding a nationwide household survey of public knowledge, attitudes, and behavior related to the use and abuse of alcohol (Social Research Group, School of Public Health, University of California, Berkeley, Contract No. ADM 281-77-0021). The results of this survey will be merged with earlier findings to enhance our understanding of the public's views.

2. On what scientific studies do you base your assertion that "...drinking beer is often seen as not really drinking"?

As we noted in the 1978 Special Report to the U.S. Congress on Alcohol and Health, more ethanol per capita is consumed in the form of beer than in any other way. In addition, beer consumption has been shown to be related to a range of alcohol problems -- notably with youth and traffic accidents. Nonetheless, more than 50 percent of respondents in one of the NIAAA-funded surveys I mentioned earlier felt that the public service message "If you drink a lot of beer, you drink a lot" was somewhat or very interesting and informative, implying that this information was new to them.

In another instance, the authors of a study on civilian pilots (Damkot, D. K., and Osga, G. A., "Survey of Pilots' Attitudes and Opinions about Drinking and Flying," Aviation, Space, and Environmental Medicine 49(2), 390-394 (1978)) state the following:

"These data also show that beer and wine are generally believed to be less dangerous to safe flying than is liquor. Beer especially is not given due respect as an alcoholic beverage. Similar discrepancies of respect for the alcohol content of various beverages can be seen in responses toward safety and driving . . . even though the designated

quantities of beverages have the same alcohol content and would result in the same BAC's (blood alcohol levels)."

The distinction drawn by the public between beer and other alcoholic beverages has often been written into law, as described by the following excerpt from a study prepared for NIAAA in 1974 (Driver, Richard J., A Survey of Alcoholic Beverage Control in the United States. A report prepared for NIAAA, March 31, 1974):

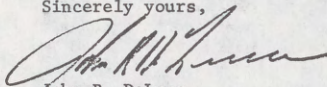
In a dozen or more states the terms alcoholic beverage and intoxicating beverage are not applicable to all classes of beverage alcohol because of legal distinctions that are made by state statutes. For example, 3.2% beer by weight (approximately 4% by volume) in some states is regulated but is not considered an intoxicating beverage. Article XXVII, Section 4 of the Oklahoma Constitution prohibits the on-premise sale of alcoholic beverages but Section 2 of the same Article specifically exempts malt beverages that do not contain more than 3.2% alcohol by weight from the constitutional restrictions. Kentucky makes a similar distinction except that it defines 3.2% beer as nonalcoholic, but only in dry counties that have voted to permit its sale. A number of other states also label low proof malt beverages as nonintoxicating. In North Carolina the term alcoholic beverage refers to beverage alcohol that is more than 14% ethyl alcohol by volume. One state, while regulating all alcoholic beverages no matter what percentage of ethyl alcohol they contain, declares certain beverages to be not only nonintoxicating but also nonalcoholic. Beer that does not exceed an ethyl alcohol content of 5% by weight (approximately 6.25% by volume) and wine that contains 21% or less ethyl alcohol by volume are declared to be both nonalcoholic and non-intoxicating in South Carolina.

These examples are several years old and the law in some States may have changed since the study was conducted, but they do make clear that much of the public believes that drinking beer is not really drinking.

In response to your interest in research on the effects of alcohol consumption during pregnancy, I am enclosing abstracts of a number of important recent studies.

I enjoyed our interchange at the hearing and look forward to discussing other alcohol-related issues with you in the future.

Sincerely yours,



John R. DeLuca
Director

Enclosure

Senator RIEGLE. Next we have a panel of several alcoholism specialists. We are running behind time. We are going to have additional votes. I will have to ask all witnesses to summarize and to stay within the time limits we laid out. I do not want to squeeze anybody out.

Let me call then Robert Hammond, Morris Chafetz, David Pittman, William McCord, and Dan Beauchamp.

As they are coming to the table, Senator Thurmond, let me invite you to make the comment that you wanted to make.

**STATEMENT OF HON. STROM THURMOND, A U.S. SENATOR
FROM THE STATE OF SOUTH CAROLINA**

Senator THURMOND. Thank you. I will say just a few words and then introduce Mr. McCord.

I am delighted to be here and especially that the committee is considering the question of warning labels on alcoholic beverages. You are under time constraints and, therefore, I will ask unanimous consent that my entire statement be submitted for the record.

Senator RIEGLE. Without objection, it will be made a part of the record.

Senator THURMOND. Let me say briefly that I strongly support warning labels on all alcoholic beverages. I support labels that mention specific dangers, such as birth defects. People have the right to know these things so they can make informed decisions about their behavior, so that they can make their own judgments.

If we can furnish information, it will help them, and we are offering a service to humanity.

Warning labels are necessary and justified, Mr. Chairman. They should not be rejected on the grounds that having placed warnings on alcoholic beverages, we will feel we have done our duty. I do not think that will be the case, and I find it hard to believe that suggestion could be serious. Warning labels are only a part, though an important part, of our efforts to reduce the human suffering and waste caused by alcohol abuse. That effort is ongoing and will not cease with the enactment of a warning label requirement.

I am privileged to introduce to the subcommittee one of my constituents, Mr. Jerry McCord. Mr. McCord is director of the South Carolina Commission on Alcohol and Drug Abuse. He has served as director for 20 years, longer than any other State director in the United States. In that time, he has also been active in the alcohol and drug abuse area on the national level. He has been associated with the Alcohol and Drug Abuse Association of North America since 1971 in many capacities. He has served as liaison to the National Advisory Council on Alcohol Abuse and Alcoholism.

Since 1966, he has worked with the Southeastern School of Alcohol and Drug Studies. He has been an instructor, chairman of the board and director there. He is an expert on this subject.

This year, in recognition of his many contributions to the southeastern region, he was awarded the Outstanding Service Award by the 19th annual Southeastern Conference of Alcohol and Drug Programs in Athens, Ga.

It would not be possible to name all the activities in which Mr. McCord has been involved to the great credit of himself and South

Carolina. So I will stop here. I am proud of his valuable service and I am sure he will make a valuable contribution to this hearing.

Mr. Chairman, I have two other committees going on so if you would excuse me now.

Senator RIEGLE. We are pleased to have you stop in. Come any time.

Senator THURMOND. I want to congratulate you, too, Mr. Chairman, again, on holding this hearing. I appreciate your interest in this subject.

Back in May when we considered this matter on the Senate floor, I remember you stated then that you would hold this hearing. You have carried out your commitment. Although the warning at that time was changed from what I originally introduced, I think any type warning that puts people on notice would be helpful. I look at your warning up there and I think that is an impressive warning. The main difference that I have in my warning and yours was I said "consumption of alcohol"—I believe you said "the excessive use." I think either would be helpful. There is no question in my mind that alcoholic beverages are harmful. There is no question that they are habit forming and there is no question in my mind that during pregnancy they may cause birth defects.

I say "in my mind" because this is the scientific evidence of doctors and experts on this subject. The hearing on the Senate floor back in May, it is in the record if you want to look it up, I quoted from doctors, from experts on this subject.

Thank you very much.

[The prepared statement of Senator Thurmond follows:]

STATEMENT BY SENATOR STROM THURMOND (R-SC) BEFORE THE
SUBCOMMITTEE ON ALCOHOL AND DRUG ABUSE OF THE SENATE
LABOR AND HUMAN RESOURCES COMMITTEE, REFERENCE ALCOHOL
LABELING LEGISLATION, ROOM 6226, SEPTEMBER 14, 1979.

MR. CHAIRMAN:

In the past several Congresses, I have introduced legislation which would require alcoholic beverages to bear a label, warning of some of the health consequences of alcohol consumption. Last May, I offered an amendment to S. 440, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1979, which would have required a warning label on alcoholic beverages containing more than 24% alcohol by volume. A compromise, requiring a very general warning, was passed by the Senate.

I have offered this legislation and will continue my efforts to see it become law because I believe that alcoholism and alcohol abuse are serious problems. Furthermore, recent research into the fetal alcohol syndrome has begun to reveal a tragic connection between alcohol consumption by pregnant women and certain birth defects.

A warning label would not solve the whole problem. It would, however, perform a valuable service by supplying consumers of alcohol with information upon which to base decisions about alcohol consumption.

Mr. Chairman, I believe that warning labels would definitely raise the level of public awareness of the health hazards associated with alcohol use. Of course, increasing awareness is not the same thing as changing behavior. I don't

believe that the Federal government should dictate to people what they can and cannot consume, except in exceptional circumstances. The Federal government, however, with its responsibility for the public health, safety and welfare can warn people of dangers to their health. The individual, armed with knowledge, must then decide for himself what to do.

The warning labels should be both general and specific. A label that I have proposed in legislation for many years illustrates this concept.

CAUTION: Consumption of alcoholic beverages may be hazardous to your health, may be habit-forming, and may cause serious birth defects when consumed during pregnancy.

Although the amendment accepted to S. 440 contained only the general warning that consumption of alcohol may be hazardous to your health, I believe that a fuller warning is both necessary and justified. A general warning, of course, is better than none.

A specific warning about the dangers of alcohol consumption during pregnancy would be a great service. An HEW report to Congress on Alcohol and Health in June of 1978 stated that

the evidence gathered from these studies clearly indicates that alcohol can cause birth defects and behavioral impairment in offspring of mothers who consume alcohol while pregnant.

Moreover, a cluster of defects accompanied by mental retardation occurring in some offspring of women who consume alcohol in excess has been identified and termed the fetal alcohol syndrome (FAS). The three primary indices of the

full blown syndrome are prenatal growth deficiency, microcephaly and short palpebral fissures.

Conservative estimates of the incidence of fetal alcohol syndrome, around 1 in 2,000 make it the third leading cause of birth defects with associated mental retardation. Only Down's syndrome and spina bifida occur more frequently. However, Mr. Chairman, of the three, only fetal alcohol syndrome is totally preventable.

The same HEW report stated that all women of childbearing potential must be alerted to the dangers of misuse of alcohol before they become pregnant. Women may be warned by their physicians after they become pregnant. However, alcohol consumed before a woman is aware that she is pregnant can have adverse effects. Many women are not attended by physicians during pregnancy.

A warning label on the bottle may be the only way to reach the women whose children are most in danger. If even one child is saved from the syndrome and given a healthy start in life as a result of a warning label, then this measure will have been well worth it.

Congress should consider a rotating system of labeling. Indications are that the system of rotating warning labels on cigarettes used in Sweden has been effective in reducing cigarette smoking in that country. We should be willing to look at practical applications of alternatives, particularly where they have been successful. I do feel that certain information should be constant, particularly the warnings about dangers of consumption during pregnancy. It would be

ironic if an effort to be more effective should fail to reach any of those about whom we should be most concerned.

Warning labels should be required on all alcoholic beverages, beer and wine as well as distilled spirits. The dangers to which the consumer should be alerted are related to alcohol, not the form in which it is consumed. Wine and beer contain ethyl alcohol, chemically the same substance contained in greater percentages in distilled spirits. Many people do not realize that the alcohol contained in wine and beer can be just as harmful as that in whiskey and gin. Many persons are alcoholics who never drank anything but beer and wine. Many children afflicted with the fetal alcohol syndrome were born to mothers who only drank beer and wine during their pregnancy. Lack of a warning label on these beverages might lead people to think there is no danger and that they can drink as much as they want.

In addition, I believe that beer and wine should be required to indicate the percentage of alcohol by volume. Many people, particularly young people, do not even know that these beverages contain alcohol. Beer and wine are freely available in grocery stores with no indication that they are any different from milk or orange juice or any other beverage. But beer and wine do differ from milk and orange juice, in that they contain alcohol with all of its attendant dangers. Every other item of food in the grocery store has labels listing ingredients. Most list calories and percentages of vitamins and minerals. The consumer has more information about a box of corn flakes than he has about a six-pack of

beer. Mr. Chairman, I don't think this is either reasonable or right.

Finally, I think that warning labels should also be required on advertisements for alcoholic beverages. Advertisements for alcoholic beverages are extremely sophisticated and subtle, ~~portraying~~ consumption of alcoholic beverages in only the most pleasant terms. A small warning on the advertisement would only serve to balance ^{somewhat} the view presented.

Warning labels are necessary and justified, Mr. Chairman. They should not be rejected on the grounds that having placed warnings on alcoholic beverages, we will feel we ^{have} "done our duty." I do ^{not} think that that will be the case and I find it hard to believe that suggestion could be serious. Warning labels are only a part, though an important part, of our effort to reduce the human suffering and waste caused by alcohol abuse. That effort is ongoing and will not cease with the enactment of a warning label requirement.

Senator RIEGLE. Let us start by saying we appreciate having such a distinguished panel.

Let us start first with Mr. McCord.

I want to ask each person to summarize.

I want to stay within the time limits. I do not want to have to interrupt anybody, but I will if we run beyond a fair amount. I do that to protect everybody's interest.

Mr. McCord.

Mr. McCORD. I have been flying overhead. Are the instructions 10 minutes for the oral statement?

Senator RIEGLE. We would like to keep it at that. If you can keep it shorter than that—

Mr. McCORD. Senator Thurmond's introduction doesn't come out of my time?

Senator RIEGLE. No; but it should have.

Mr. McCORD. I happen to agree with that.

STATEMENTS OF WILLIAM J. McCORD, DIRECTOR, SOUTH CAROLINA COMMISSION ON ALCOHOL AND DRUG ABUSE, COLUMBIA, S.C.; ROBERT L. HAMMOND, EXECUTIVE DIRECTOR, AMERICAN BUSINESS MEN'S RESEARCH FOUNDATION, LANSING, MICH.; MORRIS E. CHAFETZ, M.D., PRESIDENT, HEALTH EDUCATION FOUNDATION, WASHINGTON, D.C.; DAVID J. PITTMAN, PH. D., CHAIRMAN, DEPARTMENT OF SOCIOLOGY, WASHINGTON UNIVERSITY, ST. LOUIS, MO.; AND DAN E. BEAUCHAMP, PH. D., DEPARTMENT OF HEALTH ADMINISTRATION, UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL, N.C., A PANEL

Mr. McCORD. I would like to correct one thing. I come not as an expert. You have enough experts. You are going to have experts who don't necessarily agree with you.

I think the presence of experts and such fine witnesses will not be too different from such witnesses in the tobacco hearings, and witnesses in the area of prescribed medication. In these hearings—no matter how expert the researcher deemed the outcome always appeared to be influenced by the source of their funds.

I would like to present to you as a public health educator who has been around for the last 21 years in the field, the last 20 of which have been in a State program that evolved from a two-person staff with a \$20,000 annual budget; to a program that has grown considerably, and from the standpoint of experience has observed a lot of changes.

I would like to talk about this experience as an observer.

This testimony is submitted as a nonexpert, but from a very interested and committed observer through 20 years of experience. In those earlier years, when I came into this field, I could not understand why you always had to say, when you met a new person or appeared before a group, "I am neither wet nor dry." Every encounter had to be prefaced with that phrase and assurances that we were only dealing with the people suffering from alcoholism.

It became apparent because people who were dry or wet, had great suspicion about what you were doing. In order to start dealing with the victim, the alcoholic, we always had to give those assurances.

Labeling has never been an issue before, even though my Senator from South Carolina has chosen to introduce this 10 or 12 years prior to this. Basically, the reason it was never an issue is because the field was not able to realize that it should be. They sat back comfortably in their institutions waiting for the victims to fall out. Now both economically and humanely, we have had to move toward a strategy of intervention and primary intervention.

I don't necessarily think the real value of a warning label is anything more than symbolic. I don't think, as carefully thought out as the warning label issue is, that it will provide that much immediate impact on the fetal alcohol syndrome, or the drinking driver.

I think it is the responsibility of government to do something symbolic as a moral commitment to its citizens, because that same government at all levels depends in a very significant manner on

alcoholic beverages to generate revenue for the operation of government.

I feel that government at all levels, if they use alcohol as a revenue producing agent, has not only a legal but a moral responsibility to its citizens, not only in treatment but in prevention—and labeling is a small but critical part of prevention.

I think the issue may be seen as a consumer issue, at a time when consumerism is the in thing. We talk about truth and honesty and openness in government. Why should this drug be the only drug on the scene that is not labeled?

You go out and buy a Tab, and it has a label on it. I don't see teenagers lining up because of the adult mystique to buy Tab because it says it might be injurious to your health.

I think it is a matter of openness and honesty in government.

It has been said this would be paternalistic. When 1 in 10 persons dies today from alcohol related injury, or illness, we don't have to worry about overprotecting them. As far as the adult mystery of kids wanting to be adults, and that this would only add to that mystique, I would encourage those people to go out and discover the state of the art as it relates to teenage alcohol use and abuse.

About 82 percent of high school seniors consume alcohol. So that is about 18 percent left to be seduced into the drinking population.

Another thing if you are a careful observer of advertising its design appeal to youth is apparent. Use of adult images, particularly macho images, particular athletic images, is widescale. I don't think these messages are for the older generation, designed to promote the kinds of the images that would be attractive to them. It is geared to youth.

The South Carolina Commission on Alcohol and Drug Abuse is an independent State agency which serves as the single State authority on alcohol and drug abuse. It is governed by an 11-member policy body—appointed by the Governor with advice and consent of the senate. Its membership includes 5 medical doctors. They endorse labeling, not the specific label proposed here and not the specific label proposed by Senator Thurmond, but a label that says, "Excessive or inappropriate use of this beverage may be injurious to your health." That is important because this language is supportive to that recommended by the Education Commission of the State's language relating to responsible decision about drinking.

The ECS's task force was chaired by the past Governor, John Carl West of South Carolina. This language, excessive or inappropriate, does indicate that for many people nonexcessive and appropriate alcohol use does not have to be injurious to your health.

We would favor a more general label, because we don't think the impact of it will be realized for the next 10 to 15 years. So we think it is needless to debate whether scientific studies have shown whether it will result in an increase or a decrease in use or abuse.

I heard the question that there are no warning labels on automobile panels. But these are privileges, the right to drive an automobile is something that is licensed by government because of the inherent dangers, and that there is the required passage of a test.

Perhaps we then should, in lieu of a label—and I don't want to be facetious—but maybe we should license drinkers. Unfortunately, we can't do that, because that would be paternalistic also. But when people are getting out and using equipment on a public highway, that represents not only a hazard to them but to the public, I think, then the government as a whole has a similar responsibility in alcohol control.

Let me mention one other thing which I consider much more critical, the area of content labeling.

We have done some studies that caused us to open our eyes. The Third Annual Report to the U.S. Congress on Alcohol and Health, in a study prepared by Rutgers University, showed that for every man, woman, and child in the United States, 14 years and older, there is consumed an average of 2.68 gallons of absolute alcohol a year. Of that, 2.68 gallons of distilled spirits accounted for 1.09 gallons; wine accounted for 0.33 gallons; and beer accounted for 1.26 gallons.

I think it is incomprehensible that the type of beverage that is the carrier of the greatest proportion of absolute alcohol to the general population, for the most part, in many States, doesn't even have one indication that it contains alcohol, and I am talking about beer.

To me, this is much more critical. I have had a lot of communications with my colleagues in the brewing industry. I don't think they feel that strongly about this. I think that is one of the things your committee ought to look at.

The amount of absolute alcohol in a 12-ounce can of premium beer is equal to 1.6 ounces of 80 proof Vodka, or 5 to 6 ounces of table wine.

I think that needs to be done.

Senator RIEGLE. This committee does not have jurisdiction in that area. The Commerce Committee does because of the initiating legislation back after prohibition.

It would take a bill that would have joint referral to allow us to get into it. But I think you raise a legitimate issue here.

I think we must deal with it in the context of this whole issue.

Mr. McCORD. The third issue is ingredient labeling, which I don't think anyone is against that, including my colleagues in the brewing industry that I have talked to. I think that is another thing relating to honesty and openness in government.

We in South Carolina have adopted the three dimension approach to public health prevention: the agent, the host, and the environment.

The major emphasis is placed on the host, because we think alcohol has been around since the recorded time and it will be around. We think prohibition was a failure. We need a professional and mature approach as to how we might minimize the health and safety impact on the individual and the community resulting from alcohol abuse.

Labels will not accomplish, in a simplistic sweep, prevention of alcoholism. It is one of many things that must be incorporated into a prevention strategy.

If I had to rank it from 1 to 100, it might be as low as 10. I think it is symbolism. It might be dangerous to your health; handle with care.

Basically, in summary, the South Carolina commission endorsed the same motion that has been endorsed by two national professional organizations, both of which our program is a member, the National Association of State Alcohol and Drug Directors, a group of top alcohol and drug professionals in government in each State representing only themselves, the directors. Their collective opinion has endorsed the same resolution. Also the Board of Alcohol and Drug Problems Association of North America, the major professional association dealing with alcohol and drugs supports the same stance.

The blessing, if there was one, of the drug hysteria of the 1960's and early 1970's was that the adults' preoccupation with youthful drug abuse made them able, and even if they were not able, made them willing to listen to the message hypocrisy that "you have to deal with your drug of abuse, and that is alcohol."

Perhaps that message and the forcing of the fact that our major drug problem is alcohol, and it is ours, brought about the opportunity and the timeliness for this hearing to take place today.

Labeling, both content ingredients as well as a warning, is an idea, as far as my commission is concerned, whose time is now.
[The prepared statement of Mr. McCord follows:]

TESTIMONY PRESENTED TO
THE SUBCOMMITTEE ON ALCOHOLISM AND DRUG ABUSE
OF THE UNITED STATES SENATE
COMMITTEE ON LABOR AND HUMAN RESOURCES

by William J. McCord, Director,
South Carolina Commission on Alcohol and Drug Abuse
September 14, 1979

The testimony I present is in behalf of the South Carolina Commission on Alcohol and Drug Abuse, an independent commission serving as the alcohol and drug authority for the State of South Carolina. The Commission was set up by legislation in 1957 as an independent program devoted to the problems of alcohol abuse and alcoholism and later in 1974 became the State Alcohol and Drug Abuse Authority. Members of the policy board who make up the Commission are appointed by the Governor with the advice and consent of the Senate and are eleven in number. Included on the Commission are four medical doctors, educators, public relations specialists, business executives and a housewife. The South Carolina Commission on Alcohol and Drug Abuse unanimously passed a motion supporting a general warning label on all alcoholic beverages which reads: "Excessive or inappropriate use of this beverage may be harmful to your health." Additionally, another action recommended that a national policy be established to require both ingredient and alcohol content labeling on all alcoholic beverages.

The late 1950's and early 1960's were the emerging years of state governmental and voluntary alcoholism movements. Then it was necessary to always preface your opening remarks at any meeting, both public and private, with the statement that you were neither "wet nor dry" but only concerned about "the suffering alcoholic," in other words, the victim. The fear of being rejected either for being "wet" or "dry" by the opposing side was always present. Today, professional efforts in dealing with alcohol abuse and alcoholism control recognize that, not only must we provide comprehensive humane services for the victims and their families, but we must develop strategies for early intervention as well as primary prevention.

In the early days of the movement, the issue of labeling would have been most untimely and politically unrealistic. Today, however, twenty years later, with the field moving more and more into the areas of primary prevention and intervention, the issue of labeling is an idea whose time has come.

It is hard to conceptualize from an objective standpoint why the appropriate labeling of a drug which is the most widely used and abused of any in the United States should not have been addressed long before this time. Common sense might have seemed to dictate it, but an understanding of the early historical impact of beverage alcohol on the economic, social and political structure of this nation allows one to more fully understand this omission. We refused

to deal with alcohol as a drug of abuse until it was forcibly brought to our national conscience by the drug hysteria of the 1960's and early 1970's. Then, a nation preoccupied with the use and abuse by its youth of a variety of psychotropic substances was challenged by those same youths to face the fact that, as parents, the older generation was equally preoccupied with its own drug--alcohol. It is my opinion that the epidemic of drug abuse of the '60's and '70's was a significant contributor to the fact that a hearing is being held today on the labeling of a drug called alcohol and represents a nation trying to deal with all potentially dangerous substances in a similar fashion.

Factually labeling alcohol for what it is and sharing this information with a democratic society can hardly be called paternalistic or a move toward prohibition. In essence, it is treating this drug, alcohol, in the same way that we, as an organized society, respond to other drugs which have abuse potential. Furthermore, if the American public is to be both the beneficiary and the victim of the drug alcohol, it has the right to hear objectively any supportable facts about this drug and its potential not only for abuse but for benefit. The public has a right to be informed and I strongly feel that the Government which uses beverage alcohol as a revenue source has a moral responsibility to that same public to keep it informed.

Opponents of the issue of labeling have said that it is a simplistic approach that might be viewed by Congress and other decision-makers as an instantaneous prevention strategy, thereby minimizing support for a more comprehensive approach to alcohol abuse prevention. I believe the opponents failed to realize the significant degree of awareness among elected representatives at all levels--local, state and federal--related to the problems of alcohol abuse and alcoholism.

From the standpoint of the South Carolina Commission on Alcohol and Drug Abuse, the issue of labeling is one of many strategies that must be addressed in any comprehensive approach to primary prevention of alcohol and drug abuse. A copy of the official Prevention Policy of our Commission is included as follows:

"PREVENTION POLICY OF THE
SOUTH CAROLINA COMMISSION ON
ALCOHOL AND DRUG ABUSE

(Adopted 4/29/79)

This policy statement, which is based both on scientific research and successful practical experience, is not offered as the final answer to the causes of alcohol and drug abuse thus to their prevention, but rather as an account of current operating principles that can be explained openly, that can form the basis of present approaches and procedures, and is open to further change and development.

The South Carolina Commission on Alcohol and Drug Abuse sees alcohol and drug abuse as a major public health problem and addresses

its prevention activities to the three major dimensions of public health practice: (1) the agent (alcohol and drugs), (2) the host (the individual), and (3) the environment (society).

It is known that agent factors such as the kinds, the amounts, the effects and the availability of chemicals with abuse potential contribute significantly to alcohol and drug abuse problems. Therefore, the South Carolina Commission on Alcohol and Drug Abuse strives to inform citizens about the effects of alcohol and drugs and the hazards of using them uncritically. It also attempts to influence alcohol and drug availability, price, distribution arrangements and consumption practices. These goals are pursued through public education efforts and by advocating appropriate legislation.

Host factors in alcohol and drug abuse involve an individual's motivations for using alcohol and drugs. Individuals are frequently motivated to engage in alcohol and drug use and possibly abuse by a perceived need to augment or to replace the constructive, pleasurable and meaningful benefits which are naturally derived from healthy development and effective living, particularly as these benefits relate to self-esteem, stress management, values, communication, recreation, decision-making, and relating to other people. Consequently, the South Carolina Commission on Alcohol and Drug Abuse attempts to promote healthy development and effective living skills by providing learning and skill developing experiences such as affective education, values clarification, peer counseling, alternative recreation activities, communication training and decision-making training for appropriate groups of individuals.

Environmental factors in alcohol and drug abuse are also addressed by SCCADA prevention activities. Knowing that the social, cultural, political, geographical, religious, ethnic, educational, legal, economic and family milieu each has an influence on the degree of alcohol and drug abuse in South Carolina and since every community has or can develop the capacity to control the extent of this alcohol and drug abuse, the South Carolina Commission on Alcohol and Drug Abuse aims its prevention efforts at enhancing each communities' capacity to reduce the extent of its own alcohol and drug abuse by providing information, training, financial and technical assistance.

In summary, the South Carolina Commission on Alcohol and Drug Abuse places its highest priority on the prevention of alcohol and drug abuse by influencing the availability of alcohol and drugs or agent factors and by influencing the reduction of demand for them through the modification of environmental factors and the strengthening of host resistance. To this endeavor, SCCADA commits all its fiscal and human resources possible."

While the major thrust of primary prevention efforts in South Carolina deal with the host, we feel that we must also deal with environmental and agent factors. If supply and demand are issues which are appropriate to the control of the abuse of other drugs, both licit and illicit, then we feel that in principle the strategy application is also valid in the prevention and control of alcohol abuse. Public awareness is one environmental factor which a labeling approach, involving both warning as well as content and ingredient labeling, would address.

This public awareness impact will probably not be dramatic in the first several years, but we believe the major benefits would be long term and would impact upon institutions, particularly political institutions with the American society, as well as the individual consumer and/or abstainer. A more specific definition of those long term benefits may not be known at this time, but it is our firm belief that no harm--neither short term nor long term--would be done. And, if it had no other value, it would be worthwhile from the standpoint of a government dealing honestly and openly with its constituents.

Opponents will point out that labeling may add to the mystique of alcohol and make it more desirable for use by magnifying the adult model of the drinker. Our response is, the opponents should find out what the epidemic proportions are now of the problem of youthful illegal alcohol use and realize that less than 20 percent of high school seniors in South Carolina (and probably in America) presently abstain.

In releasing "The Surgeon General's Report on Health Promotion and Disease Prevention" recently, then Secretary Califano of HEW in the forward to that Study pointed out that approximately ten percent of all deaths in the United States in a given year are directly alcohol-related. If it were possible to attribute such a massive mortality rate to any other drug in our society, would we be here debating the issue of whether or not to put a warning label on a drug so potentially injurious? I dare say we would not!

Having thus far placed primary emphasis on the issue of the warning label, I would now like to address the specific question of content and ingredient labeling. In this day of tremendous consumer interest, it is difficult to imagine that any concoction processed for public consumption in the United States would not include the ingredients that go into its make-up--be it alcohol, food or drug. There is no other food or drug that is used on such a wide scale with such a potential for abuse but is not labeled as to ingredients.

The South Carolina Commission on Alcohol and Drug Abuse has been working very closely in the past year with our State Alcoholic Beverage Control Commission, studying rules and regulations that might be altered to minimize public health and safety risk inherent in the supply system of alcoholic beverages to South Carolinians. One of the major problems we faced was the widespread ignorance and, I am afraid, apathy surrounding the recognition of beer as an intoxicating beverage. I refer principally to our experience in South

Carolina where, by Constitutional provision, beer is classified as non-alcoholic and non-intoxicating. Beer, along with wine, is classified as non-alcoholic and non-intoxicating and is therefore controlled under very different circumstances than are distilled spirits.

A study conducted by our Commission to determine the nature and extent of the abuse of alcoholic beverages pointed out that beer was the major beverage of abuse. In a representative sample of all first offenders for driving under the influence, in 65.9 percent beer was indicated as the beverage of choice. Of multiple offenders driving under the influence, 60.0 percent indicated beer was the beverage of choice. Further, in 41.1 percent of all alcoholic clients admitted to treatment in community facilities during a three-month period, beer was the beverage of choice. These are, indeed, alarming figures when South Carolina's consumption of beer is well below the national average, although we as a state in the last seven years ranked second among all states in percent of increase of consumption.

Having worked in the field for the past twenty-one years, twenty in my present position, it was a startling fact for me to realize after analyzing these figures that containers of malt beverages in South Carolina (and most of the nation) do not contain any reference to the fact that they contain alcohol--even though the amount of absolute alcohol in 12 ounces of premium beer on the average in South Carolina contains approximately the same as 1.6 ounces of 80 proof vodka and 5 ounces of table wine.

The Third Annual Report to U. S. Congress on Alcohol and Health released by the Department of Health, Education, and Welfare, contained figures on the apparent per capita consumption in gallons of alcoholic beverages by persons 14 years old and older for the United States in 1976 which showed that for each man, woman and child in the United States 14 years and older, 2.68 gallons of absolute alcohol was consumed. Of that, distilled spirits accounted for 1.09 gallons; wine accounted for 0.33 gallons; and beer accounted for 1.26 gallons. It is alarming that as a national policy the type of alcoholic beverage which conveys the greatest portion of absolute alcohol to the general population is for the most part unlabelled as to the percent of alcohol contained. It is controlled differently; it is consumed under different circumstances--usually more liberally with less societal or parental sanctions against youthful use. In fact, federal law states specifically that alcoholic content of beer will not be stated unless required by state law. This, I understand was done to appease those states who, moving from prohibition, decided to go with the 3.2 or light beer. On behalf of the South Carolina Commission on Alcohol and Drug Abuse, I would strongly recommend that, as a national policy, federal law or regulations should require the alcoholic content of all malt beverages to be accurately measured and readily visible on all products.

In summary, the question of labeling is one which is critical to the field. The time is now. Any further move toward a national policy on the prevention of alcohol and drug abuse must recognize government's responsibility to assist in an informed citizenry and to recognize that citizenry's right to know the facts supported by basic pharmacological realities. I see the issue as just that simple. It is not principally one of whether scientific findings support or do not support the reality of the Fetal Alcohol Syndrome. It is not the issue of whether the field is moving toward a new kind of prohibition. It is the issue of honesty and openness which recognizes the inherent rights and responsibility of individuals as well as governmental institutions.

Senator RIEGLE. Thank you. Mr. Pittman?

Mr. PITTMAN. I am David Pittman, chairman and professor of sociology at Washington University in St. Louis. I have a full statement to be inserted for the record.

I have been active in the field of alcoholism prevention, education, treatment, and rehabilitation for the last 25 years. The first study I did was my doctoral dissertation on the chronic drunkenness offender, and decriminalizing public drunkenness in Rochester, N.Y.

That work, which resulted in the recommendation that public drunkenness be decriminalized and removed from the criminal code, has been one of the strong interests that has governed my whole life career. That a person was thrown into jail for exhibiting the symptoms of an illness was inconceivable to me.

It still distresses me that in 1979 that a large number of States still have not decriminalized this offense, namely, the largest State in the Union, California, which still has primitive and punitive policies against these individuals.

More explicitly, having served on numerous national, State, Federal, international commissions, both private and voluntary, and being involved in this field, I am desperately concerned with how we might help the victims of the disease of alcoholism.

My major concerns about health warning labels are the very basic questions, some of which have already been raised in this hearing, that they are basically a very simplistic, cosmetic device. Although I do not in any sense doubt that the individuals who are in favor of health warning labels are very sincere in their orientation, we do have a disagreement within this field; however I feel we can disagree without being disagreeable to each other.

But whether warning labels will ameliorate the alcoholism problem in the United States raises severe questions. These questions come directly from the fact in this hearing from Senator Humphrey that there is not a single scientific study which would indicate that health warning labels would raise either, (A) the public awareness of alcoholism; or (B) that they would be effective in altering the drinking patterns of an individual who has this problem in his life.

It might be a symbolic gesture, as my colleague from South Carolina, whom I have known for many years, seems to say. I would be willing to concede that particular point. But as far as having a concrete effect, I am seriously doubtful, given the paucity of any scientific evidence on this particular score.

Also there still is the danger that health warning labels concentrate extensively on the agent alcohol itself. And, given the fact that the majority of Americans who drink do not have severe problems with alcohol, it might reinforce an archaic belief that alcohol causes alcoholism.

It has taken almost a generation to get away from the idea that the "Demon Rum" causes alcoholism without any attention being paid to the crucial role of biologic, psychological, and environmental problems.

Health warning labels—and this is another major concern that I have—given the well-intentioned nature of many activities that have been started by the Federal Establishment, may be perceived

as Professor Etzioni in his comments on the fetal alcohol syndrome, in his analysis of received responses to the Bureau of Alcohol, Tobacco, and Firearms, Department of Treasury's proposed regulations that the American society currently was or could be viewed in terms of regulatory overload. Many of the regulations which have been passed by the Congress and various State legislatures in the past decade have been excellent in intent. In terms of implementation of them, whether it be in terms of the equal per capita expenditure for sports activities for males and females, which is currently being debated in terms of football activity, which is almost an exclusively male activity, we have a lot of concern in the hinterland, so to speak, about how a well-intentioned rule or regulation by the Congress may be implemented further down the line by the regulatory agencies.

Furthermore, the American population has been bombarded by so many health warning alerts, particularly about carcinogenic agents, that almost weekly or monthly a new statement is issued saying that nitrites, that Scotch, that cherries, or various other products, may have carcinogenic agents in them.

There is a great danger that there may be a health warning overload in the system when there are real, precipitous health dangers coming from radiation and other serious sources. These might be overlooked then in the sense that this is just another Government warning and Government regulation.

Almost any product or behavior in American society can be hazardous to one's health. Automobiles have been mentioned. I will not mention aircraft, although one of the major producers of an aircraft that has its home headquarters in my State has been subject to a lot of concerns about its hazards.

Long gas lines, sugar if used by diabetics, high cholesterol in foods if used by obese individuals, products with high salt content for those who have hypertension—we could extend the list, ad nauseum, for products which may be deleterious to one's health.

The question is, can the Federal Government label all products which have the conceivable capacity to be injurious to one's health always lurking in the background? Some comments made by some well-intentioned individual, is that they assume that the consumer has no information whatsoever.

We know that alcohol has been around since the beginning of the history of mankind/womankind, and that we have a tremendous amount of experience with it. A more positive approach—and this is where I see the major danger—is that we may “dance off” with a warning label and not do anything else. There is a desperate need, as was stated by the Department of the Treasury, since the efficacy of warning labels is uncertain, to have a sustained information education program which strongly involves the private sector of society, the voluntary organizations at the grassroots level, the national organizations, the Education Commission of the States, the various State commissions, and so forth, over a period of a generation or two generations.

Alcohol problems did not develop within this generation, nor will they be solved in this generation.

Thank you, Senator Riegle.

[The prepared statement of Mr. Pittman follows:]

STATEMENT
OF
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Washington University
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HEARINGS BEFORE THE SENATE
SUBCOMMITTEE ON ALCOHOLISM
AND DRUG ABUSE

COMMITTEE ON LABOR
AND HUMAN RESOURCES

September 14, 1979

SUMMARY

From my perspective as an academician, researcher, and current and former office holder in many local, state, national and international private and public alcoholism organizations, I am opposed to governmental mandated health warning labels on containers of beverage alcohol for many reasons. They are briefly:

1. Health warning labels are simplistic and cosmetic, though probably well intentioned devices to ameliorate the alcoholism problem in the United States.
2. There is not a single scientific study which would indicate that health warning labels would raise the public's awareness of alcohol problems or be effective in altering an individual's drinking pattern which is causing him or her problems.
3. There is a real danger that health warning labels would be misleading and reinforce the archaic belief that alcohol causes alcoholism, without any attention being paid to the crucial role of biological, psychological, and environmental factors in alcohol problems.
4. Health warning labels are unnecessary for the majority of Americans who do not have alcohol problems and drink in appropriate ways.
5. Health warning labels on containers ignores the fact that minimally 20 per cent of beverage alcohol is consumed in commercial contexts (on-premise establishments). This estimate does not include beverage alcohol consumed in familial and party contexts where a warning label may not be visible to the individual.

6. American society currently is characterized in Etzioni's terms by "regulatory overload," and the population is being bombarded by so many health warning alerts on so many products that they are being viewed by indifference by the population.

7. Almost any product or behavior can be hazardous to one's health from automobiles to salt for patients with hypertension. The federal government cannot be the parent or guardian for all citizens in all matters. New regulations for the protection of the population, however well intentioned, creates a vast bureaucratic empire for their enforcements and the costs of regulation are passed on to the consumer in high prices for the products and increased taxes.

A more positive approach than one-shot warning labels to sensitizing the population to alcohol problems is a sustained information and education campaign, both to the general population and to specific target groups over a period of years to the hazards of inappropriate drinking behaviors and their consequences utilizing both the resources of the public and private sector especially the active involvement of the beverage alcohol industry.

STATEMENT

Senator Riegle and Members of the Senate Subcommittee
on Alcoholism and Drug Abuse:

I am David Pittman, Chairman and Professor of Sociology at Washington University in St. Louis, where I have been a member of the faculty since 1958. I am pleased to present my views on consumer health warnings for alcoholic beverages and related issues, especially health warning labels on containers of alcoholic beverages to this distinguished subcommittee.

I have been active at the local, state, national and international levels of alcoholism prevention, education treatment and rehabilitation for the last 25 years beginning with my doctoral dissertation research on the chronic drunkenness offender, which was published in an expanded book form (Pittman & Gordon, Revolving Door, New Haven: Yale Center of Alcohol Studies 1958) with the aid of a collaborator (C. Wayne Gordon, Ph.D.), which made the bold recommendation (at that time, 1958) of decriminalizing public drunkenness and creating detoxification centers and rehabilitation centers for these individuals at the local and state level. I am extremely proud that the first community in the United States to decriminalize public drunkenness and establish a detoxification center with rehabilitation services was in St. Louis, Missouri, in 1966 and is still operational in 1979. My colleagues in the St. Louis and Missouri governments as well as those from Washington University, including myself, were instrumental

in designing this facility and engendering support and funding for this endeavor.

Currently my interests are mainly in the areas of the prevention of alcoholism and alcohol-related problems. I should indicate, however, that my comments concerning health warning labels are my personal beliefs and do not necessarily represent the position of my university, any organizations of which I am a member or an officer, or any public or private agency from which I receive funding for research or educational activities, whether it be the National Council on Alcoholism, the United States Brewers Association, Incorporated, the National Institute on Alcohol Abuse and Alcoholism, etc.

I have read the Legislative Hearing Report of the 95th Congress, "Alcohol Labeling and Fetal Alcohol Syndrome, 1978," the Bureau of Alcohol, Tobacco and Firearms (BATF) and Department of the Treasury document, The Fetal Alcohol Syndrome: Public Awareness Campaign, February 1979, and the Congressional Debate on warning labels in the Congressional Record of May 7, 1979.

The conclusion I have reached not only from reading these documents as well as my own experience as an academician, researcher, and as a leader in innovations in treatment and legislative activities to aid alcoholics and their families, is that health warning labels are simplistic and cosmetic, though probably well-intentioned, devices to ameliorate the alcoholism problems in the United States.

First, there is not a single scientific study which would indicate that health warning labels on containers of alcoholic

beverages would either raise the public's awareness of alcoholism and alcohol problems as significant public health problems or, above all, that they would be effective in altering drinking patterns of the already alcohol-addicted group of drinkers and those in high risk groups for developing alcoholism and alcohol problems. This point is made in the BATF publication, The Fetal Alcohol Syndrome: Public Awareness Campaign, February 1979, which states, "The effectiveness of labeling of alcoholic beverages is not certain." (p. 27) Sweden, which has a low per capita consumption rate of alcoholic beverages but extensive alcohol problems, has introduced a number of measures to reduce drinking of alcoholic beverages with higher prices for distilled beverages, health warning labels on containers of alcoholic beverages, and restriction on life style advertising which would glamorize drinking. However, there is no evidence yet that these measures have reduced the alcohol problem in that country.

Second, health warning labels on containers on alcoholic beverages would be misleading and reinforce prevailing sentiments that the real cause of alcoholism and alcohol-related problems is to be found in the agent, ethyl alcohol, and not in the more relevant variables of the individual (or the host in epidemiological terms) and in the environmental or sociocultural conditions in American society. More explicitly, the warning labels will be ineffective for those minority and stigmatized groups whose alcohol problems are intimately related to their position in American society; e.g., American Indians, Eskimos, Aleuts, low-income Blacks and

Chicanos. The solution to their high rates of alcohol pathology will be alleviated only by an improvement in their socioeconomic position in America. Furthermore we already know that alcoholics do not respond to lectures, exhortations, warning labels or moralizing of any type. If lectures or exhortations were going to solve the alcoholism problem, it would have disappeared during the previous generations, marked by Prohibition, Carrie Nation types, and pledges to remain sober.

Third, the overwhelming majority of Americans who do drink do not have problems with alcohol. Health warning labels are not needed for this group of people who drink in non-injurious ways to their health. We should remember that drinking patterns are learned in the individual's family unit and a strong positive family environment is one of the best protections against a child's later becoming an alcohol abuser. Furthermore, drinking patterns are modified by the individual's peer group and friends. By the time the individual is legally of age to purchase and consume alcoholic beverages he or she already has a set of attitudes and beliefs about alcoholic beverages.

In summary, we need to determine why some people drink to excess or have alcohol problems, and in most cases why humans have been drinking since the beginning of human history without significant problems; these are the primary research questions to which our attention should be addressed.

Fourth, a warning label that excessive consumption of alcoholic beverages may damage one's health comes at the end point

of personal drinking decision making -- namely after the purchase of the alcoholic beverage. Do we scientifically know whether or not a label will be read by the purchaser? Also, how does a warning label affect the consumption of alcoholic beverages ordered in restaurants, taverns and cocktail lounges where a proposed label would not be in view? It should be pointed out that approximately 20 per cent of the beverage alcohol is consumed in cocktail lounges, taverns, private parties, etc. How would warning labels apply to these situations?

Fifth, as Professor Etzioni noted in his evaluation of the responses to the advanced notice of proposed rule making on warning labels on containers of alcoholic beverages, "an excessively liberal use of government power has already led to regulatory overload /In American society/ (The Fetal Alcohol Syndrome: Public Awareness Campaign, *ibid.*, p. 228). The federal government is not responsible for being the parent or guardian for all citizens. Almost any product or behavior can be injurious to one's health. Automobiles, aircraft, long gasoline lines, sugar products such as cookies if used by diabetics, high caloric foods if used by obese individuals, products with high cholesterol content for patients with heart disease, salt for those who have hypertension, etc., can all be hazardous to one's health, but they do not carry warning labels. The federal government cannot and should not regulate every area of human endeavor or behavior; in my view the federal government has put out so many health warning alerts on so many products that they have reached the

point of being not only absurd but are viewed with indifference by the population.

I, as well as many other Americans in this inflationary period of high taxation, shudder to think of the vast bureaucratic empire that will be created in the Federal Drug Administration or the Federal Trade Commission to enforce this new regulation to protect ourselves against ourselves. To be enforced equitably, does the administrative agency propose -- since alcohol beverages are sold as mixed drinks as well as purchased in containers -- to require that all cocktail glasses be engraved with the warning, "Caution: Consumption of alcoholic beverages may be hazardous to your health"? These are practical details but we are all too aware of the rule-making capacity of such bureaucratic agencies as OSHA, EPA, the Department of Energy, etc. Americans, in all recent opinion polls I have read, are tired of the over-regulation of their lives by vast impersonal agencies on the banks of the Potomac. Health warning labels on alcoholic beverages is just another aspect of this governmental over-regulation and will be cost-ineffective in reducing alcoholism. Furthermore, what will be the cost of implementing these health warning labels?

From the American experience with federal governmental regulations over the last decade we must be cognizant of the fact that the placing of regulatory power, such as health warning labels in the hands of the Department of Health, Education, and Welfare, means that a vast bureaucratic army of new public employees must be maintained to exercise surveillance over the makers of

the beverage alcohol. We must keep in mind the cogent comment of the sociologist Nathan Glazer who states:

Place someone in the position of a regulator and he is likely to see his task as more important, his role as less intrusive, and the extension of his role as more justified, than do the people he regulates.* The Public Interest, No. 56, summer 1979, p. 627

Finally, I believe that the final danger in mandating health warning labels on containers of alcoholic beverage is that the United States Congress will give the population the impression that they have taken effective action against the problem of alcoholism and alcohol abuse, at a low cost to the federal treasury, since the cost of governmental regulation is always passed on to the consumer with higher prices for the product or in higher taxes. But, again, there is no evidence that at this time warning labels will have any significant impact on ameliorating America's alcoholism problem among high risk groups for developing alcohol problems (Eskimos, American Indians, male homosexuals, children of alcoholics).

A More Realistic Approach to Increase
Public Awareness of the Potential Health
Hazards of Beverage Alcohol Usage

We should be aware of the fact that humans have been producing and consuming alcoholic beverages for over 20,000 years and that its use in some societies and groups has been integrated into religious, ceremonial and celebratory activities, and furthermore used for medicinal purposes. Particularly relevant is the fact that in Western societies, alcohol beverages have played an

important role in these cultures and became an integral part in the dietary habits of Western societies in Europe before the United States was discovered and settled.

A cursory examination of ancient, medieval and contemporary history reveals that the civilizations of Ancient Greece and Rome were aware of the negative consequences of excessive drinking with warnings about "drinking too much wine was evil," that "moderate drinking should be the standard," and even at one point in Roman history women were forbidden to drink.

These historical observations are not intended to trace the history and use of alcohol. Instead these brief observations show how man's attitudes towards alcohol have been confused and ambivalent. The Greeks both praised and condemned alcohol. Also, a society can change its attitude towards alcohol. Early Rome was moderate in its drinking patterns, but later characterized by its excessive use of alcohol. Man has used and misused alcohol since the beginning of history and, most likely, will continue to use and misuse it until the end of history. In other words, there is nothing new about alcohol problems or the attempts to deal with them. It is unlikely that man will ever be able to do away with all the problems associated with alcohol. He must accept its disadvantages along with its benefits. However, we can now alleviate many of the problems associated with alcohol. And, our ability to cope with these problems will increase as our knowledge of alcohol and its uses increases.

Our attempts to cope with problems of alcohol misuse are not a recent phenomenon of the 1970's for previous generations

have been aware of this problem and have adopted various measures to deal with the problem ranging from complete Prohibition in the United States, except beverage alcohol for medicinal purposes from 1920-1933, to various age restrictions on the purchase and consumption of alcoholic beverage, restrictions on the hours, days, and places of sale for alcoholic beverages, etc.

But any program to sensitize the American population to the health hazards of excessive and inappropriate use of alcoholic beverage must be based on the foundation that the majority of adult Americans consume alcoholic beverages and that any program that does not meet the reality test of the experience of the American consumer is fraught with failure.

Specifically, the best device for alleviating America's alcohol problem is one that is based on a sound scientific foundation with strong educational programs that continue over a period of decades. The current problems with alcohol misuse did not develop overnight and are not going to be eradicated by simplistic and cosmetic devices such as printed warning labels on containers of alcoholic beverages. Concretely the following programs need either to be implemented or strengthened:

(1) The disease of alcoholism which afflicts millions of Americans still too frequently has a stigma attached to it. Public attitudes toward the alcoholic while more understanding than two decades ago still too frequently cast the alcoholic as one who caused his or her own disease. Private and public agencies need through concrete action to implement the orientation that

alcoholism is a treatable disease and individuals can and do recover from alcoholism. Specifically decriminalization of the public drunkenness offense with concomitant funding for treatment programs has begun to lag in this country in the late 1970's. Our largest state, California, still has not decriminalized public drunkenness, and individuals are still being arrested and jailed for having a disease which is treatable. Many states still do not mandate that group health insurance policies must include coverage for alcoholism as a primary diagnosis. Many private and public sector businesses and agencies do not have employee assistance programs for problem drinkers as part of their ongoing services, although the cost-feasibility of such programs was shown as early as 1943 by the DuPont Corporation. Treatment services for risk groups for alcoholism are still woefully inadequate for such populations as minority groups, many lower-income individuals, etc. In short, the priority attached to providing services for the alcoholic individual is generally low at all levels of governmental and private organizational structure.

(2) Research funding by both the private and public sector for studies geared to the prevention of alcohol abuse as well as to the causes of alcohol abuse and alcoholism are negligible compared to funds invested in such areas as cancer, heart disease, diabetics, etc. Although it is generally assumed that alcohol abuse and alcoholism are related to the complex interaction of biological, sociocultural and psychological factors in the environment, our body of scientific knowledge in these areas is fragmentary

and inconclusive. This is true regardless of the area under consideration whether it be the effect of alcohol advertising on drinking behavior and norms or the fetal alcohol syndrome (FAS). As Dr. Jack Mendelson has stated in reference to the FAS, "A surprising shortcoming in virtually every study of the fetal alcohol syndrome is a failure to consider or to adequately identify factors other than alcohol intake which may have contributed to behavioral and morphological derangements in the newborn."

(*Advances in Alcoholism, Raleigh Hills Foundation, June/July, 1979, Vol. I, No. 11, p. 3).

A stronger commitment to research, both basic and applied, is desperately needed in this field not only by the public sector but also the private sector, including the alcohol beverage industry.

(3) A sustained education and information campaign, both to the general population and specific target groups, is needed over a period of years to sensitize the public and professional groups to the hazards of inappropriate drinking behaviors.

Concretely, alcohol-specific education needs to be included in the elementary and high school curriculum so individuals can make informed decisions about their own personal drinking patterns. Alcohol-specific education needs to be included and strengthened in the college and professional school curricula -- especially many professional schools -- (such as medicine, social work, nursing, health education, psychology, sociology, pharmacology, etc.) still do not provide adequate training to the personnel to diagnose and treat individuals with alcohol abuse problems.

Mass media campaigns on the appropriate use of alcoholic beverages should be encouraged as well as those which assign positive attributes to those who choose to abstain from drinking. Too frequently in the past abstainers have been negatively characterized in both printed and visual media as a reaction to the Prohibition Era (1920-1933) of suppression of alcoholic beverages.

Educational or public awareness campaigns are not the sole responsibility of the federal government; in fact private organizations such as the National Council on Alcoholism, the Education Commission of the States, the North Conway Institute, the American Council on Alcoholism, professional groups such as the American Medical Society, the American Nursing Association, labor unions, private industry and the alcohol beverage industry all should be intimately involved in informing the public of the potential health hazards of inappropriate use of alcoholic beverages for women in child-bearing ages, for high risk groups for developing alcoholism, for operators of motor vehicles (that alcohol use and driving do not mix).

Such educational and public awareness campaigns should not be limited to specific time periods but should be constant ongoing activities.

(4) My conclusions on the feasibility of warning labels for containers of alcoholic beverages are similar to those reached by the Department of Treasury, Bureau of Alcohol, Tobacco and Firearms on "The Fetal Alcohol Syndrome Public Awareness

Campaign - Progress Report" (Notice No. 318; Re: Notice No. 316)

which states in summary:

The Department has concluded that there is a need for a public awareness campaign which educates the public about the possible dangers that consumption of liquor, beer, and wine by a pregnant woman can present to an unborn child. Because of the nature of the evidence now available as to the possible dangers, it is not yet clear that warning labels on alcoholic beverage containers would be the best tool to educate the public; and because the Department wants in all instances to avoid unnecessary government regulation, it is encouraging the alcoholic beverage industry to work with the Government and private interest groups to educate the public about the possible dangers.

Such a public awareness campaign, which involves the active cooperation of federal government, private organizations, and the alcohol beverage industry, should maximize the involvement of all parties concerned in alerting the American population to the risks associated with the inappropriate use of alcohol. However, such campaigns should not only be directed to women in child bearing ages but also to other areas where there are problems, such as driving and drinking, drinking by under-age individuals, and groups which have a high incidence of alcohol problems. Such programs have the advantage of being potentially more effective in reaching individuals than a simplistic solution such as a printed warning label on a container of beverage alcohol that "consumption of alcoholic beverages may be hazardous to your health," which reaches the consumer after the decision to purchase alcohol has been made.

In conclusion, I wish to thank this distinguished Senate Subcommittee for the opportunity to share my thoughts on the utility of health warning labels for reducing alcoholism and alcohol-related problems. As one of the "other victims of alcoholism" in that my father died from the consequences of alcoholism, my opinions are based not only on academic knowledge and personal experience but from deeply held personal beliefs about the role of the federal government in a democratic society.

Senator RIEGLE. Thank you, Mr. Pittman.

Next we will have Dr. Morris Chafetz.

Dr. CHAFETZ. Thank you very much.

I am the president of the Health Education Foundation, and the founding director of the National Institute on Alcohol Abuse and Alcoholism.

Because I am a psychiatrist I guarantee I will be meticulous about the time constraints.

I have a rather large statement which I will not read, and will submit for the record.

As I have heard the discussion develop, if I may, I would like to shift the focus. I would like to shift the focus by reminding us all—since I have been in the field for 25 years concerned about alcohol abuse and alcoholism—I need not be reminded of alcohol's dangers.

Since I have been the one who released in 1974 the alcohol and health reports to the Congress and the country, in which we highlighted the fact that excessive drinking by pregnant women increased the risks to their fetuses, I don't need to be reminded; and because I head a health education foundation that is determined to educate the American people that they have a major responsibility in maintaining their health, I don't need to talk about my concern about education.

What I prefer to talk about is what is the symbol and significance in a balanced approach to educating the people. We have no problem with realizing that alcoholism is a serious illness. We have no problem in recognizing that heavy doses of alcohol are dangerous to the fetus.

We have had no trouble recognizing that fact—since the time of Aristotle. Nor do we need to argue the fact that an American public wants to be informed and wants to be helped.

The issue is how do we inform them. Do we inform them by causing them fear or anxiety? Or do we try to tell them what we know and what we don't know, and leave it to their own common-sense, which we seem to have blurred lately in our enthusiasm to regulate everything?

Maybe that is a better way to communicate with the public. For example, in contrast with cigarettes that to my knowledge contain no redeeming health feature, alcohol in moderate use does have redeeming health features.

Lester Breslow, the renowned researcher from Los Angeles and the former chairman of the Public Health Association, in relating his findings of a study of 7,000 people and their health practices, used as one of the healthy practices the moderate use of alcohol.

We have findings that show that the moderate use of alcohol is related to an increase of high density lipoproteins which seem to be a protective device against heart attacks. We know that in certain premature contractions in pregnancy, interestingly enough, doctors use small doses of alcohol to prevent premature removal from the uterus of the baby.

Statistical studies show that moderate drinkers live longer than abstainers or heavy drinkers.

I could go on and on to tell you the benefit that alcohol has in moderate use for those who choose to drink over time.

Why am I against warning labels? I am convinced that warning labels are not a new issue. We have to remember that symbolically, we used to hang them around the necks of lepers because we were so sure that, in our lack of information, the mere presence of a leperous person was bad.

Then we had the skull and crossbones in apothecaries. We have always been warning people, and not putting a balance on it.

My suggestion, for example, if you want to have a caution of that sort, is, why don't you include, since you seem to be going on a medical model, also tell us the healthy ways of using alcohol?

I presume if you wanted to go that way, perhaps you ought to have a label on moderate use, how to use alcohol properly. That might not always put people in a fearful situation.

I am concerned that in our desire to focus on the problem we have forgotten the vast majority of the American people. Think about it, Senator. American women have been terrorized by my profession of psychiatry. They have gotten to such a state that whenever their children—and all children never meet the preconceived images we hold up to them—when they see the difference between their preconceived notion and what the child is like, they blame themselves. Now we have given them another issue.

Maybe it is that drink that they had that they will feel guilty about. Fright and anxiety are major causes of illness. There is no doubt about that. We don't take that into account.

For example, just to show what you have coming from the warning label, you heard my successor say that the best estimates are that there are nationally 1,500 fetal alcohol syndrome cases. The State of Wisconsin has already introduced a bill to put warnings on alcohol beverage containers, and already contends that there are 3,000 fetal alcohol children, just in the State of Wisconsin!

It is this kind of hysteria, the focus on the substance, that diverts us from the real issue. Alcohol abuse and alcoholism is a people problem, not a substance problem. I believe there is one phenomenon that our scientific, bureaucratic complex has not taken into account; all of us have not taken into account.

The resource that we have untapped is that of the natural wisdom of human beings in this country. If we tell them what we know and what we don't know, without scaring them but talking to them in a reasonable way, they will reach the right decision.

It has been proven in the water shortage in California, and in other areas. Give the people the information through a variety of mechanisms. Don't scare them. Don't put them down. And you will be surprised at how they respond.

Senator RIEGLE. The Senate voted recently by a pretty substantial margin to go in favor, to record itself in favor of a warning label. So we already have that as an expression of the Senate. You can agree or disagree with it.

Now, the question is not whether or not to label—the Senate has decided that—but to decide on the precise language. That is why we have this hearing.

In this draft which the staff prepared, the word "excessive" is added. As I listened to what you said, it sounds to me what you are saying is, excessive use is something you had to watch out for. Something less than excessive use falls into a different category.

Why isn't that a prudent way to start?

Dr. CHAFETZ. I think the focus on excesses is an important differentiation because we know that obesity accounts for the major cause of all health problems due to an excessive intake of food. Obviously, the Senate of the United States is not going to put a warning label on all foods: "Can be harmful to your health and may be addictive".

Senator RIEGLE. Just excuse me for a minute. You are not suggesting to the committee that all foodstuff or foodstuffs generally are in the same category in terms of risks that alcohol is if taken to the excess? You are not saying that to the committee?

Dr. CHAFETZ. Senator, if you will, on a statistical basis, as I understand health problems and disease and death in this country, obesity is a more serious problem—

Senator RIEGLE. That was not my point. My point is whether an excessive dose of oatmeal is the same thing as an excessive dose of alcohol. It is not.

Dr. CHAFETZ. When you phrase it that way, you will never have any disagreement.

Senator RIEGLE. If you do not intend that insinuation, I do not want it left out there because I think there is a possibility of that kind of interpretation.

Dr. CHAFETZ. I thought we were talking around the question of excesses.

What I am concerned about with warning labels is the focus and I sincerely say this to you, I think one of the major contributions to our alcohol abuse and alcoholism problem in this country is that we do not differentiate between moderate—for those people who choose to drink and excessive use. We have them muddled in our heads.

Senator RIEGLE. That is why we start here. I guess you are saying starting with the word "excessive," if we are going to do it—

Dr. CHAFETZ. I would say one of the best ways to start is from a positive approach. Let us reassure them because my studies show that they are worried and anxious and upset and confused and ambivalent, too. That is not healthy for them.

Senator RIEGLE. We had this 13-year-old girl in a suburban area of Maryland. She drank 6 ounces of 151-proof rum. In a matter of a few hours, she died. She apparently had no knowledge of the toxic effect of consumption, in that concentrated form in such a short period of time. That is not the only case. That is just a recent case that we can cite that happened here.

I am not sure how I would figure out a way to solve that. Help us solve that part of the problem.

Dr. CHAFETZ. I would say that tragedy could be averted if this country could speak only to both the positive and negative aspects of alcohol. We are busy selling it to the public as a very special thing.

If you will note, certain of the States, I believe your State has led that, has raised the drinking age from 18 or 19 to 21. People have all their majority rights on their side at age 18 but not the privilege to drink.

If I were in the liquor business, I could not think of a better way of making it attractive. I am a Bostonian. Before we had the new way of selling books, we used to ban them in Boston and it guaranteed you to be on the best seller list.

We have to use wisdom. The country of Italy has no appreciable alcoholism problem and has no drinking age for its young people. I am not advocating that.

Senator RIEGLE. What age do you think we should establish?

Dr. CHAFETZ. Personally, I am not interested in ages, because if we want to talk about the age of problems, you should have the drinking age at about 25. I understand the State of Alabama has taken up on that and has a bill to put the age at 50.

Senator RIEGLE. So you are not prepared to say that 18 is the right figure?

Dr. CHAFETZ. I would be prepared to say that if we have to have a drinking age, and I do believe this country does, that it is to be along with all other kinds of majority rights.

Senator RIEGLE. We have another vote. These are the second bells.

Dr. CHAFETZ. I thought they were ringing for me.

[The prepared statement of Dr. Chafetz follows:]

PREPARED STATEMENT OF
MORRIS E. CHAFETZ, M.D.
PRESIDENT, HEALTH EDUCATION FOUNDATION

Mr. Chairman:

I am pleased to submit testimony relating to the use of warning labels on alcoholic beverage containers.

Warning labels have an ancient history. They can be symbolized by the clanging of bells hung from the neck of lepers to warn the public of the leper's presence, to the skull and bones affixed to the labels in apothecaries for poisonous products. As a generality, warning approaches are ill-advised. Simplistic acts of alarm are often, in my opinion, an expression of desperation, emotionalism, and bankruptcy of ideas. My opinion should bear some weight since I have served for 25 years as a physician specializing in the scientific, academic, and clinical areas of alcohol use and abuse, and was the founding director of the National Institute on Alcohol Abuse and Alcoholism. In that capacity I had the responsibility to set policy and develop programs in the area of research, training, treatment and prevention. More importantly, I had to constantly confront the dilemma, as do you, Mr. Chairman, of where to draw the line between individual freedom and government regulation. In my present position as President of the Health Education Foundation, I am dedicated to enlisting all individuals and organizations on a crusade to promote their own good health. The presentation of health activities, by the nature of their educational design, run counter to the increasing use of and demand for bans, warning labels, and federal regulations sought by agencies and vested

HEF/MEC 9/14/79

interest groups as protective measures for a vulnerable society. I believe that the best hope for the protection and health of this society is knowledge and concrete information about the means to a healthy lifestyle and not more federal regulations and warning labels. We are a society in chaos because we have trusted too much in law and regulations and too little in people.

Twenty years ago most people did not deal with the concept of recalls and regulatory "alerts." But in our present era, cautions and alerts are constant facts of life causing terror and confusion in the public. Although these cautions and alerts create new industries and power bases for a few, they are ineffective in bringing about a desirable change in people's behavior toward health practices.

Have we begun to overreact by legislating against the credibility of every product and every person? Do we operate on the principle that we can create a risk-free life through regulation and advocacy? This upward trend of federal consumer regulations invites mortal danger to our democratic institutions because it jeopardizes the right of the individual to decide for himself. We also blunt the initiative to attack current problems with innovative solutions and we revert to those past mistakes reminiscent of Prohibition. I think we can all agree that Prohibition was a disaster. Recent studies tell us that one-third of the adult population drinks more than once a week, one-third drinks on festive occasions, and one-third not at all. Let's teach those people who drink, how to drink responsibly.

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Temperance crusaders and stampeded legislators enacted Prohibition as the quick and easy solution to the complex problem of alcohol abuse.

Righteousness replaced reason, as it usually does, and the temperance movement for moderation, which, by the way, I heartily support, became intoxicated by large gulps of zealotry until elimination of alcohol became the goal. Alcohol abuse and alcoholism, Mr. Chairman, are by anyone's definition a people problem. Whenever a policy evolved that is directed against the substance, invariably the personal traumas and tragedies of those ill from an excessive dependence on alcohol suffer.

Let me shape the concept in a real world way. Obesity and layers of fat deposited on a human being cause so much death, disease, and destruction that the difficulties that arise from the misuse of alcohol pale to insignificance beside the enormous destructive effects obesity causes. And, Mr. Chairman, the cause is simply the result of eating excessive amounts of food. Should we consider in the near future a warning label on food containers as being hazardous to health or habit-forming? Such a possibility contains as much intellectual and programmatic validity as does a warning label on alcohol beverage containers.

The current movement toward regulating consumption of alcohol beverages echoes our past: a past that believed that people and their behavior responded to the tinkering that should be reserved for only correcting the workings of mechanical objects.

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HEF/MEC 9/14/79

In the interest of time, I have attached to my statement, copies of my writings and submissions relative to this issue. I should like, however, to note in a different mode my reasons for opposition to warning labels.

The attempt to affect people's behavior by a warning label is best experienced in cigarette smoking. By every bit of information and study that I can find, everyone agrees that warning labels on cigarette packets are ineffective. And remember, Mr. Chairman, cigarette smoking has no redeeming features.

Alcohol is different. Although its excesses are devastating, its moderate use--for those who choose to drink--is beneficial. For example, Lester Breslow's well-known study of longevity in California lists the moderate drinking of alcohol as one of seven health habits. Moderate use of alcohol is associated with increased levels of high density lipoproteins--a component of cholesterol considered protective against heart attacks. Moderate use of alcohol has been shown to lessen the clotting mechanism in the blood. It is also used in treating the premature contractions of labor and has many other beneficial social and medicinal uses.

Now that we have briefly put alcohol into perspective, let us focus on warning labels.

But people might say: we know they are ineffective, but what is the harm? Warning labels are harmful for the following reasons:

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1. Each time we frivolously use the warning label technique, we use up our opportunity to reach people. We may need to warn them in the future about some real danger but the "cry-wolf syndrome" will have destroyed our credibility. Our present national apathy, by the way, may well be an outcome of this crying wolf syndrome.
2. We create unnecessary fear in the public. Many will scoff at the creation of anxiety and fear in a society, but as a psychiatrist I remind you, Mr. Chairman, that worry and fear are major causes of illness and accidents.
3. Warning labels are harmful also, Mr. Chairman, because they let legislators and bureaucrats off the hook. It is an easy out to feel that something is being done when nothing is being accomplished. Instead of these hearings on such a trivial approach as warning labels, I respectfully recommend hearings to be held on how we can really mobilize all sectors of our society to make sure that alcohol problems are prevented and/or treated humanely.

Mr. Chairman, if warning labels can be seen as ineffective and harmful, then I urge a shift of focus away from this trivial technique. If, however, the desire of the Congress and the constituency is to disrupt the recent attempts generated by BATF to involve the industry in a cooperative effort, then pass such legislation. If there are needs of political expediency to fulfill, then pass such legislation. If the desire is to deceive the public that we are doing something, when we are doing nothing, then pass such legislation. If we want to give people another thing to worry about, use this scare technique and pass such legislation.

But, Mr. Chairman, if the Subcommittee continues to follow the great direction offered the public under the Chairmanship of Harold Hughes, it will turn its creative energies to the considerations of the major issues of alcohol abuse and alcoholism that continue to lie fallow.

I will be pleased to answer any questions you may have of me.

APPENDICIES

APPENDIX I

Letter of June 4, 1979 from Senator Reigle to
Morris E. Chafetz, M.D.

Letter of June 20, 1979 from Morris E. Chafetz to
Senator Reigle with attached responses to requested
questions on warning label issue

APPENDIX II

"Caution: Warnings Are Hazardous to Your Health"
by Morris E. Chafetz, M.D.

APPENDIX III

Letter to Mr. Rex Davis, BATF, of March 15, 1978
from Morris E. Chafetz, M.D.

Statement of Carrie L. Randall, Ph.D. before the
Subcommittee on Alcoholism and Drug Abuse,
January 31, 1978

APPENDIX IV

Invited Statement of Morris E. Chafetz, M.D.
to the Senate Subcommittee on Alcoholism and
Drug Abuse

APPENDIX I

HARRISON A. WILLIAMS, JR., N.J., CHAIRMAN
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United States Senate

COMMITTEE ON LABOR AND
 HUMAN RESOURCES
 WASHINGTON, D.C. 20510

June 4, 1979

Dr. Morris E. Chavetz
 President
 American Health Education Foundation
 600 New Hampshire Avenue, N. W. #452
 Washington, D. C. 20037

RECEIVED
 JUN - 6 1979
 HEALTH EDUCATION FOUNDATION

Dear Dr. Chavetz:

As you may know, when S. 440, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Amendments of 1979, was considered by the Senate on May 7, the Senate approved an amendment offered by Senator Strom Thurmond of South Carolina which would require warning labels on all alcoholic beverages containing more than 24% alcohol by volume.

The warning label which Senator Thurmond initially proposed would have read, "Caution: Consumption of alcoholic beverages may be hazardous to your health, may be habit-forming, and may cause serious birth defects when consumed during pregnancy." The amendment which was accepted by the Senate contained the revised warning, "Caution: Consumption of alcoholic beverages may be hazardous to your health."

In order to supplement testimony presented at legislative hearings during the 95th Congress, the Subcommittee on Alcoholism and Drug Abuse is putting together a compilation of views and information concerning this issue. Knowing of your deep commitment to the alleviation of alcohol problems, I would appreciate your answers to the following questions:

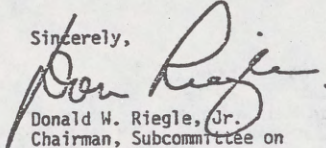
1. Would warning labels be effective in raising public awareness of the health hazards involved in the use of alcohol?
2. Should such warning labels, if any, be of a general nature, or should they address specific dangers such as the fetal alcohol syndrome, driving impairment, etc.?
3. Should Congress consider requiring a rotating system of labeling? For example, Congress could require that 10% of the labels contain a warning about the fetal alcohol syndrome, 10% on driving impairment, etc.
4. Should such warning labels be required on beer and wine as well as on distilled spirits?

5. Should beer and wine containers be required to indicate the percentage of alcohol per volume?
6. Should warning labels also be required on advertisements of alcoholic beverages?

I would appreciate it if you could comment on these important issues prior to June 22, 1979.

Thank you for your cooperation.

Sincerely,



Donald W. Riegle, Jr.
Chairman, Subcommittee on
Alcoholism and Drug Abuse

DWR/nor

Page Two

MORRIS E. CHAFETZ, M.D.
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June 20, 1979

Honorable Donald W. Riegle, Jr.
Chairman, Subcommittee on Alcoholism
and Drug Abuse
United States Senate
Washington, D.C. 20510

Dear Mr. Chairman:

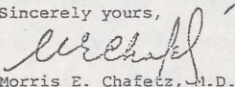
Thank you for inviting me to respond to questions concerning the issue of warning labels on alcohol beverage containers as requested in your letter of June 4, 1979. This issue was raised many times during my twenty-five continuous years of devotion to the field of alcohol abuse and alcoholism, and this inquiry was addressed time and again during my five years as director of the Federal government's alcohol abuse and alcoholism program.

I believe the application of warning labels is not only wrong but harmful. There are effective approaches that can help the public minimize the scourges of alcohol abuse and alcoholism. Please consider, Mr. Chairman, with my long-term professional commitment to this field, if I thought there was an iota of value to warning labels, I would be in the forefront of the movement to see them effectuated.

My responses to your questions are attached. I have included an underlined copy of Carrie L. Randall's testimony before the Subcommittee on Alcoholism and Drug Abuse, and for your pleasure, an unpublished article of mine entitled, "Caution, Warnings May Be Hazardous to Your Health."

If I can be of further help, please let me know.

Sincerely yours,



Morris E. Chafetz, M.D.

MEC/jmg

Enclosures (3)

cc: Member, Committee on Labor and Human Resources

RESPONSES TO QUESTIONS

ON

WARNING LABELS

Requested By:

Donald W. Riegle, Jr.
Chairman, Subcommittee on Alcoholism and Drug Abuse

Submitted By:

Morris E. Chafetz, M.D.
President, Health Education Foundation

Question 1. Would warning labels be effective in raising public awareness in the use of alcohol?

Response: Absolutely ineffective and dangerous! There is, to my knowledge, no health hazard to the use of alcohol. There is a health hazard attendant to the use of alcohol for some ill people; e.g., alcoholic people or persons taking pharmacologic medication of a depressant nature, but the health hazards associated with alcohol are those associated with misuse--excessive intake. This is not surprising. Intemperate use of even the most familiar substances can be dangerous. An excessive intake of water led directly to two reported deaths within the past year, and an excessive use of oxygen caused blindness in premature babies. Look at what can result from an over-abundance of food! Layers of unnecessary fat deposited on a human body lead to so much disease and death that the difficulties caused from the misuse of alcohol pale next to the problems generated by the overweight population. And, Mr. Chairman, obesity is simply the result of taking in excessive amounts of food. Should we consider putting warning labels on all food packages to read, "Caution: consumption of food may be hazardous to your health"? Such a possibility contains the same intellectual and programmatic validity as does printing a warning label on alcohol beverage containers.

But I have suggested that warning labels will not only be ineffective, they may even be harmful. Mr. Chairman, the circumcision of the American people has been anaesthetized by what

I label "the cry/wolf syndrome." Our society is admonished, warned, threatened and frightened so often about everything they eat, drink, or are exposed to, that they are turned off from listening to their protectors. Scientists, politicians, bureaucrats and public advocacy groups have so inundated them with warnings that, those of us committed to alerting the American public to their options in the preservation of health are impotent. As evidence accumulates that shows how effective simple health practices can be in preventing illness and premature death, we must re-establish our ability to communicate with a public inured by the frivolous abuse of alarms and warnings. Interestingly enough, Mr. Chairman, these effective health practices include the moderate use of alcohol. When Dr. Lester Breslow, Dean of the School of Public Health at UCLA, released the results of a major study on longevity, they showed that a man could maintain youthful vigor and add 11 years to his life by the practice of seven simple health habits; the moderate use of alcohol was one of the seven health habits.

There is also a major disadvantage to the indiscriminate use of warning labels: the cheap buyoff. In the area of alcoholism, societal neglect of alcoholic people has complicated the destruction from the excessive use of alcohol, and responsible action by legislators and policy planners has been minimal. If the Senate buys into the easy road of warning labels, they will be convinced that they are doing something useful when in

reality they're doing nothing. I prefer, Mr. Chairman, to hold you, your colleagues, and the American people's feet to the fire on the alcohol abuse and alcoholism issue. After years of neglect and inaction, there is a good deal more that cries out to be done than affixing warning labels. And in the nature of human behavior, applying a simplistic solution, such as a warning label, will provide a soothing balm for the legislative conscience.

Question 2. Should such warning labels, if any, be of a general nature, or should they address specific dangers such as the fetal alcohol syndrome, driving impairments, etc?

Response: Since I believe that warning labels are counter-productive, I oppose them for either a general or specific purpose. The question emphasizes how we delude ourselves, Mr. Chairman. The greatest single impetus to a warning label approach is the so-called fetal alcohol syndrome, and yet, there is no such syndrome based on all the scientific evidence available. There is no question, Mr. Chairman, that continual, heavy drinking done by a pregnant woman could harm the developing fetus. We have known this fact since the time of Socrates, and in preparing the Second Report to the Congress on Alcohol and Health in 1974, I highlighted the knowledge that heavy alcohol intake during pregnancy was harmful to the fetus. Is it really necessary to coerce an expectant mother not to drink to excess? Given proper education about the excessive

use of alcohol and its danger to fetal development, it is highly unlikely that a mother will jeopardize the potential good health of her child. Moreover, excessive liquor consumption is only one among many factors contributing to birth defects. Tension, anxiety, malnutrition, poverty, caffeine and tobacco are potential hazards as well.

I have examined current studies on birth defects and drinking and my position is no different than it was during my five years at NIAAA when we released Alcohol & Health Volume II in which we alerted the Congress and the nation to the effects of heavy drinking on the fetus. I see no new information that convinces me of a need for more press alerts or warning labels on liquor bottles. Such actions would serve only to frighten normal pregnant women. Those who are alcoholic are unlikely to change via warnings, and those who are light to moderate drinkers do not need them.

I would like to point out that one of the more relevant studies of fetal alcohol syndrome is on-going at Boston City Hospital in Massachusetts. The findings to date show that excessive drinking by pregnant women does increase the risk of random birth defects. No infant, however, was found to exhibit the effects of the entire FAS syndrome. Of the 663 women who volunteered to participate in the FAS research project, nine percent were classified as heavy drinkers consuming more than an average of 5.8 ounces of pure alcohol

a day. One-third of those drank up to 16 ounces of pure alcohol a day. Rare drinkers, comprising 52 percent of the population studied, drank less than one drink a month. The moderates, another 39 percent, drank more than once a month and did not meet the criteria for heavy drinking.

Analysis of the study revealed that most Boston City Hospital patients are poor and their babies suffer many of the typical health problems of poverty - premature births, small birth size and fetal meningitis, among others.

Findings show that both rare or non-drinking and moderate drinking groups had babies with birth defects. With heavy drinkers the rate of defects was twice that for the other two groups. If researchers care to look, the real findings here are simple: poverty is hazardous to your children's health! Just being poor and a non-drinker gives an indigent mother a one-in-three chance of delivering a baby with birth defects. As it turns out, Boston City Hospital places 35 percent of its newborns in intensive care units.. Why are there no health hazard alerts on poverty?

As I have indicated, excessive drinking and the risk to the fetus is well documented throughout history. What is new is the launching of a terror campaign intimating "conclusive scientific evidence exists" to prove the point of danger from any alcohol use in pregnancy. (May I remind you, Mr. Chairman, that the prohibition movement was the outcome of zealotry overcoming a sensible temperance [moderate] movement.)

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RR/HEP
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I would like to submit for your consideration a condemnation of the so-called conclusivity of this scientific finding, found in the words of Carrie L. Randall, Ph.D. who is in favor of warning labels and believes she has conclusive evidence of the teratogenicity of alcohol.

Carrie L. Randall, Ph.D. is a scientist at the Medical University of South Carolina, and her words are contained in her prepared statement presented on January 31, 1978 before the Subcommittee on Alcoholism and Drug Abuse of the United States Senate favoring warning labels because of the Fetal Alcohol Syndrome.

First, I point out that she does not differentiate moderate alcohol use from excessive use. Second, she states that retrospective studies are "impossible" in pinpointing causative contributions. She even goes further and incriminates as inadequate the best of the prospective studies.

Dr. Randall destroys the conclusivity and credibility of all human FAS studies to date. She believes, however, that her animal (mice) studies belie the muddled human research to which we are all responding. Her studies prove, in her opinion, alcohol's teratogenic effects.

Dr. Randall's study controls for nutritional variables by feeding mice an adequate diet along with alcohol. I do not quibble with her methodology; I am aghast at her conclusions. She assumes that because nutrition is ingested by the mouse, it must be used, therefore, adequately by the mouse. Yet most

scientists know that heavy doses of alcohol interfere both with absorption of nutrients and amino acid metabolism. These mice may have taken in nutrition; but whether those with heavy alcohol intakes could make adequate use of this nutrition is another matter, (therefore, the nutrition variable has not been excluded.) The tale gets worse.

The lowest dose of alcohol used in Randall's study was 17 percent of the total daily calories and she reports that these mice showed no effects in contrast to abstemious mice. Think of it, Mr. Chairman, almost one-fifth of the nutrition of these low-dose mice were alcoholic calories! How many persons - pregnant or otherwise - have 17 percent of their caloric intake made up of ethanol calories? The moderate-dose mice in this study had 25 percent of their nutritional needs supplied by alcohol, while the heavy-dose mice received one-third of their calories from alcohol!

How many moderate drinkers have alcohol make up one-fourth of their diet? How many alcoholics have alcohol make up one-third of their diet? Almost none except for a few skid-row people most unlikely to become pregnant.

Dr. Randall confounds her position by contending that the amount of alcohol was not high when she reports that the moderate-dose mice "yielded peak levels at less than 200 mg% (.2)." Point two blood alcohol levels are extremely high levels of blood alcohol as is half that amount of 100 mg% (.1).

From the above, Mr. Chairman, an objective analysis reveals that the scientific evidence of conclusivity is non-existent. We need further objective study as our policy actions too often reveal in retrospect that we act from emotion not knowledge. The common conclusion is this: much as scientists do not wish to admit it, they gravitate to where the power and money flow. Fetal Alcohol Syndrome is in; it is hot and is receiving programmatic money and interest. From that fact of life, all of a sudden, we are seeing babies in jeopardy because their mothers might take a drink during pregnancy. How babies were born safely before our scientific hysteria replaced old wives' tales is beyond me!

Question 3. Should Congress consider requiring a rotating system of labeling? For example, Congress could require that 10 percent of the labels contain a warning about the fetal alcohol syndrome, 10 percent on driving impairment, etc.

Response: As indicated, I am strongly opposed to any and all warning labeling requirements. This query is redundant as question number two addresses it. My experiences as founding director of NIAAA and as President of the Health Education Foundation, have given me special insight into the problem of alcohol abuse and its regulation by the Federal Government. A constant and perplexing dilemma is where does one draw the line between individual freedom and government regulation? The Health Education Foundation devises programs essential to good health. These, by the nature of their educational design,

run counter to the use of and demand for bans, warning labels and federal regulations sought by agencies and consumer groups to protect a "vulnerable" society. According to our studies, what our vulnerable society lacks is knowledge and concrete information about the means to a healthy lifestyle. We do not permit the public a real voice in the decision-making process. We usurp the right of the individual to decide for himself. We fail to attack current problems with innovative solutions by arbitrarily applying ineffective warnings and controls. Efforts to control alcoholism that concentrate on the substance alcohol focus on the wrong issue: the real issue is the personal and social traumas of those driven to drink. Historically when the focus is on the substance, righteousness replaces reason, and added excesses occur. The intoxication of the reformer is just as destructive as the intoxication of the drunkard.

Question 4. Should such warning labels be required on beer and wine as well as on distilled spirits?

Response: If the Congress should allow this absurd requirement of a warning label on alcohol beverage containers to become law, then it should be required for all alcoholic beverages.

The alcohol contained in spirits, wine and beer is pharmacologically the same. The differences are in strengths of dilution and nutrients contained with the alcohol. But if

a parochial view is to be the order of the day and one regresses to the ancient adage of "doing battle with demon rum," we should warn the public about all alcohol--in medicines and over the counter products, certain foodstuffs--or wherever we find a speck of the stuff.

Question 5. Should beer and wine containers be required to indicate the percentage of alcohol per volume?

Response: Yes. The Health Education Foundation and I, as its President, are strongly in favor of any factor that contributes to an informed public. An informed public is our greatest hope for the prevention of most illnesses--especially those of alcohol abuse and alcoholism. Any information that allows an individual to be responsible for his acts and risks, we favor. I cannot conceptualize why any industry would wish to keep the public uninformed unless (1) they had something to hide or (2) they did not respect the innate intelligence of people.

Question 6. Should warning labels be required on advertisements of alcoholic beverages?

Response: Absolutely not! Policymakers live by myths and images alone. Advertising is extremely effective in establishing brand preference but does not affect behaviors that cause misuse and excesses--the real issue of alcohol abuse and alcoholism. What we fail to recognize is that societies

exist; e.g., the Soviet Union, which suffers serious alcoholism problems, but have no advertising whatsoever of alcoholic beverages. Advertising is a ready and visible whipping boy for those with no ideas.

If we are truly concerned about the problem of alcohol abuse in this country, then we will take the problem directly to the people where concern for members of the society is not statistical but personal. People care about their health; they worry about their bodies and physical discomforts. Given the proper tools they will protect their health as no government stamp can. Bring relevant and timely research findings to the private sector and let it decide its future course of action. Citizens are just as apt as government to make the proper choices about their lifestyles and health. Two hundred years of experience in selecting a President and Congress has established their decision-making credentials. To approach the problem of alcohol abuse with negative warnings or warning labels can only deter the burgeoning, spirited movement for better health already underway.

RR/HEF
6-20-79

STATEMENT OF
CARRIE L. RANDALL, PH.D.

ASSISTANT PROFESSOR

DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

MEDICAL UNIVERSITY OF SOUTH CAROLINA

Senator Hathaway and members of the Subcommittee on Alcoholism and Drug Abuse, I am pleased to have the opportunity to appear as a witness to summarize my experimental findings in animals with respect to the Fetal Alcohol Syndrome (FAS). My colleagues in this work are Dr. W. Jaga Taylor at the University of Florida and Dr. William Boggan at the Medical University of South Carolina.

The clinical observations by Jones and Smith in 1973 on a common pattern of anomalies in children born to alcoholic mothers focused attention on the possibility that alcohol use during pregnancy may have deleterious effects on the normal development of the offspring. However, it is impossible in retrospective studies such as these to assess the relative contribution of a multitude of other variables accompanying chronic alcohol abuse, such as maternal physical and mental health, vitamin deficiency, multiple drug use, heavy cigarette usage, or even accidental falls, to the constellation of defects ascribed primarily to alcohol abuse by the mother. Even prospective studies, like the ones described today as well as those underway in Seattle and Loma Linda cannot adequately control for these variables in their populations under investigation.

Animal models afford the best alternative approach to the issue of whether alcohol is, in fact, a teratogenic agent capable of inducing both grossly observable birth defects, major organ malfunctions, and less obvious physical and intellectual deficiencies characteristic of the FAS in the absence of confounding variables. The particular model used in the research to be described does not simulate the "typical" alcoholic female, if there is any such thing. Rather, the approach was aimed specifically to address the question of whether alcohol was teratogenic when nutritional variables were controlled.

In the rodent, the total gestation period is about 20 days, with implantation occurring between days 4 and 5. Immediately following implantation is a period of organogenesis lasting for roughly 7 days that is characterized by rapid cell differentiation and organ development. This period of gestation has been shown

repeatedly to be particularly sensitive to teratogenic compounds. In the human, the first three months of pregnancy, or the first trimester, is the organ-forming period. In both man and animals, the type of malformation observed will be closely related to the state of development at the time of exposure. Since many organs are developing simultaneously, a combination of different abnormalities will follow any insult.

Alcohol was introduced to pregnant female C57BL mice only during the period from Day 5 of gestation through Day 10. It was felt that if alcohol acted similarly to other teratogenic agents, its effects should be demonstrable with brief exposure during this critical period of development. Mice were fed alcohol in a chocolate-flavored commercial liquid diet fortified with vitamins and minerals. The liquid diet supplied the animal's sole source of food and fluid. Three doses of alcohol were used, a low, medium, and high dose. The low dose did not result in any measureable blood alcohol levels, the moderate dose yielded peak levels less than 200 mg% (.200) and the highest dose resulted in peak blood levels slightly above 300 mg% (.300). Control mice were given the same number of calories per day as the experimental animals by being pair-fed an identical liquid diet with sucrose substituting isocalorically for the ethanol in the experimental diets. This paradigm, thus, equates nutritional intake between groups and insures an adequate supply of vitamins and minerals. The only difference between the experimental and control groups is the presence of alcohol during the treatment period. Following this period, the animals were returned to lab chow and water. At term the fetuses were removed and, following fixation, were examined by microdissection.

The incidence of prenatal mortality and congenital malformations increased in a dose-related manner. The lowest dosage of alcohol which provided 17% of the total daily calories in the form of ethanol was not statistically different from

its nutritional control group on any measure, while the two higher doses providing 25 and 30% ethanol-derived calories resulted in significantly more anomalous offspring than observed in pair-fed controls. More specifically, in the moderate dosage group, 30% of the total number of fetuses were defective as compared to 3% in its control group. With the higher dosage (30% ethanol-derived calories), the frequency of malformations increased to 39% and prenatal mortality to 23%, while only 2% of control pups were born defective and 7% were resorbed in utero. Statistical comparisons between each experimental group and its respective control demonstrate that differences such as those observed in the moderate and high dosage groups would occur by chance in only 1 of 1000 times.

The types of anomalies that we observed included skeletal defects, primarily of the digits, urogenital anomalies such as kidney abnormalities, cardiovascular disturbances, and central nervous system anomalies including hydrocephalus, and small or absent eyes. Dr. Chernoff at the University of California, San Diego has also reported similar findings in his mouse model which more closely approximates the "real-life situation" by exposing mice to alcohol prior to mating and throughout gestation. Results in the dog by Dr. Ellis at the University of North Carolina and in the rat by Dr. Riley at SUNY Albany further substantiate the findings in the mouse. Taken together, these data indicate that in animals, an alcohol diet which is adequate in vitamins and protein results in increased fetal wastage and birth defects similar to those reported in children born to alcoholic mothers. The significant difference between the clinical and laboratory reports is that in our animal model as well as those used by others, the results were obtained under controlled, non-stressful conditions and more importantly, in the absence of malnutrition, vitamin deficiency, or multiple drug use. It should be reemphasized that the amount of alcohol ingested by the mice in our study is

not unrealistically high. The blood alcohol levels ranged from 0 to above 300 mg% (.300). Mendelson and Mellow have demonstrated that alcoholics can function "normally" at levels of 250 mg% (.250). These values, then, are not excessive for heavy drinkers. The blood alcohol results also indicate that circulating blood level, rather than alcohol exposure, per se, is the critical variable. The low dosage group (17% ethanol-derived calories) rarely had measurable blood alcohol levels and also did not differ from their nutritional control group. Unfortunately, the critical blood alcohol level required to produce fetal anomalies and the exact critical time of exposure cannot be definitively answered by this study. This type of work is now underway. At this point it should also be noted that genetic susceptibility to alcohol is an important factor to consider when speaking of alcohol's teratogenic potential. Not all individuals are affected similarly. Dr. Chernoff has reported striking strain differences in the mouse, and work in our laboratory also implies that some strains are more susceptible to alcohol's pharmacological effects than others, as is the case with differential sensitivity frequently observed in the human.

While it is not possible to generalize directly from animal models to the human because of basic differences between the species, results gathered from animals offer support to the clinical observations, and demonstrate that alcohol, per se, is a potent teratogen even in the absence of nutritional deficiency. Information gained from animal models of the FAS should aid in addressing issues related to the mechanism of action of alcohol that causes the birth defects observed, critical periods of susceptibility, and critical blood alcohol level. In addition to morphological information, animal models can provide valuable data on the nature, incidence, and reversibility of the behavioral and psychomotor disturbances frequently seen in FAS children. Until these issues can adequately be answered, caution should be exercised in the pattern of alcohol use during pregnancy. Prevention of the FAS is obviously, the ultimate goal.

APPENDIX II

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CAUTION: WARNINGS ARE HAZARDOUS TO YOUR HEALTH

Scene: Kinshasa, Zaire

Teacher: Can anyone tell us how the
great American technological civili-
zation ended?Child: All the women in the country were
suddenly wiped out in one week--
half of them had bought and eaten
canned, rotten tuna; the other half
suffered the fatal effects of es-
trogen overdose in birth control
pills before news of the recall
reached them.

We are not there yet. But at the rate American products are being recalled, placed on health hazard lists, and labeled with warnings, it is not difficult to imagine such a classroom scene of the future.

Twenty years ago it was unlikely that children or their parents understood the concept of recalls and regulatory agency "alerts." But in 1977 cautions and alerts are facts of life around which Americans shape their personal life styles.

The fundamental issue in a civilized society of how much governance the people want was driven home to me in my earlier career as the first director of the National Institute on Alcohol Abuse and Alcoholism. Daily I wrestled with the issue of freedom and personal pleasure versus self-destruction. How do governments or well-intentioned consumer groups protect a population that is not sure how much protection it wants?

Examples of society's ambivalence about regulations are to be found in current controversies over such substances as hair dyes, artificial sweeteners, and Laetrile. Interviewed on network television about the report that certain hair dyes were thought to contain cancer-causing agents, women-in-the-

street said they "couldn't stop living," that "nothing seems safe anymore, anyway," and that they would not consider a substitute. These appeared to be direct reactions to the warning.

Last summer Ralph Nadar decided to organize the last open frontier, America's sports spectators, into something called "FANS." His new public interest lobby was to combat scalper-priced tickets, concession stand rip-offs, and generally anything taking place beneath the stadium roof. Fans and the press evidently decided they would venture out to sporting events at their own risk, foregoing his consumer protection. Necessary or not, the idea apparently fell on deaf ears and has not been heard from since.

What we are witnessing is "expert-backlash," society's reaction to losing its decision-making powers to the scientific establishment, government regulatory agencies, organized consumer coalitions, and the media.

How many of us recall the Great Swine Flu Epidemic of '76 that never was? President Ford and his scientific advisors prophesied that during the 1976 election year a highly virulent strain of influenza would sweep through the United States taking many American lives.

Great panic swept through retirement homes as senior citizens rushed to immunization centers on the advice of the President and his public health experts. Pharmaceutical houses couldn't get their hands on enough eggs for cultivating the vaccine. Congress passed special legislation to protect the companies from liability making Uncle Sam the insurer. While the epidemic never materialized, cases of vaccine-induced paralysis and death were reported--a result of administrative action and legislative solutions in an election year.

Recently, the National Cancer Institute revealed that it may have funded a program that inadvertently resulted in 58 needless mastectomies. The dosages of x-ray to which women were exposed who participated in a government-funded breast cancer screening program were thought to have actually created tiny tumors.

When government goofs, unlike an individual using his own common sense, it does so with monumental consequences.

For life and death reasons health hazard talk always attracts attention. The average American does not have the expertise or the resources to personally run lab studies on hair dyes, sweeteners, and other suspect materials, so he trusts the scientific establishment to do it for him. Nor does he get to interpret results--the politicians do. What does he know about election-year politics and Swine Flu?

Not all examples of government protectionism are so clear cut as the Swine Flu debacle. More often, research proves inconclusive, has many shades of gray, "appears" to point in one or two directions. The research results are turned over for interpretation to a high-ranking member of the scientific community who often happens to be a member of the political power structure.

One such politicized case I experienced as Director of the NIAAA from 1970-75 was the issue of the Fetal Alcohol Syndrome (FAS)--can alcohol consumed by pregnant women harm a developing fetus?

In 1972 when I read Dr. Christy Ulleland's first report linking the drinking habits of alcoholic mothers with birth defects, I did not signal any alarms at NIAAA. Although we highlighted these findings in The Second Report, to the U.S. Congress on Alcohol and Health (June 1974), we did not

feel the findings were new. The members of my Advisory Board and my scientific consultants all understood that FAS concerned excessive amounts of alcohol--the quantity, perhaps, consumed by an alcoholic person. In the course of representing NIAAA, I held press conferences on many subjects throughout the United States and never a question was raised about jeopardy to the average pregnant woman.

What Dr. Ulleland's study presented was dramatic and dreadful evidence that children born to alcoholic mothers had developmental disabilities such as IQ's 35-40 points below average, and birth defects of head, face, heart, genitals, hands, and toes. She also concluded that "binge drinking" was responsible for defects at certain critical points in the development of the fetus. Indeed, the second report to Congress pointed out that binge drinking is unhealthy for everyone.

Although just documented by science in 1972, history warns against excessive liquor consumption by pregnant women. Aristotle commented on the subject. In ancient Carthage and Sparta, to prevent conception during intoxication, public laws prohibited newly married couples from using alcohol. Even the English alluded to the problem during the "gin epidemic" of the 1720's when the College of Physicians warned Parliament that drinking is a "cause of weak, feeble and distempered children." Since 1972 numerous research teams have confirmed Dr. Ulleland's findings with both human and animal studies and show that excessive alcohol intake is as unhealthy for the fetus as it is for the mother.

What is new about the subject matter is the way it has been interpreted and announced to the public. Researchers established definite risk levels

at three ounces of absolute alcohol a day; yet, the public was warned not to consume more than one ounce a day. Safe, moderate drinking became indistinguishable from heavy excess and was ruled out for pregnant women. My advice to pregnant women is--if the alarms worry you, don't drink. Alcohol is not a necessity. Consider that worry, tension, and anxiety also affect the fetus. Although nothing we do is at zero risk, if a woman is healthy and since pregnancy is normalcy, not sickness, I can see no reason at this time why she cannot be a light to moderate drinker. Let us not forget that in other countries--France, Italy, and Germany, for example, where wine or beer are typically drunk with meals, women consume more alcohol than American women do, yet there is no evidence that they suffer an unusual number of infants with defects or that the Fetal Alcohol Syndrome is a major concern.

My position is today as it was during my five years at NIAAA. I have seen no new information that convinces me that we need more press alerts, an increase in cautionary messages to physicians, or warning labels on liquor bottles to scare normal pregnant women. Warnings, which are needed most by alcoholic pregnant women, are ineffectual and the light to moderate drinker does not really need them.

Even more troublesome than the way sanity and balance get lost in health hazard alerts is how research findings are often overlooked. Basically, researchers set out to prove or disprove the original hypothesis. But what happens to secondary issues that crop up in the course of research? Frequently they are overlooked, described as interesting developments, or thought unrelated to the issue being studied. I believe many other factors enter the picture when we attempt to track down causes of birth defects. For

example, nutrition, smoking, caffeine, other drugs, and environmental factors must be considered when tracing causes of birth defects. Some researchers and I question that what we have labeled a "syndrome" is not a true syndrome at all but, rather, random defects.

Just recently news came out of a University of Washington project that points to a link between birth complications and caffeine in the consumption of six to eight cups of coffee a day. Another report in Medical Tribune links a high incidence of abnormal number of rat fetuses to subway riding stress. Too often we overlook the most obvious cause--excess. Whether it's excess of alcohol or excessive combinations of drinking, smoking, and coffee consumption, we tend to search for the "bad" product rather than "bad" use of the product. In doing that we overlook the acceptability of moderation.

It appeared initially that a study at Boston City Hospital confirmed many other studies conducted since 1972 on the Fetal Alcohol Syndrome: A group of 663 women who received prenatal care at the hospital volunteered to participate in prospective research looking into the incidence of birth defects and the mothers' alcohol consumption. Nine percent of the women were classified as heavy drinkers, that is, consuming more than an average of 5.8 ounces of pure alcohol a day; 1/3 of these drank up to 16 ounces of pure alcohol, or the equivalent of a quart of whiskey a day. Rare drinkers, composing 52 percent of the population being studied, drank less than one drink a month. The moderates, 39 percent, drank anywhere from more than once a month to a maximum of 5.8 ounces a day and did not meet the criteria of heavy drinking. Findings showed that both rare or nondrinking and moderate drinking groups had babies with birth defects. With the heavy drinkers the

rate of defects was twice that for the other two groups.

In addition, the scientific-bureaucratic complex and the media factored out that most Boston City Hospital patients are poor and their babies suffer many of the health problems typical of poverty--including premature births, small birth size, and fetal meningitis. If researchers care to look, the real finding here is simple: poverty is hazardous to your children's health. Just being poor and a nondrinker gives an indigent mother a one in three chance of delivering a baby with birth defects. Boston City Hospital places 35 percent of its newborns in intensive care units. Why are there no health hazard alerts on poverty?

Our establishment seems invariably to go about its problem-solving tasks by applying the quickest band aid solution for whatever ails society--a new regulation. For the past three Congresses, Strom Thurmond has introduced a bill calling for a label on all beverage bottles containing more than 24 percent alcohol. It would read "hazardous and habit-forming." There's a proposal to lower that percentage to include wine. Why not a warning label on Boeing 747's because they have a greater capacity for death than other planes?

Recent newspaper stories described how the FDA is trying to reclaim regulation of alcohol from the Bureau of Alcohol, Tobacco, and Firearms in the Treasury Department so that it may put warning labels on liquor bottles. The label would, in effect, describe alcohol as a teratogen, which means a substance capable of producing fetal monstrosities. Fetal monstrosity for the light and moderate drinker! Bottle labeling is nothing more than a copout that fools legislators and administrators into believing they have

solved a problem. Labels do not deter alcoholics.

I recall an Art Buchwald column remarking on the seemingly endless list of laboratory-tested substances that could cause cancer. Rather than more warnings, and more scares, Buchwald suggested, what this country needs is stronger laboratory rats.

I wholeheartedly endorse the FDA position of educating the public by providing information, but I can think of any number of more effective methods than affixing a skull-and-crossbones to a liquor bottle. Instead of repeated hazard warnings, government might wage massive consumer education campaigns by reducing the number of bureaucrats it hires to write, produce, implement, and monitor its regulations, and put those taxpayer dollars into paid messages. Imagine billboard, TV, radio, and newspaper ads on a continuing basis aimed at giving consumers the facts! Give the government employees some challenge by training them to work in innovative government information centers to meet the public instead of writing more meaningless regulations. Can government possibly set aside the superficial solutions of labels, bans on advertising, excessive federal taxes on alcohol, and attempts to raise the legal drinking age and seek more creative ways of getting consumers to change behavior?

The Canadian government has released a report from its Health and Welfare Ministry which demonstrates that consumption of alcohol is not influenced by changes in the volume of advertising of the product. Advertising cannot create an alcoholic.

Government has a responsibility to give citizens the facts and the analytical tools with which they will arrive at their own decisions. I know

of no evidence that confirms that we scientists and bureaucrats know how much more safely to navigate through life than members of the public with no claim to expertise.

Sharing responsibility with the public worked during the recent California drought. Instead of rationing water and appointing water wardens, the media and government provided the facts and practical tips for how to conserve water by using bricks in toilets, fitting adapters onto shower heads and faucets, and cutting down on bathing and washing. The point is that the experiment in changing human behavior worked because citizens made their own informed decisions.

Prohibition, another example of a legislative failure, never tried to educate the population to change behavior. It began as a temperance (moderation) movement and fed by the fires of zealotry, soon set as its goal prohibition. Its greatest success was in capitalizing organized crime in the United States. It failed in the United States and in every country in the world where it was tried, including totalitarian regimes. India and Russia could not enforce it.

Although the American government failed at prohibition, a regulatory solution to a behavior problem, the American people themselves have succeeded in changing their own smoking habits. Through private sector initiative and individual commitment to change, it is now an embarrassment to light a cigarette in a room of nonsmokers and a courtesy to ask permission to smoke. After the release of the Surgeon General's reports, the public picked up the momentum and highly successful consumer education programs were developed and implemented by the American Cancer Society, the American Lung Association,

school-teachers, hospital auxiliaries; movie stars and organized groups of former cancer patients gave public testimonials; the press donated public service space and time for anti-smoking messages.

Perhaps the most compelling information was the news that nonsmokers are affected by toxic agents expelled by smokers. Hence, we have separate smoking sections in trains and planes and some restaurants. The Civil Aeronautics Board has announced that it will ban cigar and pipesmoking from planes entirely.

Decision-making, especially about major national programs concerning health, must be returned to the public. Be it through a citizen consumer panel or an old-fashioned referendum, life-and-death decisions belong to the individual. If the average confused citizen can draw any conclusion from government-science-media miscalculations, needless scares and overregulation; it is that his judgement is as good as any. Give him the facts and the background on how government and science arrives at its conclusions and let him make the decision.

Places of employment would make excellent bases for health information and education centers. Feed as much information as exists on heart disease, cancer, alcohol, exercise, and fitness to the employee for his consideration in making decisions that effect his health and that of his family. Several foresighted employers have already installed gyms as an employee fringe benefit. That is a benefit that pays for itself in reduced health insurance premiums. There are many more creative ways of promoting health, limited only by imagination.

Given the responsibility for one's own destiny, each American will soon

Learn that one cannot have anything to excess without putting himself in some danger. Then each of us will face the same question that government now asks for us: Is the benefit worth the danger? When each of us answers that question for ourself, we will present the greatest hope for social progress in the health arena.

Morris E. Chafetz, M.D.
President
Health Education Foundation
Principal Research Scientist
Johns Hopkins University Metropolitan
Center for Planning and Research
Founding director, National Institute on
Alcohol Abuse and Alcoholism

APPENDIX III

March 15, 1978

Mr. Rex Davis, Director
Bureau of Alcohol, Tobacco & Firearms
Department of the Treasury
Washington, D.C.

Dear Director Davis:

Since BATF has invited comments on its proposed rule-making, I am accepting this invitation to express some opinions on the use of warning labels on alcoholic beverage containers, and the Fetal Alcohol Syndrome (FAS).

The enclosed copy of my testimony to the Senate Subcommittee on Alcoholism and Drug Abuse reveals the fundamental reasons for my opposition to the use of warning labels. Although I have no doubt that heavy alcohol use greatly increased the risk of harm to the fetus as well as to the mother, nevertheless I do not consider the application of warning labels to alcohol beverage containers as a worthwhile effort. Warning labels have been consistently ineffective. I would not mind the waste of time in requiring their application if they were harmless. But they are not!

Warning labels are hazardous for two reasons. One, labeling permits legislators and policy makers to convince themselves that they have instituted a meaningful program for the protection of alcoholic and other mothers when they have done nothing. The problems of alcohol abuse are so pervasive and have been neglected for so long by this society that it would be harmful to allow legislators and policy makers "off-the-hook" with this ineffective gimmick.

The second hazard of warning labels is the psychologic harm they engender. While they cannot deter an alcoholic mother, the nonalcoholic mother does not need them. These warning labels will generate guilt and fear among women who are already mothers. These mothers are bound to wonder about any drinking they may have done during their pregnancies. These women do not need another stimulus for guilt and worry; they have their children to apply that stimulus.

In 1974, as you know, the Secretary of Health, Education and Welfare released Alcohol and Health Volume 2 to the Congress and the public. I chaired the scientific group that compiled that document. We took note of and highlighted the findings that excessive, heavy drinking in pregnant women increased the risk of producing abnormalities in their offspring. It was not a new finding. Excessive drinking and the risk of harm to the fetus is well documented.

throughout history.

What is new is how a terror campaign has been launched with the intimation that "conclusive scientific evidence exists" to prove the point of danger from any alcohol use in pregnancy. (May I remind you, Mr. Director, that the prohibition movement was the outcome of zealotry overcoming a sensible temperance (moderation) movement).

I would like to submit for your consideration a condemnation of the so-called conclusivity of this scientific finding, found in the words of a scientist who is in favor of warning labels and believes she has conclusive evidence of the teratogenicity of alcohol.

The scientist is Carrie L. Randall, Ph.D. of the Medical University of South Carolina and her works are contained in her prepared statement presented before the Subcommittee on Alcoholism and Drug Abuse of the United States Senate favoring warning labels because of the Fetal Alcohol Syndrome. I have enclosed an underlined (by me) copy of her statement.

First, I point out that she does not differentiate alcohol use from excessive use. Second, she states that retrospective studies are "impossible" in pinpointing causative contributions, and I agree with her. She even goes further and incriminates the best of the prospective studies as inadequate, and I agree with her. May I point out that the hue and cry over the Fetal Alcohol Syndrome is based most often on retrospective studies!

Dr. Randall destroys, by her correct statements, all the conclusivity and credibility of all the human studies reported to date. She believes, however, that her animal (mice) studies do away with the muddled research to which we are all responding. Her studies prove, in her opinion, alcohol's teratogenic effects.

Dr. Randall was controlling for nutritional variables by feeding an adequate diet along with alcohol. I do not quibble with his methodology; I am aghast at her conclusions. She assumes that because nutrition is ingested by the mouse, it must be used adequately by the mouse. Yet most scientists know that heavy doses of alcohol interfere with absorption and amino acid metabolism. These mice may have taken nutrition in; whether or not these mice with heavy alcohol intakes could make adequate use of this nutrition is another matter, and the nutrition variable has not been excluded. The tale gets worse.

The lowest dose of alcohol used in Randall's study was 17% of the total daily calories and she reports that these mice showed no effects in contrast to abstemious mice. Think of it, Mr. Director, almost one fifth of the nutrition of these low-dose mice were alcoholic calories! How many persons - pregnant or otherwise - have 17% of their caloric intake made up of ethanol calories? The moderate-dose mice in this study had 25% of their nutritional needs supplied by alcohol, while the heavy-dose mice received one-third of their calories from alcohol!

How many moderate drinkers have alcohol make up one-fourth of their diet? How many alcoholics have alcohol make up one-third of their diet? Almost none except for a few skid-row people most unlikely to become pregnant.

Dr. Randall confounds her position by contending that the amount of alcohol was not high when she reports that the moderate-dose mice "yielded peak levels at less than 200 mg% (.2)." Point two blood alcohol levels are extremely high levels of blood alcohol as is half that amount of 100 mg% (.1).

From the above, Mr. Director, an objective analysis reveals that the scientific evidence of conclusivity is nonexistent. We need further objective study for our policy actions too often reveal in retrospect that we act from emotion not knowledge. The common conclusion is this: much as scientists do not wish to admit it, they gravitate to where the power and money flows. Fetal Alcohol Syndrome is in; it is hot and is receiving programmatic money and interest. From that fact of life, all of a sudden, we are seeing babies in jeopardy because their mothers might take a drink during pregnancy. How babies were born safely before our scientific hysteria replaced old wives' tales is beyond me.

I recognize that BATF is being put under enormous pressure publically and politically to do the will of other agencies. Mr. Director, my devotion to the alcoholic population of this Nation is such that it would cause me to be in the forefront of any activity that I believed would alleviate this problem. But I cannot in good conscience support or even condone an approach as superficial as the use of warning labels on alcohol beverage containers to prevent pregnant women from using alcohol to excess.

If I can help further in any way as you consider your decision, please feel free to call upon me.

Sincerely,

Morris E. Chafetz, M.D.

MEC/mm

Enclosures:(2)

APPENDIX IV

INVITED STATEMENT OF

MORRIS E. CHAFETZ, M.D.

PRESIDENT, HEALTH EDUCATION FOUNDATION

Mr. Chairman:

I am grateful for the invitation to provide testimony regarding Bill (S-1464) which questions the use of warning labels on alcoholic beverage containers.

My experiences as the founding Director of the National Institute on Alcohol Abuse and Alcoholism and as the President of the Health Education Foundation have provided me with special insight into the problem of alcohol abuse and its regulation by the Federal Government. Daily, I have had to confront the dilemma of where one draws the line between individual freedom and government regulations. As President of the Health Education Foundation, I have been fortunate enough to devise the programs I believe essential to good health. These, by the nature of their educational design, run counter to the increasing use of and demand for bans, warning labels and federal regulations sought by agencies and consumer groups as protective measures for a vulnerable society. It is my belief that what our vulnerable society lacks is not federal regulation and more warning stamps, but knowledge and concrete information about the means to a healthy lifestyle.

Twenty years ago it was unlikely that children or their parents understood the concept of recalls and regulatory agency "alerts". But in 1978 cautions and alerts are facts of life around which

Americans shape their personal lifestyles.

Have we begun to overreact by legislating against the credibility of any seemingly hazardous product or "rip-off" without permitting the public a voice in the decision-making process. As we continue this upward trend of federal consumer regulation, we invite danger to our democratic institutions. First, and foremost, the individual's right to decide for himself is jeopardized. Eventually all rights could be swallowed up by a growing federal control system. Secondly, by arbitrarily applying controls, we fail to attack current problems with innovative solutions. Rather we revert to our past mistakes which are dangerously reminiscent of Prohibition, a movement that failed in all respects.

Temperance crusaders and legislators enacted Prohibition as the quick and easy solution to a complex and growing problem. Righteousness replaced reason, and a movement for temperance (moderation) unfortunately led to excesses. Efforts to prevent the spread of alcoholism concentrated on the elimination of the substance alcohol not on the personal traumas of those driven to drink. Prohibition produced no remedies, rather it produced new social ills among which we find:

- The capitalization of organized crime as an outgrowth of "bootlegging" operations to supply illegal liquor

- Society's increased ostracization of alcoholic people
- The surreptitious use of alcohol which in turn created a climate of guilt, confusion and conflict - conditions conducive to a high incidence of alcoholism, leading to our present-day serious alcohol abuse problems.

In my judgement, the current movement toward regulating consumption of every questionable product on the market echoes of our past; a past that failed to confront the real problem of alcoholism - that of the individual abuser. We cannot change America's drinking habits by altering the labels on its beverages. Habits belong to people, and thus it is to the people we must address our best efforts to help.

The Health Education Foundation is dedicated to the proposition that people can help themselves in health. A belief in the inherent wisdom of people - if people are dealt with wisely - is at the heart of our programs. It is, implicitly, totally devoid of the simple solution to complex problems exemplified by warning labels, advertising bans and a variety of nonpeople oriented approaches. May I remind you, Mr. Chairman, in health issues, people are our only resource of importance.

Has federal regulation created the recent impetus for action against smoking? Or has the initiative to change smoking behavior and to educate the public on the costly effects of tobacco to both the smoker and non-smoker alike come from concerned

members of society? Similar campaigns for better health can be initiated for alcohol and can produce the desired changes that a federal regulation cannot begin to effect. Especially as scare tactics, easily transposed into terror-tactics, are increasingly employed by regulatory agencies and the media. Checks and balances are a vital aspect of democratic government. Without them our present government would quickly degenerate toward the dictatorial processes of less enlightened regimes. A check and balance is now needed for the increasing use of regulation by the Federal Government concerning those items on the consumer market of potential risk to public well-being.

Of major consideration in this issue is the fact the federal government conducts and analyzes the bulk of research affecting United States health policy and lifestyle. The health of society is thus at the mercy of government interpretation and decision-making. The potential for haphazard or ineffectual program implementation increases when one considers the conflicting studies that prove or disprove an original hypothesis. This can make any resulting legislation a potential risk. In matters of health, when one's own life is at stake, research findings must be shared with the public, as should any decisions affecting one's lifestyle.

Moreover, the power of research analysis is mighty indeed. How often are studies conducted to prove or disprove a thesis? Too

often it is the company whose product is under attack that conducts the research. As in the case of saccharin, the results can be pleasingly self-serving.

If we are truly concerned about the problem of alcohol abuse in this country, then we will take the problem directly to the people where concern for members of the society is not statistical but personal. People care about their health; they worry about their bodies and physical discomforts. Given the proper tools they will protect their health as no government stamp can. Bring research findings to the private sector and let it decide its future course of action. Citizens are just as apt as government in making the proper choices about their lifestyles and health. Two hundred years of experience in selecting our Presidents and Congresses has established their decision-making credentials. To approach the problem of alcohol abuse by negative warnings or warning labels can only deter the burgeoning, spirited movement for better health already under way.

This is particularly true in the case of fetal alcohol syndrome (FAS) when excessive doses of alcohol have resulted in birth defects. Is it really necessary to coerce an expectant mother not to drink to excess? Given the proper education about the excessive use of alcohol and its danger to fetal development, it is highly unlikely that a mother will jeopardize the potential good health of her child. Moreover, excessive liquor consumption

is only one among many factors contributing to birth defects. Tension, anxiety, caffeine and tobacco are a potential hazard as well.

I have examined current studies on birth defects and drinking and my position now is no different than it was during my five years at NIAAA when we released Alcohol & Health Volume II in which we alerted the Congress and the nation to the effects of heavy drinking on the fetus. I have seen no new information that convinces me of a need for more press alerts or warning labels on liquor bottles. By such actions we serve only to frighten normal pregnant women. Those who are alcoholic are unlikely to change via warnings, and those who are light to moderate in their drinking habits do not really need them.

It should be pointed out that one of the more relevant studies on fetal alcohol syndrome is on-going at Boston City Hospital in Massachusetts. The findings to date show that excessive drinking by pregnant women does increase the risk of random birth defects. No infant, however, was found to exhibit effects of the entire syndrome. Out of the 663 women who volunteered to participate in the FAS research project, nine percent were classified as heavy drinkers consuming more than an average of 5.8 ounces of pure alcohol a day. One third of those drank up to 16 ounces of pure alcohol or the equivalent of a quart of whiskey a day. Rare drinkers, comprising 52 percent of the population

being studied, drank less than one drink a month. The moderates, another 39 percent, drank more than once a month and did not meet the criteria for heavy drinking.

Analysis of the study revealed that most Boston City Hospital patients are poor and their babies suffer many of the typical health problems of poverty - premature births, small birth size and fetal meningitis, among others.

Findings showed that both rare or non-drinking and moderate drinking groups had babies with birth defects. With the heavy drinkers the rate of defects was twice that for the other two groups. If researchers care to look, the real findings here are simple: poverty is hazardous to your children's health! Just being poor and a non-drinker gives an indigent mother a one in three chance of delivering a baby with birth defects. As it turns out, Boston City Hospital places 35 percent of its newborns in intensive care units. Why are there no health hazard alerts on poverty?

For the past three congresses a bill has been introduced calling for a label on all beverage bottles containing more than 24 percent alcohol. It would read "hazardous and habit-forming". There is a proposal to lower that percentage to include wine. Why not a warning label on Boeing 747's because they have a greater capacity for death than other planes?

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I wholeheartedly endorse a program for educating the public about the dangerous effects of alcohol, but I can think of better methods than affixing a skull and cross-bones to a liquor bottle. Instead of repeated hazard warnings, government might wage massive consumer education campaigns by reducing the number of bureaucrats it hires to write, produce, implement and monitor its regulations, and put those taxpayer dollars into paid messages. Imagine billboard, TV, radio and newspaper ads on a continuing basis aimed at giving consumers the facts! Give the government employees some challenge by training them to work in innovative government information centers to meet the public need instead of writing more meaningless regulations. Can government possibly set aside the superficial solutions of warning labels, bans on advertising, excessive federal taxes on alcohol and attempts to raise the legal drinking age and instead seek more creative ways of helping consumers to change their behavior?

Just recently the Canadian government released a report from its Health and Welfare Ministry. It demonstrated that consumption of alcohol is not influenced by changes in the volume of advertising of the product. Advertising cannot create an alcoholic!

Government has a responsibility to give citizens the facts and the analytical tools with which they can arrive at their own decisions. I know of no evidence that confirms that we scientists

and bureaucrats know how to navigate more safely through life than those members of the public with no claim to expertise.

A good example of an administration sharing responsibility with the public worked during the recent California drought. Instead of rationing water and appointing water wardens, the media and government provided the honest facts and offered some practical tips on how to conserve water by putting bricks into the toilets, fitting adapters onto shower heads and faucets, and cutting down on bathing and washing. The point is this experiment in changing human behavior worked because the citizens themselves made their own informed decisions. They did so well in conserving water that the water utility company had to consider raising its rates.

Decision-making, especially on major national programs concerning health, must be returned to the public. Be it a citizen consumer panel or an old-fashioned referendum, life and death decisions belong to the individual. If the average confused citizen can draw any conclusion from government-science-media miscalculations, needless scares, and overregulation, it is that his judgement is as good as any. Give him the facts and the background on how government and science arrive at its conclusions and let him make the decision.

Employers and places of employment would make magnificent bases for health information education centers. Feed as much information as exists on heart disease, cancer, alcohol, exercise, fitness, diet and nutrition to the employee for his consideration in making decisions that effect his health and that of his family. Several foresighted employers have already installed gyms as an employee fringe benefit. This is a benefit that pays for itself in reduced health insurance premiums! There are so many more creative ways of promoting health limited only by imagination.

Given the responsibility for their own destiny, people will soon learn that they cannot have anything to excess without putting themselves and their families in some danger. Then, and only then will they face the same question that their government asks for them: is the benefit worth the danger? When they answer that question for themselves, they will present the greatest hope for social progress in the health arena.

Senator RIEGLE. Why do we not do this if we may. You have finished your presentation. We have two more to go. We have held off on questions. I want to go ahead and let the last two witnesses respond. Why do we not recess briefly for about 7 or 8 minutes and see if we can make the vote and come back. We appreciate your patience.

[Short recess.]

Senator RIEGLE. Let me invite everyone to be seated. The subcommittee will resume.

Mr. Hammond, we would be delighted to hear from you at this point.

Mr. HAMMOND. I am the executive director of the American Business Men's Research Foundation which I have indicated in my prepared statement.

Just before getting specifically into this issue, I did not want to let the comment that Dr. Chafetz mentioned about the drinking age just entirely pass without some rebuttal since our home State of Michigan has just made a change in the drinking age. I think that in any public policy issue you have some tradeoffs, some plusses and minuses. The experience of several years of the people, and this is not the legislature, the people by a solid majority voted to change the drinking age from 18 to 21. At the end of 3 months, the 18-to 20-year-old population, which was the target age for that public policy change showed a reduction of 24 percent in drinking. All other ages showed a 13-percent increase compared to a similar period last year.

That is probably too early to make conclusions, but I think in all of these issues, warning labels or whatever, we have no positive-

negative, it is all black or white, good or bad. It is a system of tradeoffs and values, and where do we find the best for the people?

I have indicated in my statement, Senator, that I want to endorse absolutely this concept of consumer warning labels and to address just briefly several of the issues which you raised in your letter about going beyond the matter of just providing a warning label but how should it be and should it be included, first of all, on beer and wine.

In a report that has just been released from the Highway Research Safety Institute of the University of Michigan, research conducted by Professors Douglass, Wagenaar, and Barkley, and the study of alcohol availability, consumption, and the incidence of alcohol related social and health problems in Michigan, one of the conclusions is that "total accident mortality, occupational accident mortality, and traffic accident deaths were consistently related to beer distribution in both package and draft categories and, in addition, draft beer is associated with homicide mortality and a fault frequency is predicted by draft and package beer distribution."

The findings that the researchers had in that case indicated not distilled spirits or wine but beer.

In Dr. Chafetz's remarks about lending some balance to the public information, I think we indeed need some balance but I do not think we need to structure public policy to provide that balance in favor of releasing people of their guilt with alcohol use or misuse or reassurances there is nothing wrong with their drinking.

The alcoholic beverage industry spends in measured media advertising in excess of \$600 million a year. Added to that, the unmeasured media advertising, it exceeds \$1 billion a year in mostly reassuring people that drinking is OK under whatever circumstances. I think that much of that advertising does not focus on healthy drinking.

For example, in a study that is still underway but is almost completed, funded by the Department of HEW, being done by the advertising department of Michigan State University, in examining distilled spirits as they found that in only 7 percent of the ads examined was alcoholic beverage consumption associated with any kind of food, and in only 3 percent were the ads associated with drinking with meals. It is generally accepted that drinking as a part of eating with meals is a much healthier behavior than drinking alone.

So I think the balance we need must be provided with public policy and not a balance to reassure people or to tell people how good it is to drink. I think they are already getting that message.

I agree that the fetal alcohol syndrome ought to be emphasized but the suggestion that we might have rotating labels, that we might include drunk driving as well as other problems certainly has merit.

In the matter of including the percentage of alcohol in beer, indeed that ought to be. I am sure that when Mr. DeLuca furnishes the committee with research that indicates a fairly widespread idea that beer is essentially not like whiskey, or gin, or rum, or some of these other drinks, that it is a relatively harmless drink, even if they realize it has alcohol in it. I think we need to take the proof

out of the distilled spirits and have it in commonsense language, in a percentage in the same way.

In discussions with opponents, not necessarily on this panel, but opponents in general on consumer warning labels, I notice that many of the issues that are pointed out are issues that we have supported—I have not heard anyone who has seriously advocated consumer warning labels saying this would solve the alcohol problem or this would relate to the person who is an alcoholic. I do not think it will solve the problem. It is a complex problem. Things need to be done. This will help in one way.

It will probably not do anything for the person who is alcoholic, but I do not think it is aimed at that population. It is aimed at the risk population, particularly among adolescent young people, many of whom are not aware of many of the dangers.

For these who say there is something better ought to be adequately addressing it. I think there are a lot of things better. I do not think that is the choice. The choice is should we do this? I am sure we will do other things. There are better things.

I think the most positive thing is to provide good parental examples at home. That ought to be done, but I do not think if we have consumer warning labels we will discourage other action. I think, in a sense, it will stimulate other action.

I have noted so much of the attitude, particularly among young people, that the Government does not really care in this area. Yes, they have all of the big campaigns aimed at other drugs to say how dangerous they are, not at alcohol. So I think any step such as this will help to increase the credibility of Government and add some balance.

I certainly feel that the alcoholic beverage industry ought to have a role in this, but I think their role ought to be perhaps broader than what I previously saw.

Senator Humphrey raised the question, what about people, if there are consumer warning labels, who do not see the container, the bottle, or whatever the container is. I think here is a place that the alcoholic beverage industry ought to reach out to the point of purchase, whether that be a purchase store or on-premise location or elsewhere. Here it takes some responsibility for some education about some of the dangers involved in alcohol misuse. I know of places where this has happened and I think this ought to be encouraged.

Jerry McCord mentioned that there seems to be a coming together of those in the alcohol problems field in support of consumer warning labels. I have noticed this very same trend though it is by no means unanimous.

What disturbs me, Mr. Chairman, however, is some of the impression that seems to be left with this committee officially that the alcohol problem field is generally opposed to consumer warning labels. For example, the American Business Men's Research Foundation is one of the 26 members of the National Coalition for Adequate Alcoholism Programs. Our Chairman, Leo Purlis, has communicated to this committee, as well as to others in Congress, that the National Coalition is opposed to consumer warning labels. That is not true. This issue has been discussed in our group only once, briefly then. Eighteen months ago, the conclusion was at this

time, at this meeting, before us now, we just do not have enough information to make a judgment, not that we are opposed nor that we support.

I regret as do a number of other members of the National Coalition that this impression has been left.

As to the effectiveness of consumer warning labels, I do not know of any possible way to measure precise effectiveness because, scientifically, to do so, one would have to control all of the other factors in the environment. It cannot be done. I know that by using a little bit of commonsense, we might reason that consumer warning labels could and I think would be helpful. I do not think they would be determining factors in one making a decision necessarily, but I think as part of creating a climate of awareness, as a part of providing the kind of information the general public needs to make intelligent decisions about their alcohol use or nonuse, that this is essential and that every possible means ought to be considered. I think this would be indeed one step in that direction.

So far as measuring this again, I do not think there will be a way to measure it accurately, but I think that it will be effective.

Senator RIEGLE. Let me just say how delighted I am that you are here from the State of Michigan. I appreciate not only your testimony today but your work in the State. I think that you put the case forward very persuasively.

Mr. HAMMOND. The note I have said I had 2 minutes. Could I make just one brief statement? I did not wear my glasses.

Senator RIEGLE. Sure.

Mr. HAMMOND. The question was also raised about this matter of how far do you extend warnings. The question of raising guilt, essentially in parents—our first child was born defective and he only lived a very short time. My wife and I searched our hearts and our experience for anything that we could have done that might have caused this. Yes, we had some guilt feelings and there were probably some things that we did in prenatal care that contributed to that. But we do have now three normal and very healthy children. I know there are other parents who may have some experience with children who are special children, who are not right for FAS or for some other reason.

I think it is all right to create a little bit of guilt to help them in their searching to find the best possible way to bring children into the world. I do not think creating a little bit of guilt is necessarily all wrong.

[The prepared statement of Mr. Hammond follows:]

Statement

of

Robert L. Hammond, Executive Director

American Business Men's Research Foundation

Mr. Chairman and members of the Subcommittee on Alcoholism and Drug Abuse, I appreciate the opportunity of sharing with you testimony relating to consumer health warnings for alcoholic beverages.

By way of background, the American Business Men's Research Foundation is a non-profit educational organization whose primary concern is the prevention of alcohol problems. We represent not only a concern from the business community, but from a wide variety of school, church and family groups who share our concern and goals.

Before coming to the Research Foundation in 1974, I spent more than 20 years in this field, with much of that time devoted to developing public policy programs which would serve to minister to the victims of alcoholism as well as prevent such problems from recurring in the future.

In 1972, Governor William G. Milliken appointed me to Michigan's first State Advisory Commission on Alcoholism, where I was elected Chairman during the time which we developed a statewide comprehensive plan for alcoholism prevention and treatment. I was also instrumental in developing legislative support for our state's alcoholism programs and helped to lobby through the legislation which changed our laws to decriminalize public intoxication.

I appear before you today to lend support to proposed legislation which would mandate consumer health warnings for alcoholic beverages.

On June 20, 1979, I filed a statement with the Subcommittee in support of the amendment to S.440 to require warning labels on all alcoholic beverages containing more than 24% alcohol by volume.

At that time, I responded favorably to several of the issues which you raised in your communication of June 4, 1979, broadening the warning label concept. At this time I want to reaffirm my support for the following:

1. Warning labels to be required on beer and wine as well as distilled spirits.

One of the time-honored myths about alcohol is that only distilled spirits may pose a threat to health or safety, because of the higher alcoholic content.

There is no scientific basis for that widely-believed myth and any health warnings which are applied to one class of alcoholic beverages should be applied to all three classes.

I see the greatest need of warning labels to appear on beer, since so many of the general public are unaware of alcohol-related problems which are tied directly to beer-drinking.

In a recent study by Douglass, Wagenaar and Barkley of the University of Michigan's Highway Safety Research Institute (HSRI) under a contract from the Michigan Office of Substance Abuse Services (Contract # UM-HSRI-79-10-1), an investigation of alcohol availability, consumption and the incidence of alcohol-related social and health problems in Michigan concluded that "Total accident mortality, occupational accident mortality and traffic accident deaths were

more

consistently related to beer distribution in both package and draught categories. . . . In addition, draught beer is associated with homicide mortality and assault frequency is predicted by draught and package beer distribution."

The University of Michigan researchers also found that wine distribution was associated with suicide and homicide mortality.

Various studies have indicated that there is no dominant alcoholic beverage of choice in relationship to the incidence of alcoholism. Victims of this illness may be affected by either beer, wine or distilled spirits.

Therefore, because of the acute and chronic alcohol-related problems which can stem from one's use of any (or all) of the three classes of alcoholic beverages, any warning label applied to alcoholic beverages should be applied to all three classes.

2. Warning labels of a general nature would be helpful, but warning labels of a more specific nature, addressing problems such as drunk driving, the fetal alcohol syndrome and similar problems would be more helpful.

As a general rule, specificity is desirable and more effective on virtually all issues. Covering a variety of topics, perhaps on a rotating basis, such warnings would arouse a higher degree of public interest than would a single message which would be unchanged.

In this way, consumers would be more likely to notice what is written on the beverage container, and surely this would arouse more discussion.

A rotating, changing system of offering warning labels would parallel the advertising practices of those who merchandise beer, wine and distilled spirits. I have never heard of a brewer, distiller or vintner who carried the exact same message about his product year after year after year.

And, since consumer warning labels would be part of a strategy to offset some of the misconceptions created by alcohol advertising, the multiple-message approach should be most desirable.

3. Warning labels should also be a part of all alcoholic beverage advertising, in addition to their appearance on beverage containers.

In previous hearings before this Subcommittee, then chaired by Senator Hathaway, witness after witness appeared to point out that consumers and potential consumers of alcoholic beverages are receiving misleading information about beer, wine and distilled spirits through advertising of these products.

It would be particularly helpful if health and safety warnings would accompany beer and wine ads on radio and television. Whereas distilled spirits advertising is confined to the print media, both beer and wine are promoted primarily through the broadcast media.

Adding voice-over consumer warnings would give the added dimension of appealing not only to the eye, but to the ear as well, which is the same reason beer and wine advertising are able to reach a larger potential audience than the ads for distilled spirits.

The concern for consumer warning labels has been boosted by those who are particularly concerned about mothers-to-be being affected by over-imbibing during their pregnancy, thus resulting in the fetal alcohol syndrome. That is all the more reason why consumer warnings ought to be carried with the ads as well as the containers of wine.

And, with great concern expressed for the finding of the National Institute on Alcohol Abuse & Alcoholism (NIAAA) over teenage-alcohol abuse in their Third Special Report to Congress which indicated that 1 in 5 youth, aged 14-17 is either a problem drinker or alcoholic, it is all the more important that every avenue possible be explored to alert youth of the dangers of beer, their alcoholic beverage of choice. Warnings on beer bottles and cans would be helpful, but it would be even more helpful to include such warnings along with their favorite life-style beer ads on TV and radio.

Consumer warnings ought to appear also with advertising of so-called "special natural" wines, commonly known as "pop wines." Health warnings would aid in offsetting the advertising of such youthful favorites as . . .

- . Tickle Pink
- . Moody Blue
- . Boogie Down
- . Mad Dog 20-20 and others which make up the 40 million plus gallon market for pop wines today.

It would be particularly helpful if consumer warnings would be included with point-of-purchase advertising for beer and wine, since these products (unlike distilled spirits) are often sold in grocery stores and food markets and, consequently, are often not regarded with the same respect as distilled spirits.

4. Beer and wine containers should be required to indicate the percentage of alcohol per volume, in much the same manner as distilled spirits, and all three classes of beverages should state clearly the alcoholic content in terms of percentage, rather than proof.

Although the term "proof" may be understood by many drinkers, it still represents confusion for many of the younger drinkers. There is no good reason why all classes of alcoholic beverages should not clearly state their alcoholic content as a percentage.

Initially, immediately following Prohibition, there was a feeling that stating the alcoholic content on beer containers would cause would-be imbibers to seek out the "strongest" brew.

Today, there is far more danger that beer is not regarded by some as being intoxicating or potentially harmful. A simple statement of alcoholic content would be helpful in this regard.

5. Consumer warnings should not be left to the alcoholic beverage industry. They should be required by law and regulated by the appropriate governmental agency.

There is certainly nothing wrong with brewers, distillers and vintners providing some kind of educational programs, including consumer warning messages, alerting their customers to the possible dangers of alcohol misuse.

However, these efforts should not substitute for the responsibility of government to alert its citizens of these dangers.

Rather than substitute for, the efforts of the liquor industry should be in addition to what is carried on by the government.

The place where liquor industry personnel could be most effective in their efforts is at the point of purchase . . . Bars, taverns, restaurants and package stores could alert their customers of some of the dangers of alcohol abuse.

For example, when a woman of child-bearing age purchases a six-pack of beer, a bottle of wine or distilled spirits, the merchant could take this opportunity to share with her something concerning the dangers of alcohol use during pregnancy.

I believe that all of the efforts of prevention of alcohol problems should be independently evaluated, to determine what message the public perceives and what effect this message has. Such an independent assessment is more likely to come under government auspices than if it were left entirely to the private sector.

Great publicity has been given to the campaign sponsored by the Distilled Spirits Council of the U.S. (DISCUS) for their current "educational" campaign to suggest that drinkers ought to imbibe less, yet the punch line on several of their ads says, "THIS IS PEOPLE WHO GIVE DRINKING A BAD NAME." I hope that the public is encouraged to drink less by these ads, but I suspect that their primary impact is to emphasize that it is PEOPLE (not our products) that give drinking a bad name.

Although food is frequently mentioned as being helpful in going along with alcohol consumption to discourage excessive drinking, a recent study by the Advertising Department of Michigan State University, under a federal contract, pointed out that food is given little emphasis in liquor advertising. Snacks and garnishes appeared in only 7% of the ads studied and meals appeared in but 3% of the ads studied.

Other efforts at self-regulation have been equally disappointing. For example, the nation's brewers are currently engaged in a massive educational campaign designed to prevent alcohol problems.

The brewers have said that they want to prevent alcohol use, particularly their products, by those under the legal drinking age. Yet most brewers still advertise in Michigan college newspapers whose audience is 80% or more under the legal drinking age.

The lone exception has been Michigan's largest brewer, Stroh's, where its President, Peter Stroh, is to be commended for stopping all Stroh Beer ads in campus dealies after Michigan raised its legal drinking age from 18 to 21.

For these reasons, I maintain that the government is the best source for consumer warnings, and this matter should not be left to the alcoholic beverage industry to carry on by itself.

In speaking to support consumer warning labels for alcoholic beverages, I realize that there is no general consensus on this issue, even within the alcohol problems field.

However, I believe that there is a growing feeling of agreement within our field that this is a necessary part of prevention programs. Your Subcommittee records will show that Leo Perlis, Chairman of the National Coalition for Adequate Alcoholism Programs has asked that the warning label issue be dropped as ineffective, on behalf of the Coalition.

I want to go on record, as a member of the Coalition, that our group has never taken an official position on the warning label issue. Mr. Perlis, in my judgment, and in the judgment of several others on the Coalition, has done the alcoholism field a great disservice by representing us, as a group, as being opposed to consumer warning labels.

It was more than 18 months ago when the Coalition had its only discussion of this issue and at that time the conclusion was not to oppose warning labels, but to take no action because we did not have enough information before us at the time.

Although it is not unanimous, there is great support throughout the alcoholism field for consumer warning labels, and I am sure the Subcommittee will determine this in its investigations.

In supporting this issue, I also wish to address several of the chief objections, as I have heard them

1. Warning labels are not the answer to alcohol problems.

Alcoholism and other alcohol-related problems are complex in nature and there is general agreement that there is no one cause of these problems.

Obviously there is no one preventive strategy, no one single "cure" for these problems, but no one that I know of is proposing that warning labels in themselves are the "answer" to these complex problems.

They can be, however, an effective part of an overall strategy of prevention in warning consumers of the dangers of alcohol use and abuse.

2. Other programs of education and prevention would be more effective than consumer warning labels.

The issue before this Subcommittee is not to choose a single approach, but to consider whether consumer warning labels might help prevent some alcohol problems.

It is not an "either-or" situation. We are not forced to choose a single strategy. We can make this move and then continue with other strategies as well.

3. If we approve legislation requiring warning labels, other efforts at alcohol problems prevention will be abandoned, because people will feel they have "solved the alcohol problem."

I have had a wide variety of contacts in the alcohol problems field, both in treatment services and in education and prevention. I have yet to hear a single person who regards warning labels as the "one answer," or who would cease other efforts if a warning label bill were approved.

To the contrary, I believe strongly that passage of such a bill requiring some form of warning labels would be more of an incentive for additional efforts.

Too many people have been frustrated by the governmental bureaucracy, by Congress, and feel that "nobody really cares," that it would be encouraging for most of the general public to see Congress make this step forward.

As one example of this widespread frustration, I cite a recent Christian Science Monitor article (September 6, 1979) headlined NO PROGRESS ON FEDERAL EFFORT TO COMBAT U.S. ALCOHOLISM.

Among other things, the Monitor article notes that the warning label bill appears doomed, at least for this year.

In the June 4 communication by Senator Riegle, Chairman of this Subcommittee, the question was posed as to whether warning labels would be effective in reducing or preventing alcohol problems.

My response was (and still is) "Yes, I believe so."

But in answer to the next logical question, "How do you know?" I must say that I know of no way to accurately measure such efforts, because, to do so would require controlling all the other variables which make up the dynamics of alcohol problems, and that is not possible.

The advent of warning labels on cigarette packages has been frequently cited as ineffective "because people still smoke." However, if we examine carefully the total impact of cigarette warning labels, along with other education and prevention strategies, it is encouraging to see what has transpired in the time which has passed since the first Surgeon General's Report on Smoking and Health.

With the Surgeon General's Report and the mandating of cigarette warning labels, the U.S. Government went on record, officially, to discourage smoking and to raise the public awareness of smoking-related health problems.

1. In 1964, 42% of the adults smoked. Now, according to HEW, only one third of the adult population smokes.
2. Although total cigarette consumption is up over 1965, the per capita consumption has dropped from a high of 4,345 in 1963 to 3,965 in 1978, for persons aged 18 and over, the lowest per capita consumption since 1958.
3. A viable non-smokers' rights movement has developed, to make it easier for those who choose not to smoke to do so.
4. The general popularity of smoking has declined.
 - Non-smoking is at least as popular as smoking within most social groups.
 - There is not the great social pressure for non-smokers to light up as there once was.
 - Smoking is getting less media support. For example, the use of cigarettes as "props" in TV and movies has declined greatly. (Even Johnny Carson, who is a heavy smoker, does his puffing away off-camera.)
5. Those who smoke often wish they did not. Their problem is finding a way to quit, rather than being convinced that smoking is not good for their health. There are far more smokers today than there are those who defend smoking as a practice or habit.

Just contrast what has happened with smoking in the U.S. with what has happened with alcohol use in the past 15 or 20 years

1. A higher percentage of American adults now use alcohol than did 15 or 20 years ago. In the mid-50's, only 55% of the adults used alcohol at all. Now that figure has risen to 71%.
2. Total consumption of alcohol is up, but per capita consumption appears to be nearly stabilized. Still, there is not the dramatic change in alcohol consumption which has been shown in cigarette consumption.
3. The general popularity of alcohol use, in spite of known health and safety hazards, has not declined noticeably in the U.S. in the past 20 years.
4. Non-drinkers have a more difficult time than do non-smokers. Options are harder to come by, and there is nothing parallel to the non-smokers' rights movement among non-drinkers.
5. Those who drink, even to excess, do not generally wish they did not, in contrast to many heavy smokers. To the contrary, those

who imbibe to excess are often practicing denial. Rather than looking for a way to quit, they defend their alcohol use pattern and say, "I can't be an alcoholic because . . ."

Warning labels, as a part of an overall strategy, would be in the best public interest, to help reduce alcohol problems by alerting the consumer of some of the dangers of alcohol use and abuse.

What has happened with warning labels (along with other strategies) with smoking ought to be an encouragement, not a discouragement, to making a similar move with alcohol.

Along with this testimony, I would like to submit a copy of The Bottom Line for the Summer of 1978 in which there is an article on this issue, published through the American Business Men's Research Foundation.

The quotation on page 10, in this article on warning labels, seems to be perhaps the most convincing reason for feeling that warning labels on alcohol have the potential for raising the public awareness.

John DeLuca, President of the Wine Institute, in a personal letter to the former Director of the Bureau of Alcohol, Tobacco and Firearms, said:

"All consumers, not only women, will read any FAS warning label and come to believe there is something in the bottle that is damaging, not just for women but for everyone."

Whereas all alcohol use is not to be regarded as harmful for all people, the potential danger is there, and the government has some responsibility in pointing this out to potential consumers.

If we are to exercise reasoned judgment, free choice in the matter of alcohol use or abstinence from alcohol, we ought to have every opportunity to hear "both sides" of the issue.

Already the liquor industry is spending more than \$600 million per year to tell of the desirability of alcohol use.

Consumer warning labels, on bottles, cans, and in advertisements, would be just one small step toward developing the necessary consumer awareness of the "other side" of the coin.

Senator RIEGLE. Let me again thank you. A personal illustration of that kind is always important and welcome. I appreciate your sharing that with us.

Dr. Beauchamp, we are glad to have you.

Dr. BEAUCHAMP. I hold an appointment in the School of Public Health and in the School of Medicine at the University of North Carolina. I am a social scientist. I have been involved in alcohol research, mainly prevention research for 8 to 10 years and, at the same time, have been involved in research into public health policy generally.

I serve as a consultant to the NIAAA and the National Academy of Science. I have conducted some limited research in this area of prevention in Scandinavia. I am returning in a week for a brief visit to Finland to examine some of their prevention policies.

I would like to touch on just a few things that have not been raised adequately enough and to supplement my written comments.

Before I begin I must make clear, that I unreservedly support this legislation passed by the Senate and in view of some earlier testimony I believe that I am well intentioned. I think that my first point—

Senator RIEGLE. We try to invite only well-intentioned witnesses whichever side of the issue they may be on.

Dr. BEAUCHAMP. I believe that we tend—on the issue of effectiveness about warning labels—we tend to think of drinkers in terms of good drinkers and bad drinkers. Good drinkers do not need labels; bad drinkers will not heed them, and if people are determined to do a darn fool thing, they probably will anyway, no matter what we put on a label or an automobile.

I cannot speak for automobiles. But this simplistic categorization of people into good and bad categories just does not wash when you look carefully at the data. The fact of the matter is that in the problem drinking population which, for example, is 10 percent of the drinking population, and 20 percent of the male population between the ages 18 to 24, there is a tremendous amount of instability. That is to say, if you identify the individuals in a sample at year one who are classified as problem drinkers and then you check back 3 years later, while this will vary from time to time, almost as many as 50 percent will have changed. That is to say, 50 percent will no longer be problem drinkers and you will have many new individuals contained in the percentage.

The identity of the individuals changes rather rapidly. Some researchers call this the "waxing and waning" of problem drinking. It seems to me that this is important evidence that there is more fertile ground for change among drinkers than is indicated by simply talking in terms of good and bad drinkers. Where there is a good deal of uncertainty about the effects of drinking on one's health, one's family, one's job. And where there is a good deal of concern about changing this and a good deal of effort to do so, an information campaign and, most importantly, an information campaign in the form passed by the Senate would be a very helpful thing indeed.

Let me speak about the question of effectiveness generally because I have not heard anyone say this. I am not a lawyer and I am glad the counsel for the FDA is gone so I can get away with this, but I think, in fact, we have today been a little bit careless in discussing the criteria used by the Federal Trade Commission and the Food and Drug Administration to determine whether advertising or labeling is needed or deceptive advertising has occurred. As I understand it, the Federal Trade Commission and the Food and Drug Administration, to use two of our leading regulatory agencies, do not have to, according to court rulings for many, many years—many decades in fact—do not have to demonstrate that harm has actually occurred nor do they have to confirm that the label will actually produce the intended effects.

If we reflect for a moment we can appreciate that if this burden were placed on a regulatory agency, it would be almost impossible for them to meet the challenge of having a higher standard of truthfulness in the marketplace. The standard is whether the ads are misleading and deceptive taken at their face value. The issue is, whether information is, in fact, needed, not whether, in fact, consumers will heed this information. Of course there is the presumption that the consumers will in the long run be benefited by this.

But the policy rests—and there are many years beyond this—but the policy rests on the assumption that providing information or minimizing deception is not only the right thing to do, it will

favorably affect the consuming population. I think that it would be wrong for us to overturn that particular policy and our questioning of specific case of alcohol.

Regarding the issue of Government regulation and overburdening the population, as far as I can see, if this is indeed regulation, and I have some doubts about it, it is an industry that is being regulated, not a public. I have noticed in other areas that, in fact, when we proposed to ban a substance, such as saccharin, the industry or other people who are opposed to this particular measure argue that the public should have adequate information in their hands and should make an informed decision and that they should not ban the substance because that would be an unwarranted interference with the consuming public's rights. It seems at that point the industry is very much interested in securing less burdensome regulation such as putting on a label, but when the issue is, in fact, only labels, the question is whether labels, in fact, in themselves have any rightful purpose. I do not think that I can recall in my reading of the philosophy of paternalism a single case where the claim that "the public has a right to know" is seen as a paternalistic interference with the public's individual liberty. It may reflect a difference of opinion about the best way to proceed, but I do not regard it myself as paternalistic.

I would like to say one or two other things. I think that behind a lot of the opposition to this particular measure is the fear that we are returning to a time when alcohol and alcohol use is stigmatized. If I had an opportunity, and I hope I do, to talk to some of my colleagues at the table, I suspect that behind their equally well-intended opposition to this legislation they do not want to see alcohol singled out and stigmatized.

I see it in quite a different way. I see no reason why the alcohol industry should be separated from the rest of the marketplace and from the issue of consumer protection. It seems to me what we are doing is not, in fact, stigmatizing alcohol. We are treating it the same as other substances in the marketplace. We are taking the same consumer protection philosophy that has been established for some time and we are being uniform in our treatment.

As far as I can tell, this attention to consumer protection will be a very positive thing indeed for people in the alcoholism field. This should help us quit responding to our own special issues in a unique and parochial way, and to see ourselves as part of a larger movement for protecting the health of the public, particularly the consumers.

Thank you very much.

[The prepared statement of Dr. Beauchamp follows:]

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ON THE QUESTION OF WARNING LABELS FOR ALCOHOL

We are asked today to discuss the wisdom of fixing a warning label on alcoholic beverages. I am not an expert in advertising law nor consumer protection legislation. My field of specialization is public health policy for alcohol problems and I come to the topic of labelling with that orientation.

I am in support of this proposed legislation but I think it is extremely important for us to consider the reasons that we should take such a step, and what we want to accomplish and what we may well not have in mind.

I have not investigated the matter, but I would suspect that the labelling of alcoholic beverages is not a very new idea and may well have enjoyed some brief popularity at some point during the drive for temperance and prohibition during the last century and the early part of this century. The fact that the temperance movement may have at one time considered such a move may well cause many persons to condemn warning labels out of hand. For these individuals, labelling is seen as a move, if not toward outright prohibition, at least toward "neo-prohibition."

The modern alcoholism movement has conceived of itself in part as responsible for shifting attention away from alcohol itself as a fundamental problem and instead, focusing attention

on why a minority of drinkers cannot control their drinking.

I believe that this dichotomy in our thinking about alcohol problems can be very misleading and may in fact directly influence our response to proposals such as these for warning labels for this product. For far too long, we have considered that the only two alternatives were either that "the problem" is in the bottle or it is in the person.

In the first place, I see this as a very parochial dispute for those in the field of alcoholism. It is indicative of the unfortunate fact that policy for these problems has remained isolated from the major streams of thinking about health and safety policy generally, including consumer protection legislation. And I support this proposed legislation in part because it would help move the topic of alcohol out of the remote precincts of those of us who think almost full-time about these problems, and into the arena of public debate. In that arena we can examine more closely such crucial issues of health and safety policy, consumer protection, and the questions of fairness in the marketplace generally.

The attempt to frame the issue of policy for alcohol problems in terms of the either/or dichotomy of the bottle or the person is ultimately doomed to failure. Those who focus on alcohol in this dichotomy either see the substance of alcohol as inherently dangerous for all persons or else they see the use of alcohol

as per se a morally reprehensible activity. Both views, to my mind, should be rejected. To avoid these extremes the idea arose that alcoholism was only dangerous for some people. This viewpoint is intuitively more plausible but it is just as misleading. The fact of the matter is that in the industrial societies where alcohol is commercially available, it is almost always a minority of those who drink who actually experience serious problems with alcohol - at any given time. Even though we are dealing with a minority, this usually always adds up to substantial numbers of people and staggering problems - in our country nearly ten million persons who drink at risk, and thousands who suffer early death due to cirrhosis, alcohol-related automobile accidents, etc. The size of this minority changes over time from country to country, and the individuals who make up this minority tend to change rather substantially. Also, certain age groups tend to be overrepresented in most countries (young males noticeably) though, again, the specific variations will depend upon the society, time, or circumstance.

The point is that while a minority of the population at any given time may experience alcohol problems, this does not lead us to the easy or misleading conclusion that there is something about the individuals involved that makes them fundamentally different. Most of our modern problems with health and safety affect only a minority of the population at a given time.

The central question is how to make that minority smaller.

Focusing on the fact that it is a minority who experiences problems usually leads to two key objections to legislation like the warning labels proposed here. First, there is the objection that warning of the risks will come as no news or surprise to the minority with problems. For this group, or so the argument goes, it is not that they are unaware of risks. It is rather that they are unable to control their drinking, much less heed the labels on alcoholic beverages. Let us consider this objection first.

If we conceive of the drinking population in terms of two rather distinct categories - those with problems and those without - we run the risk of overlooking some key dynamics of the drinking population. While it is accurate to say that at any given point in time the drinking population is composed of those people who are not having problems with alcohol and those who are, this is a very superficial way of depicting the situation, freezing a very dynamic situation into two static spheres.

Instability and Change in the Drinking Population

For example, if we were to take a survey at Time 1 and ask whether drinkers are having problems (ignoring the important problem of the extent to which the answers to these kinds of

questions contain important sources of error), the estimate at Time 1 may reveal that ten percent of the adult population experiences serious problems with alcohol, or 14 percent of all adult males experiences serious problems with alcohol. If we ask the same questions three years later at Time 2, it is likely that roughly the same proportion of the total population will indicate serious problems with alcohol at Time 2. However, when we pursue the matter somewhat further we discover that at the level of individual drinkers there is a very different picture. Many who report problems at Time 1 will not report problems at Time 2. We can also find the opposite case. Further, we find that individuals report one kind of problem at one time interval and another kind of problem at another time interval. As two respected researchers noted, "we have observed great flux and turnover in alcohol problems, both in terms of numbers of problems and types of problems... Many drinkers with numerous and severe problems are found to have gotten out of trouble at a later time. These findings are in keeping with recent findings that it is among young males rather than older men that the highest rates of almost all types of drinking problems are to be found."¹

What this means is that at the societal level the proportions making up the major categories of problem drinking - whether related to heavy intake, family, job or health - **can remain relatively** stable, while the individuals who comprise these proportions

show surprising turnover. Of course, there is not complete turnover. Still, the surprising truth seems that a majority of individuals found fulfilling the criteria for "problem drinking" at Time 1 will likely not be found at Time 2, where Time 2 is an interval of say four or five years.

This suggests that at the individual level there is surprising instability in the drinking population: the numbers of persons drinking heavily and encountering problems beginning to rise in adolescence, reaching its highest rate among young adults from age 18 - 25 (especially among males), declining among those in the 30's but still leaving a rather impressive number of drinkers (males and females) who continue to drink with problems. Again, and this needs stressing repeatedly, the proportions remain somewhat more stable than the actual identity of the individuals comprising the proportions. For example, despite the fact that alarmingly high rates of problem drinking are found among young males between the ages of 18 - 25, we must remember that the actual number of males in this age group who experience problems is even larger since there is such a turnover of individuals entering the problematic categories and leaving them after a relatively short period. Thus the rule

of thumb developed by survey researchers of drinking problems: an estimate at a given time underestimates the numbers of persons who will experience problems over a period of time, and vice versa.²

My purpose in elaborating on this feature of the drinking population is to challenge the view that there are two stable groups of drinkers composed of those individuals who are suffering serious problems with alcohol on the one hand, and then the rest of the individuals who are the so-called normal or social drinkers. If this were the case, perhaps those who argue that labels will not make much difference have a point. But the reality is much different. The actual situation is one of a rather surprising amount of instability in the drinking population, at least at the level of individuals. One researcher refers to this phenomenon as "waxing and waning" drinkers.³ Another in a personal communication refers to this instability of problem drinking as "alcoholic episodes."⁴

In this situation where there is a great deal of change and flux in drinking behavior, I see an enormous degree of uncertainty, indecision and questioning about the place of drinking in one's life. Given this context of change and flux,

the move by the government to require the manufacturers of alcoholic beverages (here, distilled beverages) to expand the amount of information they give to consumers and to include the bad news as well as the good may not seem so pointless. If consumers in their behavior reflect a willingness to reevaluate and change, the necessity for more accurate and reliable information increases -- or so it seems to me.

Stigmatizing Alcohol

The second and perhaps more fundamental objection to the labelling of alcoholic beverages will come from those who fear that labelling of these beverages signals a return to an adversary position with the alcoholic beverage industry. The alcoholism movement rightly or wrongly is convinced that its progress over the past decades is due to achieving some sort of amicable or peaceful coexistence with this powerful industry. Also, the persons loosely connected to this movement frequently see attempts to label alcoholic beverages as an attempt to brand all alcohol and all drinking as morally reprehensible. In this view, the purpose of fixing labels to alcohol is not meant mainly to provide information to consumers; it is rather meant to stigmatize these products and to characterize drinkers as person suffering some grave characterological defect.

A good deal of the alcoholism movement's energies have been devoted to taking a quite different approach to these problems,

one that dissociates alcohol from drinking or the use of alcohol per se -- at least in a fundamental causal sense. Therefore it is no surprise that attempts to label the substance of alcohol are viewed by many as an attempt to resurrect the old categories of alcohol and drinking as morally reprehensible.

In this view, attacks on alcohol itself are seen as a fundamental problem, creating a deep ambivalence in society toward the use of alcohol, where ambivalence means that our society manifests an unhealthy and confused drinking culture made up of clashing and contradictory attitudes toward alcohol. On the one hand, there are widespread attitudes of guilt toward the use of alcohol, condemning it as a dangerous or morally corrupting substance. On the other hand, we also find widespread attitudes that support using alcohol for purposes of intoxication and "time out" from one's obligations.

The thought is that if we could somehow "detoxify"⁵ the drug of alcohol more completely and integrate it more fully in American life bringing it under the control of a spreading consensus on appropriate or responsible drinking, we could expect to see rates of problem drinking decline. In this view, it is because there is confusion and guilt about alcohol that we find such high rates of problems. Accordingly warning labels will only increase the confusion and ambivalence found in our drinking culture.

This is an attractive thesis but the fact is that those societies where alcohol is more fully and naturally "integrated" into the fabric of everyday life are often the same societies with the highest per capita consumption of alcohol in the world - France, Portugal and Italy are the leading examples. Where ambivalence is more commonly found, and where there are strong social forces against the integration of alcohol - or its domestication - the total or aggregate consumption tends to be lower and many public health problems like cirrhosis are lower.

Also, one can make the case that the reduction of ambivalence and the encouragement of more favorable attitudes toward the availability of alcohol have brought increasing total consumption levels and also higher rates of heavy drinking. Nevertheless, even in countries where total consumption is much lower, the scope and range of problems are serious and in countries where total consumption is higher, we cannot facilely assume that these societies simply have more problems. The point is that all of the industrial societies are experiencing heavy pressures for liberalizing the availability of alcohol and increasing total consumption. At the same time there is a growing commitment to counter these pressures with policies for the public health. In those societies - and surely we count ourselves among these - there will quite naturally be strong ambivalence and contradictions in our attitudes toward alcohol. Labels attached to bottles may indicate that

alcohol and its availability and consumption in society are issues of serious public health concern. In that sense labels do bring alcohol back into the field of vision when considering alcoholism policy. But this does not mean that labels attached to bottles must also signify that alcohol or drinking are per se morally wrong or offensive.

Justifying Consumer Information

Having said all this, I want to stress that in my view our fundamental justification for labelling products such as alcohol does not depend only on the demonstration that consumers will directly change their behavior. Surely, we believe that the achievement of a higher standard of truthfulness in the market place for all consumer goods will result in greater welfare for the consumer in the long run. We still, however, seem to value that standard of truthfulness for its own sake as a terminal value, and not just because it results in greater welfare.

While the term "individual rights" sometimes gets a little overworked in our discussion of public policy issues, we seem to be gradually articulating a national policy for consumer protection and information, including a policy of warning labels for a wide variety of products. The activities of the Federal Trade Commission, the Food and Drug Administration are among the most salient for us in recent years, with the Consumer

Product Safety Commission and now the Department of the Treasury embraced in this emerging policy.

To my mind the growth of this policy especially in the last 10 to 15 years, makes the question not "why should alcohol or distilled beverages be labelled?" but rather "why should we exclude alcohol from this national policy for consumer protection against deceptive advertising and inadequate labelling?" This policy seems to be premised on the assumption that in the marketplace, producers and advertisers do not always tell the whole story about their products and that there must be standards which require basic information about product use and product safety if consumers' interests are to be adequately protected. This interest includes not just their health and welfare of the consumer, but just as fundamentally, the right of the consumer to have adequate information on which to make informed choices. I for one find it hard to believe that groups can stand opposed to this reasonable and fair policy.

Finally, it seems necessary to recall that while the risks of alcohol have been known in some general sense for a very long period of time, the specific health risks of this substance are only recently becoming more clear. It is only lately that we are beginning to understand the direct role that alcohol plays in cirrhosis of the liver, the contributory role that alcohol plays in some forms of cancer, and of the role of alcohol

in fetal alcohol syndrome. Further, our knowledge of alcohol as an intoxicant is gradually becoming more precise. On this point, and speaking from a public health standpoint, I would hope that the warning labels would be required for all alcoholic beverages. Our current state of knowledge offers no rationale for excluding beer and wine from this proposed policy. In all of these cases, the provision of a warning label should indicate to the consumers of alcohol that they need to evaluate more carefully all of the risks of using these products.

I have not adequately touched on the developing policy for consumer protection through labelling legislation and the related field of protection against deceptive advertising. I think a very good case can be made that this country is moving closer to the ideal of consumer rights held out by President Kennedy: the right to be safe, the right to be informed, the right to choose and the right to be heard. Certainly, the provision of warning labels on alcoholic beverages is a long overdue step toward assuring fulfilling the public expectation that "informed consumers are essential to the fair and efficient functioning of a free market economy."⁶

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Senator RIEGLE. Let me thank you.

I have a series of questions that, in the interest of time, I will submit to you and ask you to respond to.

I want to say to the other witnesses waiting that we have two other panels to follow immediately. Both are very important to today's discussion. The first panel is of persons representing the alcohol beverage industry. Our last panel is a panel of medical experts who have some important information to share with us.

I appreciate the fact that each of you has lived within the confines of the time pressures we have. I appreciate that. I know that that is not always easy.

I will submit my questions for the record.

Let me call on Senator Humphrey.

Senator HUMPHREY. I will try to be as brief as I can.

Dr. Beauchamp, you made the distinction a few minutes ago that we are not proposing to regulate the public but rather industry. It seems to me that this is not a valid assertion but one which is too often accepted in this country. I say it is not valid because, after all, who owns industry, whether it is the alcohol beverage industry or the automobile industry? It is owned by human beings. It is a human enterprise.

I think we ought to weigh the burden of this regulation in that way and not as if we are regulating a nonhuman entity.

Mr. Hammond, did I hear you correctly in your testimony to say that your association states "We don't have enough information to know the effect of warning labels."

Did I hear that correctly?

Mr. HAMMOND. No, sir; you did not.

What I said, the National Coalition for Adequate Alcoholism Programs, of which my organization is a member along with 25 other national organizations, they have considered, and this is not a research or study or staff group, this is just an organization of associations, that when this issue came up nearly 2 years ago, at that time it was discussed only briefly. At that time, they did not say that there is not enough scientific information. They simply said what we have talked about at our first meeting today, there is not enough to make a judgment on.

Senator HUMPHREY. Mr. McCord, you expressed a special concern about youth. I certainly commend you for that. Our chairman has cited the tragic death of a young woman which underscores some of the things you have said. However, the recent report of the Department of Health, Education, and Welfare with respect to cigarette smoking shows that smoking is on the increase among teenagers in spite of these warning labels.

Do you have any reason to believe that warning labels on bottles containing alcoholic beverages would have a salutatory effect when they have not in cigarettes?

Mr. McCORD. I am not so sure but what the results would not perhaps be the same. But I think it is too early to tell. All of the evidence is not in. I have appeared in this room several times before and there is notably less cigarette smoke in the air now than any other time. I think you have to talk about 10 to 25 years. I think that is the hazards of talking about prevention.

In my general assembly, they wanted to know how many did you prevent last year? We are talking about the next generation. I do not think we will see these changes in our lifetime. In the area of smoking I think one of the more dramatic examples has to do with a positive change in behavior of professionals, notably doctors, who affect public attitudes and behavior about health issues probably more than any other profession. To me, if the label has done nothing else, it has cleared a lot of air in meeting rooms, and it has dramatically reduced the number of doctors who smoke.

I think, by their own examples, they have started a procedure that might be helpful.

Youth, may I say something about that. I think this is critical because the feeling comes from an alcoholism prospective. There is great potential for abuse of alcohol besides alcoholism and accidental death. There is premature pregnancy, disruption of an educational experience, and a variety of other situations that are characterized by alcohol abuse that we must be just as concerned about.

Senator HUMPHREY. I am concerned about the young, too. I simply question whether this is an effective approach. I think we all know or sense that youth is rebellious; and perhaps by putting this label on beverages, perhaps we will encourage it. No scientific studies have been undertaken. We don't know but what this might be true.

Mr. McCORD. I would like to respond.

I think there will be disagreement that this will be more attractive. There are schools of thought that have identified certain symbols used in cigarette and alcoholic advertisements that use subtle symbols that might make it attractive. I am recalling one ad of a cigarette company that had a hockey player who had a tag on his cuff that had the word "cancer" on it, which is supposed to appeal to the subliminal side. I think there is a minority of youth that are going to look for self-destructive type behavior involving, alcohol, drugs, and driving; I think they are in the minority. If it weren't alcohol and drugs, I think they would find some other way to act it out.

Senator HUMPHREY. Dr. Chafetz, would you give us the benefit of your professional opinion?

Dr. CHAFETZ. If I might impose on that question, in order to inform the committee, because they have been talking about a number of methodological questions and the chairman was good enough to call me an expert. My definition of an expert pertains not to the discussion. My definition of an expert is an individual who takes a complex problem, explains it in a confused way, and makes you feel guilty you don't understand.

The second point I would make is that, in the 25 years I have looked at research in this field, I can find a study that will confirm anything you want to believe. We have to keep in mind that when we talk about research, it is like beauty: It is in the eyes of the beholder.

I could take the study that Mr. Hammond mentioned and point out the methodological fallacies; but I won't do it. I think the issue of children is a very revealing one. Every study that I know shows, that if you come from an alcoholic, you are at a greater risk to have an alcohol problem. If you come from a heavy drinker, you are most likely to be a heavy drinker; a moderate drinker, a light drinker, an abstainer.

One of the things we forget is, children learn through imitation and identification. All of the warning labels in the world will never remove us from the fact that our children learn from us. The best way to prevent some of these problems is to teach parents that they are health educators; that they can set a role model for their children and the people around them. That is the issue that our foundation is devoted to.

Senator HUMPHREY. In your professional opinion, Dr. Chafetz, would labels such as these tend to encourage young people, because of their rebelliousness, to consume more alcohol? In other words, would the effect on that critical group be the opposite of what is intended?

Dr. CHAFETZ. I personally think it won't make a tinker's damn's worth of difference in one way or the other. I think it is more for ourselves so that we feel we are doing something when we are overwhelmed with a complex social and health issue. I don't believe it will make one difference one way or the other.

I do believe that we emphasize alcohol; we focus on alcohol and this is what makes children go to it. If I had my way, I would rather put less emphasis on substance and more on the responsibility of parents and young people for them to be more responsible for themselves.

Senator HUMPHREY. I would too; but, unfortunately, we are stuck with the subject of labeling.

Dr. Pittman, you seem to want to answer this question.

Mr. PITTMAN. On the drinking age—and this is not scientific—but I think it reflects a certain kind of moral hypocrisy in this society, Senator Humphrey, that we have no compunction in terms of national crises for the survival of the Nation to send 18-, 19-, 20-year-old individuals off to dedicate their lives to defend American freedom; and it seems incomprehensible to me that these same citizens are not given full citizenship within the Nation. I think since we have the highest drinking age in the Western World, that we do have a problem that makes alcohol very, very attractive.

Senator HUMPHREY. Thank you.

Dr. Chafetz, one of your colleagues, Mr. Etzioni, has concluded that there is today a regulatory overload. He seems to be implying that because we are so bombarded with warnings from our ever-present, ever-protective Government, that these warnings are losing their effectiveness. In other words, the Government has been crying wolf too often.

Would you comment on that?

Dr. CHAFETZ. As far as I am concerned, Senator, my attitude about education operates from the principle that you cannot give overloads about warning. I don't have to tell you that I could sit here for an hour, down to the major water supplies of this country, telling you about the carcinogenic, mother's milk and, of course, the Sun is the most carcinogenic situation that exists.

We seem to have resolved a belief that we can create a risk-free society. The only way that I know of that you can create a risk-free society is to be dead. I don't consider that to be a reasonable Federal or other alternative.

Senator HUMPHREY. I would only add to that, in conclusion, Mr. Chairman, that we are not only suffering from the illusion that we can create a risk-free society, but in the name of security, safety, equality, and justice, we are taking away the freedom of our people.

Senator RIEGLE. I am not sure that I would agree with my friend from New Hampshire that what we are considering here and what the Senate has voted in support of—namely, a warning label of some sort on alcoholic beverages, with a high percentage content—restricts anybody's freedom. I think people are absolutely free to pursue whatever course of action they might want with respect to alcohol. I have not heard a syllable uttered here, including myself, that would restrict those rights. To my mind, it is more a question of providing useful information to people, in a form that might be helpful to them so they can make an intelligent judgment. We are ferociously a Nation of individuals, and everyone will, in the end, make their own judgment.

But how we put useful information before people is a serious question. Clearly the use of alcohol, I think, is a serious decision; I do not know that anybody here would challenge that. I do not think the industry people about to come forward would challenge that because they, too, are involved in helping people understand the seriousness of this decision. If it is a decision that is badly made and if alcohol is abused, there can be very terrible conse-

quences. I do not think there is any question about that. The issue is more one of how we take what useful information is available and might help people and put them in a position to make the soundest possible decisions for themselves.

I do not see anybody trying to step in and deprive them of liberty. So I am not sure it is an invasion of anybody's freedom; but someone else might see it differently.

I would like to thank this panel. You have come from some distances in many cases. I appreciate your statements. We may both have comments and questions for the record.

All your statements will be included in the record.

Now let me excuse this panel and call our next panel.

Let me welcome this panel; and let me say to you, because of the pressure of time, I will ask everyone to stay within the 10-minute time frame that we have tried to allot for everyone and also to leave as much time as possible for questions by Senator Humphrey and myself.

Mr. Maloy, do you have an estimate as to how long you will take?

Mr. MALOY. Mr. Chilcote, for one particular reason or another, would like to precede me. If that is reasonable, I do not mind. I can tailor my presentation.

Senator RIEGLE. Mr. Silverman?

Mr. SILVERMAN. I have no problem.

Senator RIEGLE. Why don't we hear from you, Mr. Chilcote?

STATEMENTS OF SAM D. CHILCOTE, PRESIDENT, DISTILLED SPIRITS COUNCIL OF THE UNITED STATES, INC., AND CHAIRMAN, AD HOC BEVERAGE ALCOHOL INFORMATION COUNCIL; BERNARD F. MALOY, SENIOR VICE PRESIDENT, U.S. BREWERS ASSOCIATION, WASHINGTON, D.C.; AND ARTHUR SILVERMAN, WASHINGTON COUNSEL, THE WINE INSTITUTE, A PANEL

Mr. CHILCOTE. My name is Sam Chilcote, Jr. I am president of the Distilled Spirits Council of the United States, representing America's leading distillers. On my right is Paul Gavaghan, vice president for research and public information.

The Distilled Spirits Council of the United States has already made known to you and your colleagues that we are ready to join in all constructive efforts to reduce the problems of alcoholism and alcohol abuse.

We are here today because we do not believe that the warning labels are a constructive or an effective way to reduce alcoholism and alcohol abuse. This is not an economic issue for our industry but one of principle. Will our Nation's fight against alcoholism be focused on helping people or on labeling products?

We have been pioneers and leaders in helping people for 40 years. And we have been willing to put our money where our mouth is.

Our record in this respect has been recognized by HEW and other agencies of Government, which have paid tribute to DISCUS programs.

We want to express appreciation for the letter that you, Mr. Chairman, and Senator Hatch sent to your colleagues in the

Senate with copies of the new scholarly book edited by Drs. Jack Mendelson and Nancy K. Mello, of the Harvard Medical School. This pioneering medical textbook on alcoholism treatment was made possible by a DISCUS grant.

One document I would like to enter in the record is a brochure summarizing our programs against abuse of alcohol. Programs that include public service advertising, support of scientific research, and other preventive and supportive projects.

[The following was received for the record:]

DISCUS programs to combat alcohol abuse problems

Rutgers Center of Alcohol Studies

Women's Activities

Education Commission of the States

NFL TV Messages

"Moderation" Print Advertising

Harvard Medical School

DISCUS Code of Good Practice

American Council on Alcoholism

ALMACA, Inc.

Know Your Limits Programs

National Council on Alcoholism

National Coalition for Adequate Alcoholism Programs

**Scientific Advisory Council:
Research Grant Program**

National Safety Council

Education Advisory Council

North Conway Institute

Mass Transit Campaign

Alcohol and Drug Problems Association

American Association of Motor Vehicle Administrators

National Association of Women Highway Safety Leaders



Distilled Spirits Council
of the United States, Inc.
425 13th St., N.W. • Suite 1300
Washington, D. C. 20004

April 1979

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WOMEN'S ACTIVITIES: SPECIAL NEEDS, SPECIAL PROGRAMS	16
CODE OF GOOD PRACTICE: RESPONSIBLE MARKETING	BACK COVER

FOREWORD

Since the earliest moments of America's history, the sensible use of beverage alcohol products, beer, wine and liquor, has been an important part of the social, economic, and even political fabric of our society. The role these products have played in countless celebrations, from the most personal kind between two adults to enormous occasions of state, has been a source of real pride to those who make and sell them.

The industry is also proud of its role as the provider of employment for 1.7 million Americans. Federal, state and local governments annually receive over \$10 billion in tax revenues from the sale of beverage alcohol — by far the largest single share of the consumer dollar spent on these products. These monies are applied by government to a vast range of programs benefiting all citizens — including those who choose not to drink.

The other side of the coin has been the persistent problems caused by a minority of drinkers for whom excess is the rule, rather than the exception. Their plight has been the subject of deep concern for all sectors of society, including our industry.

The depth of this concern and the frequently frustrating search for a simple solution has led the American people to accept radical control measures in many places at many different times. These range from a law in Massachusetts in the early 1800s setting fifteen gallons as the *minimum* amount of liquor that could be purchased at one time to national Prohibition. None of these product-oriented control measures or the "evils of alcohol" propaganda that has masqueraded as education in many schools have had any noticeable effects on drinking in general or alcohol abuse in particular.

The major result of the anti-drinking crusades has been the distraction of attention from the needs of alcoholics to the imaginary devil thought to be lurking in every bottle.

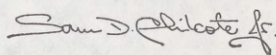
Yet despite a record rich in opportunity and poor in accomplishment, people are still seeking a "magic bullet" solution to alcohol abuse through laws focusing on the product. Current proposals would require warning

labels, virtual elimination of advertising, stiff tax increases, reduction in the number of retail outlets, and a propaganda crusade aimed at getting **everyone** to drink less in the hope that alcoholics, notoriously oblivious to warnings, would somehow follow suit.

Concerned professionals in the alcoholism field have called these latest proposals "neo-prohibitionist." We are inclined to agree. Since the restoration of legal sales in the 1930s, the liquor industry in America has been steadily increasing its efforts in support of sensible approaches to the reduction of alcohol abuse. We see no contradiction between a healthy industry and a healthy society. In fact, we believe that the health of both are deeply intertwined.

We make no pretense that the programs outlined in this booklet, either individually or collectively, represent a new magic bullet for the eradication of alcohol abuse. We wish they did. We do feel that the perspective that runs consistently throughout these programs represents the most viable current alternative to more of the same dimly unsuccessful product-oriented prevention strategies. Alcohol abuse is a "people" problem. Our best hopes for reducing these problems is through programs that are sensitive to the needs of people.

We believe it is vital for all members of our industry as well as other concerned people to be aware of our substantial commitment in this area and the alternative to this involvement. This booklet is intended to meet these needs. As always, we welcome all informed advice that can help us more effectively meet what we believe to be very fundamental social responsibilities on behalf of our industry. The reader should be aware, however, that this booklet reports primarily on DISCUS programs. Many companies and individuals in our industry are making personal contributions too numerous to mention along similar lines to those detailed here.



Sam D. Chilcote, Jr.
President

**Public Service Ads
Win Major Awards**
Millions of Americans will

Banner Year for DISCUS
If we are to continue to grow...

DISCUS Public Service Awards Bestowed

DISCUS public service awards were presented to responsible decision makers...

DISCUS Supports National Commission

**Rules on Advertising
'Stand Test of Time'**

Although the laws and regulations now in effect are outdated, we are using them to the best of our ability.

**DISCUS Welcomes
Klerman Suggestion**

Several suggestions and ideas offered by Dr. Gerald Klerman of ADAMHA, during...

Self-Regulatory Ad Standards Stressed

Our Code has been frequently dated over the years, but in principle...

National Coalition Critical of HEW Report

**HEW Report is Criticized
For Serious Shortcomings**

HEW Report Findings Called 'Disputable'... 'It is, I submit, disputable'...

Dr. Mendelson's Overview

Jack V. Mendelson, M.D., of Harvard Medical School and former advisor of the Federal government, observed that the Federal government's...
...I have also read much of the medical literature on the 'new alcoholism'...
...I have also read much of the medical literature on the 'new alcoholism'...

Warning Label Views Challenged

Senator William D. Hathaway (D-Ala.) charged hearings of the Subcommittee on Alcoholism and Drug Abuse last 31 to consider the need for a health warning label on beverage alcohol.
Hearings focused on the effects of drinking on the offspring of pregnant women and whether warning labels would have any value in alerting pregnant women to the effects of drinking or baby drinking.
Primary emphasis was on government studies that presented an interesting case for warning labels.
These conclusions were challenged by a statement by the American Council on Alcoholism, Inc., whose representatives were not allowed to testify. The Council distributed material at the hearing recommending that in June 1977 there were no warning labels on alcoholic beverages.
The present hysteria about drinking among pregnant women and the need for warning labels was the focus of Dr. Ernest P. Noble and the National Alcohol Abuse and Alcoholism Research Center.

**'Sufficient Evidence' for
Warning Label is Lacking**

Women can be moderate Dr. Blake

**Regulatory Overkill
in Warning Label**

"Those Meaningless Statistics"

**ACA: Perspective on
FAS, Warning Labels**

There is insufficient evidence to present any major discussion of the Fetal Alcohol Syndrome (FAS) at a conference on women and alcoholism. The present hysteria about drinking among pregnant women and the need for warning labels was the focus of Dr. Ernest P. Noble and the National Alcohol Abuse and Alcoholism Research Center.

**Age Not Drinking
Factor in Accidents**

The higher accident rate among drivers cannot be related to age.

Prevention Booklet

A new booklet, printed as a public service by the Boston Globe, shows...

The New Externalism

Never before has our industry been faced with so many threats.

**For Maternal Population
Education Cooperation Pledged**

The distilled spirits industry pledged...

ADTSEA: New Approach to Youth Education

Facts, statistics, and precepts to discourage drinking. It is not an in-south division...

Moderation Messages to Campuses

**DISCUS Member Sponsors
Second Moderation Drive**

Ed. Phillips & Sons Co., importers of wine and spirits, will be in Minneapolis and with...

**Consumption Control
Policy Sharply Hit**

New industry proposal and...

**Consumption Rates
Linked to Benefits**

New industry proposal and...

Moderate Use of Beverage Alcohol... is Safe

New industry proposal and...

Conflict Over HEW Proposals

controversial proposal to centralize...

**Alcoholism, Cirrhosis
Should Not Be Equated**

public interest.

**Moderate Drinking
And Heart: Studies**

The paradox of how patients with seemingly dangerous levels of cholesterol remained immune to coronary disease is now being explained.

Knowledge Symposium

DISCUS is one of eight sponsors of a scientific conference on "Advances in Knowledge About Substance Abuse" Oct. 12. The day-long event will be conducted by the Harvard Medical School and the Center of Medical Research, Belmont, Mass.

Among the eight papers presented will be one on federal initiatives in treatment, prevention, and research by Gerald L. Klerman, M.D., administrator of the Alcohol, Drug Abuse, and Mental Health Administration.

for Reagan H

Luncheon in Alaska

A shift in the treatment and...

Marland KYL Programs

Responsible drinking and safe...

Colorado KYL Effort

A holiday education program to help...

Lunch Montana KYL Campaign

A holiday education program to help...

**Moderation Messages
Widely Distributed**

Ladies Home Journal and Omni have joined trade publications and a host of cooperating journals across the country in pleading public service advertising space for the DISCUS award-winning moderation campaigns.

These messages in space valued at \$200,000 and \$150,000 respectively will appear in 1979. Some \$1.6 million in space was secured for these messages in 1978 and included a pledge of \$50,000 to public service advertising space from Psychology Today.

Business Week, National Lampoon, New Times, Penthouse, Playboy, and TDI Woman Network, the transit display company, also participated in spreading these responsible drinking messages.

Know What You Drink

The cost of liquor, wine, and beer is...

Wave of Future: Holistic Health

...the future of health...

Warning Label Opposed: Ineffective, Not Needed

Health warning labels on alcohol...

Warning Labels 'Ineffective'

Health warning labels on alcohol...

**Report Prompts ACA
Dismay, Labeling**

Health warning labels on alcohol...

Warning Labels 'Ineffective'

Health warning labels on alcohol...

Warning Labels 'Ineffective'

Health warning labels on alcohol...

Warning Labels 'Ineffective'

Health warning labels on alcohol...

Warning Labels 'Ineffective'

Health warning labels on alcohol...

Warning Labels 'Ineffective'

Health warning labels on alcohol...

Warning Labels 'Ineffective'

Health warning labels on alcohol...

Warning Labels 'Ineffective'

Health warning labels on alcohol...

See RULES, page 4

Advertising: Bad in Consumption: Nil

There's little if any evidence that drinking of alcohol beverages has effect on the net caloric amount of...

Dr. Gideon Panter: Women Needlessly Scared

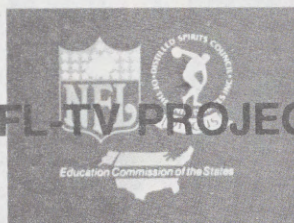
I. PUBLIC EDUCATION

Probably the most visible documentation of the liquor industry's perspective and concern can be found in the DISCUS public education program. Focusing on the related concepts of responsible drinking and responsible decision making, these programs have grown significantly in recent years. The outreach now includes the use of major magazines, network television and radio, mass transit car cards, newspapers, motion pictures, posters, mass distribution wallet cards, and pamphlets. The underlying goal of all of these efforts is to identify in a friendly, non-preachy way, those responsible practices that help

most people avoid the unpleasant effects of alcohol abuse. Abstinence, particularly for those below the legal age, is certainly one such practice. We seek to stimulate people to think about their drinking practices while reinforcing the sound and responsible behavior of the majority. While we have heard encouraging reports of individual alcoholics and problem drinkers being helped by our messages, these programs are intended primarily to help prevent problems, not to cure those that already exist.

Highlights of these efforts include:

NFL-TV PROJECT



PUBLIC SERVICE PRINT ADVERTISING



KNOW YOUR LIMITS



HOLLYWOOD SQUARES

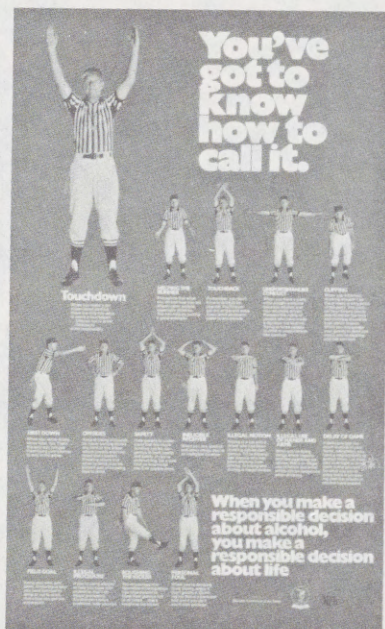
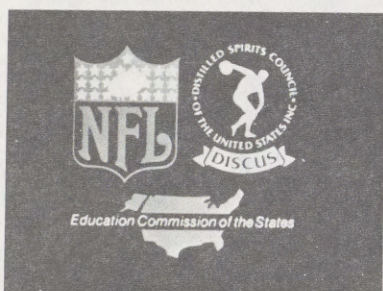


NFL-TV PROJECT:

Since 1976, DISCUS has worked with the National Football League and the Education Commission of the States in a special program focused on young people and based on the findings of ECS's three-year, Federally funded Task Force on Responsible Decisions About Drinking. In 1978, this effort included: 30-second and 60-second television spots starring Rocky Bleier and Drew Pearson; print ads in *Pro* magazines distributed at every stadium; radio messages used by the CBS Network; messages on stadium scoreboards; a new booklet, *Winning Decisions*, written by the Commissioner of Education from Rhode

Island; and special NFL schedules featuring guidelines for responsible use or non-use of beverage alcohol.

Millions of dollars worth of network airtime was given to this program in 1978. More than 50,000 copies of *Winning Decisions* were distributed. More than 1¼ million schedules were also distributed through a network of participating industry groups and affiliated organizations. The original poster developed in 1976 was endorsed by the National Parent Teachers Association which distributed 1½ million copies provided by DISCUS to 30,000 schools.



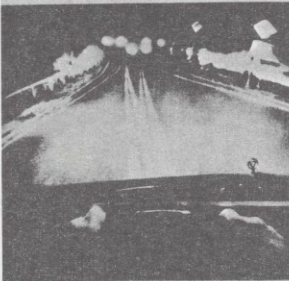
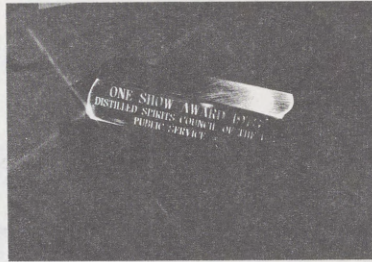
PUBLIC SERVICE PRINT ADVERTISING:

Building on a tradition that dates back to Repeal, our modern era moderation messages began in 1972. They first appeared as paid advertising in major newsweekly magazines. These award-winning messages offer helpful advice while increasing public awareness of health and safety issues related to alcohol use and abuse. Many other health education programs have made use of these, independently reprinting a conservative 14 million copies. Beginning in 1978, we found that we could actually reach more people by asking magazines to donate public service space than we could ever afford when we were buying space. Using ads developed in cooperation with *Playboy Magazine*, our new campaign quickly lined up support from the magazine industry, as well as new awards for their creativity and responsiveness to public needs. Thousands of readers have confirmed this value by requesting reprints. In 1978, these magazines carried one or more of our six new messages: *Playboy*, *New Times*, *National Lampoon*, *Penthouse*, *Business Week*, *Psychology Today*, and *Atlanta Gazette*. This important support was recognized at the DISCUS Conference in January 1979 by presentation of the DISCUS Public Service Award Plaques to all national participants, including the National Football League.

New magazine commitments continue to come in. *Ladies' Home Journal*, *Omni*, *Esquire*, *Industry Week*, and the CBS Special Interest

Publications, including *Road & Track*, etc., have all pledged to run one or more ads in 1979.

In addition, major exposure of these messages was achieved through saturation mass transit coverage arranged by the TDI/Winston Network agency on vehicles in New York, Washington, Philadelphia, Oakland, Pittsburgh, Minneapolis/St. Paul, Atlanta, and Miami. Also, a special pamphlet containing four of our new messages was distributed on fifty college campuses in the spring of 1978.



ANYONE WHO CAN'T WALK A STRAIGHT LINE CAN'T DRIVE ONE.

It's amazing how some people who can't even control their feet think they'll be able to control their cars once they get behind the wheel.

Statistics show they're dead wrong. That's why we, the people who make and sell distilled spirits, want you to know: Your Limits. Sensible drinking, like sensible driving, is no accident. It requires awareness, and caring about yourself and others.

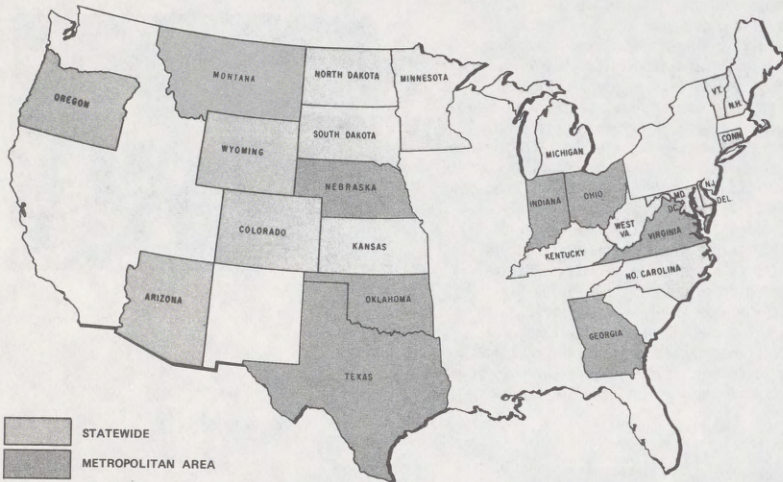
Remember, the worst time to find out you can't drive a straight line is when you're on the wrong side of one.

DISTILLED SPIRITS COUNCIL OF THE UNITED STATES, INC. (DISCUS)
1300 Pennsylvania Building, Washington, D.C. 20004
Published in a public service by TDI

KNOW YOUR LIMITS:

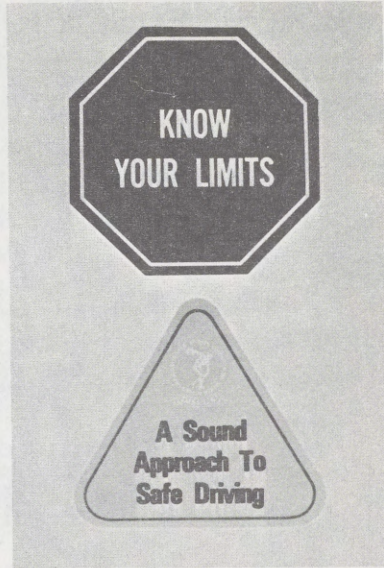
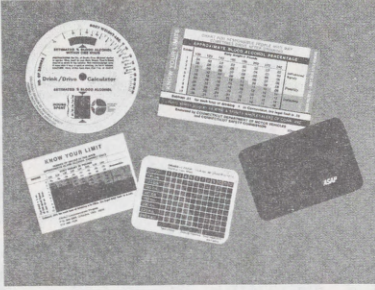
In twenty-five states and the District of Columbia, our industry has joined with state and local governments for unique and realistic public education efforts based on the theme, Know Your Limits. Years ago, like everyone else, we said, "If you drink, don't drive." But we learned that this approach was a wasted effort, no one paid any attention, and scare tactics were proven to be equally futile.

For this reason, after studying the Grand Rapids survey which demonstrated a clear relationship between number of drinks and the risk of an accident, we fostered a new and definitely more effective approach. This is our **Know Your Limits** campaign. The Department of Transportation has endorsed this effort, and has co-sponsored with DISCUS a national information campaign during the 1977 holiday season.



KNOW YOUR LIMITS PROGRAMS

This campaign is one of our major efforts in traffic safety. More than 10 million KYL wallet cards have been distributed to the public since the program began. The active involvement of liquor wholesalers and retailers in these local programs has been a cornerstone of their success.



HOLLYWOOD SQUARES:

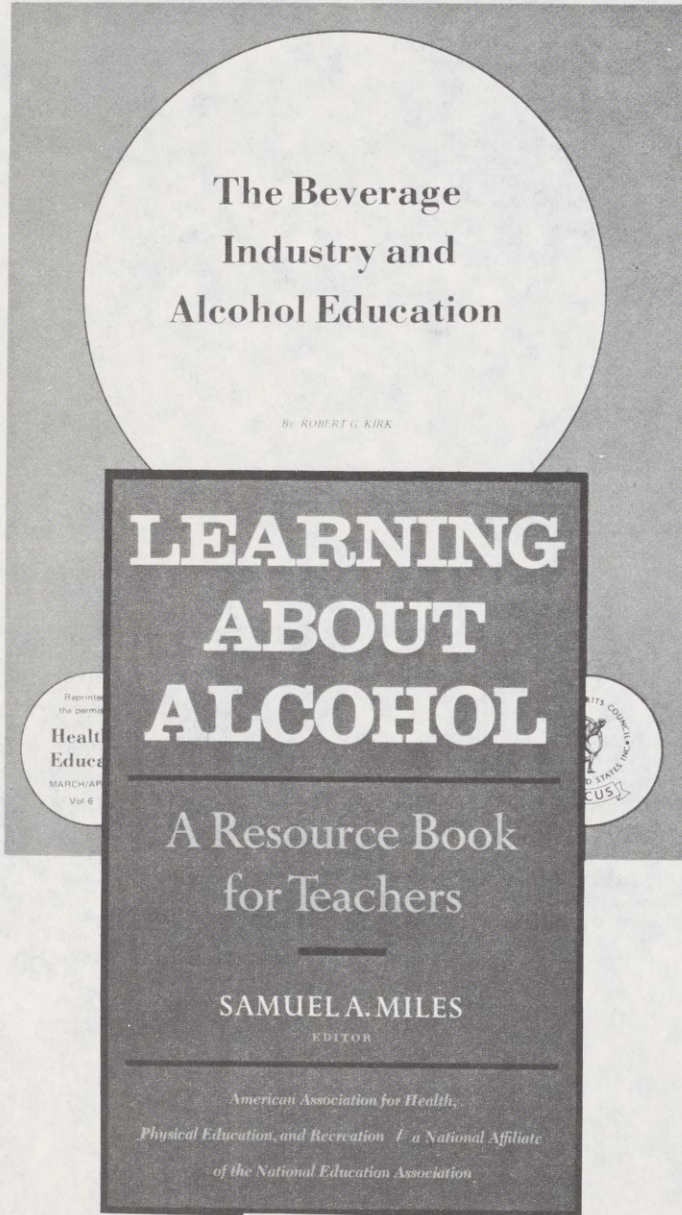
This special film version of the popular TV program was made several years ago as a public service by the stars and producers in cooperation with the industry and the Rutgers University Center for Alcohol Studies. Its national distribution on a free loan basis has brought it to countless adult and youth groups where it provides a lively stimulus for informed discussion of alcohol use and abuse. A comprehensive discussion leaders guide, prepared by Rutgers University, is sent with the film to help assure a meaningful and informed follow-up discussion. Many organizations have purchased prints for repeated use. It is conservatively estimated that over one million people have seen this unique motion picture.



II. SCHOOL EDUCATION

DISCUS and predecessor organizations have long recognized the importance of sound alcohol education programs in the schools. Virtually every state requires such education, though content varies considerably. In the

mid-Fifties, we conducted the first comprehensive survey of state curriculum guides and policies. This formed the basis for our later efforts to make a constructive contribution to such efforts.



An Education Advisory Council was later established to provide independent guidance to DISCUS on the needs of this special field and how we might help meet them.

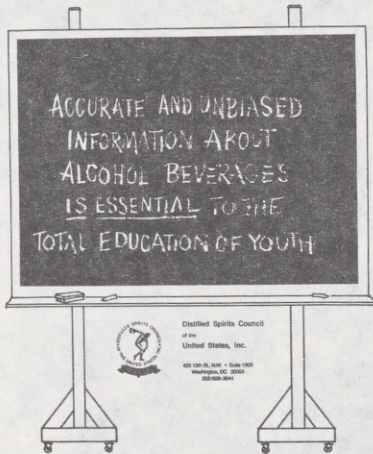
At the request of leading groups such as the National Education Association, we have sponsored several major projects, including the development of a major new sourcebook for educators, *Learning About Alcohol*.

As a followup to this very successful book, DISCUS is working with the American Alliance for Health, Physical Education, and Recreation (AAHPER) to develop a teacher's guide featuring tested techniques for facilitating awareness and discussion.

Through regular attendance and exhibits at major conventions of health and science teachers, we offer materials we have culled from our study of the education literature while keeping in touch with the interests and

concerns of today's teachers. Approximately 10,000 packets of reprinted articles on alcohol education, offered free of charge, are requested each year by teachers and others in this field. In addition, our education coordinator and professional librarian frequently provide special assistance and materials in response to individual requests.

Our approach in this field has always been circumspect and restrained. While anti-drinking zealots aggressively push their outdated materials on school officials, we make no attempt to dominate or control what is taught in the classroom. We do seek to offer to those who express an interest, significant, independently developed ideas and materials to help educators handle a most difficult subject. Our guiding philosophy is that accurate and unbiased information about alcohol is essential to the sound education of youth.



ALCOHOL EDUCATION FOR CLASSROOM AND COMMUNITY A Source Book for Educators

RAYMOND G. McCARTHY, Editor



Advisory Council, seeding grants have been provided for over 350 individual research projects making a substantial contribution to basic knowledge in this subject area.

Scientific Research Program 1960-1978

Scientific Research Program 1960-1978

Scientific
Advisory
Council

to the Distilled Spirits Council
of the United States, Inc.

425 Thirteenth Street, N.W. Washington, DC 20004

**Scientific
Advisory Council
Report
1960-1975**

Alcoholism Research Grant Program



Distilled Spirits
Council of the
United States, Inc.

Current members of the Council include: Fred Ellis, Ph.D., Professor of Pharmacology, University of North Carolina; Leon Greenberg, Ph.D., Professor Emeritus of Physiology, Rutgers University; Robert Malmo, Ph.D., Director, Neuropsychology Laboratory, McGill University; Arthur Patek, M.D., Professor of Medicine Emeritus, Tufts Medical College; David Pittman, Ph.D., Chairman, Department of Sociology, Washington University (at St. Louis); Alfred Smith, M.D., Professor of Psychiatry, New York Medical College; Jackson Smith, M.D., Chairman, Department of Psychiatry, Loyola University of Chicago.

Awards are made by the seven-member SAC on the basis of (a) technical merit, (b) applicant's demonstrated ability to conduct research, and (c) their judgment of the relevance of the proposed study to the needs of the field. The quality of their decisions is reflected in the fact that about 45% of all projects started under this program later

received substantial additional funding from other sources once applicants tested their basic hypothesis. Virtually every major researcher in the alcohol studies field has been assisted through this program. They are attracted by the truly independent evaluation of their applications and by the freedom to publish, as well as other safeguards to scientific integrity built into this program.

The members of the SAC have indicated their desire to support more longitudinal studies, which follow a population group over a period of years, as well as studies of the sound drinking practices of the majority of adults. It is felt that clues to the development of drinking problems may be found in a closer examination of the differences between problem and normal drinkers.

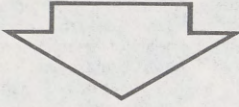
Research completed to date under this program is summarized in the SAC 15-Year Report.

Alcoholism

The Approach of the Distilled Spirits Industry



**Distilled Spirits Council
of the United States, Inc.**
Suite 1300, Pennsylvania Building
428 Thirteenth Street, N.W., Washington, DC 20004



The recent publicity over the "fetal alcohol syndrome" underscores the need for objective scientific research. DISCUS has sponsored 11

independent research projects to date, as well as pledged its support of a nationwide public education program on drinking and pregnancy.

Fetal Alcohol Syndrome is more than a problem — it's a real killer

RURAL HEALTH

By Edward Weddon, M.D., and William Weddon

More on effects of alcohol on pregnancy

Fetal alcohol syndrome threat study for alcohol awarded

Do not drink while pregnant

Regulatory Overkill in Warning Label

Alcohol Threatens Unborn baby

Drinking and babies don't mix

F.A.S. — a hidden cost in suffering

Birth Defects Found in Children Born to Alcoholics Mothers

Doctors Concerned With Drinking by Pregnant Women

Use Of Alcohol During Pregnancy Can Cause Birth Defects, Stillbirths

Mothers warned on alcohol



Alcohol, pregnancy don't mix

Heavy drinkers risk having abnormal babies

Fetal alcohol syndrome

Doctors are finding cocktails don't mix with unborn babies

ACA: Perspective on FAS, Warning Labels

Alcohol threatens unborn baby

Pregnant Alcoholics Run

Risks Of Birth Defects

Fetal alcohol syndrome is preventable condition

Watch Those Drinks

Babies Jeopardized By Alcohol

Warning Label Views Challenged

How alcohol can bring birth defects

Even Mild Drinking During Pregnancy Tied to Birth Defects

Abstinence in Last Months Helps Avoid Fetal Alcohol Syndrome

Alcohol Poses Risk To Baby

Regulatory Overkill in Warning Label

Curbed Drinking Can Avert The Fetal Alcohol Syndrome

Alcohol

If the mother is drunk, so is the baby

Moderation Is Best For Pregnant Women

PREGNANCY, ALCOHOL DON'T MIX

Alcohol: Not Good for Baby

Do not drink while pregnant

"Sufficient Evidence" for Warning Label Is Lacking

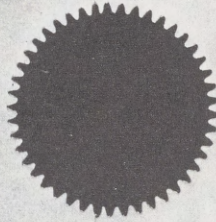
IV. SUPPORTIVE PARTICIPATION

Although DISCUS initiates and conducts numerous projects independently, our close work through the years with the health and safety organizations concerned with alcohol abuse have made us aware of many special needs that individual organizations are uniquely qualified to fill. We have made it a policy to identify and wherever possible to help support those innovative and constructive activities of other groups with a reputation for

objective approaches. Because of the abundance of such projects, we limit our activities to the support of national organizations or projects with potential broad-scale application.

Among the groups in which DISCUS maintains supporting membership or who receive funds for specific program activities are the Alcohol and Drug Problems Association, the American Council on

TASK FORCE ON RESPONSIBLE DECISIONS ABOUT ALCOHOL

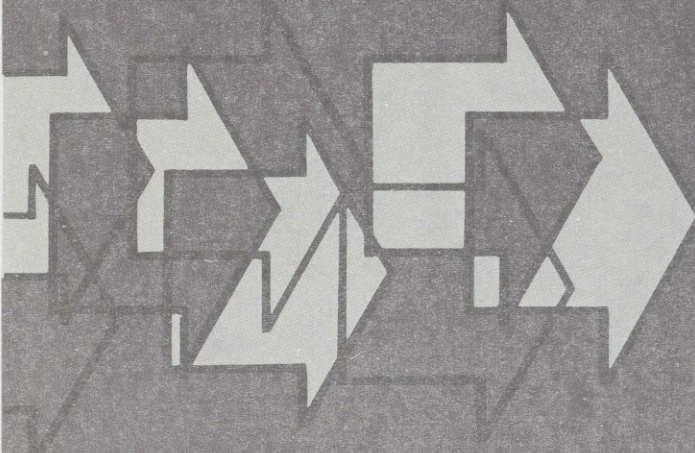


Final Report
(A Summary)

Alcoholism, North Conway Institute, Rutgers University Center for Alcohol Studies, National Council on Alcoholism, the National Coalition for Adequate Alcoholism Programs, the Association of Labor/Management Consultants on Alcoholism (ALMACA), the Alliance for Traffic Safety, American Association of Motor Vehicle Administrators, National Association of Women Highway Safety Leaders, and others.

Among our most important activities in this area is our ongoing support for Dr. Jack Mendelson at Harvard Medical School on the development of a model course for medical schools on alcoholism diagnosis and treatment. This course is now being used at thirty-six medical schools and for continuing education of licensed physicians. It is kept up to date via research findings presented at the annual Harvard Medical symposium, which

NEW APPROACHES TO PERSISTENT PROBLEMS



Supportive Participation
In Programs To Reduce
Problems of Alcohol Abuse

**Distilled Spirits Council
of the United States, Inc.**

425 13th St., N.W. • Suite 1300
Washington, DC 20004
202/628-3544

DISCUS co-sponsors. During 1979, McGraw-Hill will publish a book by Dr. Mendelson summarizing the content of this course. DISCUS funds aided Dr. Mendelson in the preparation of this book, selected as a feature offering by the Behavioral Science Book Club.

Major assistance has been provided to the Education Commission of the States to help disseminate the findings of their Task Force on Responsible Decisions About Drinking to concerned public and private groups and individuals throughout the country. This is helping many states to establish a clear strategy for the prevention of alcohol-related problems.

Further research on the practical application of responsible decision-making concepts is being conducted at the University of Connecticut under a substantial grant provided by a DISCUS member company.

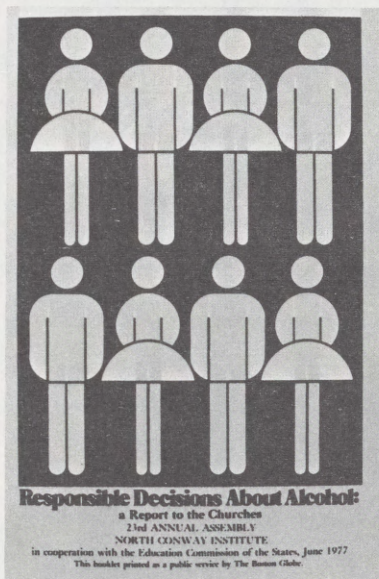
DISCUS staff is providing close guidance and assistance to the study team.

Work with the American Medical Association and the American Driver Traffic Safety Education Association has produced new concepts for instruction of young drivers on the risks of drinking and driving.

Symposia co-sponsored with groups such as NCA and Rutgers have fostered the spread of knowledge on such subjects as occupational alcoholism programs, teenage drinking, the genetic factor in alcoholism, and other important topics.

Work with the North Conway Institute has helped stimulate activities of major religious organizations in this field.

In all of these supportive programs, DISCUS seeks to lend a helping hand to worthwhile efforts of other major organizations seeking to combat alcohol abuse problems.




Joan Claybrook says:

**"Give the gift
of life this
holiday
season ..."**

A Nationwide Lifesaving Campaign
conducted by

Citizens for Highway Safety
and co-sponsored by the
U. S. Department of Transportation
and the
**Distilled Spirits Council of
the United States, Inc.**

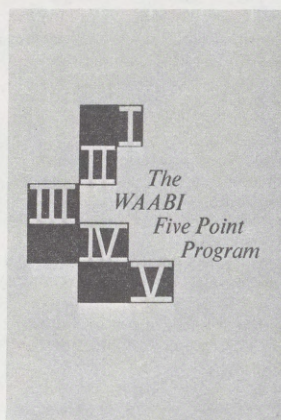
V. WOMEN'S ACTIVITIES

DISCUS recognizes the special role played by women in our society, especially in the setting of social practices and in the guidance of young people. We also recognize the special needs of women whose drinking has become a problem. Through a variety of programs, we seek to both encourage moderation for all adults through education efforts directed at women and also support the elimination of obstacles to treatment for women with drink-related problems.

A major effort is directed internally at women who work in the beverage alcohol industry. Thousands of such women participate in programs of WAABI (Women's Association of the Allied Beverage Industries). WAABI keeps its members informed about alcohol, about its proper use and its misuse, as well as other facts about the industry itself.

WAABI's credo says it all — "Moderation by word and example. Licensing of only orderly places of business. Strict observance and enforcement of the law."

WAABI is also a volunteer service club which supports local and national charitable and civic organizations. In 1979 WAABI was given an Award of Merit by the Women's Conference of the National Safety Council for its work in highway safety.



mod-er-a-tion (mod'e ra'shen), *n.* 1, the quality of being moderate; restraint; avoidance of extremes;

2. **in moderation**, without excess; moderately; temperately: *They were not averse to alcoholic beverages taken in moderation.* [ME *moderacion* < L *moderation-* (s. of *moderation*). See MODERATE, -ION]

DISCUS also works with a wide range of independent women's groups such as the General Federation of Women's Clubs, the National Association of Women Highway Safety Leaders, and the National Extension Homemakers Council stimulating interest and awareness on health and safety topics.

Other activities include the development of programs for use by women's clubs and special features for radio and newspaper use. All of these seek to put the sensible use of spirits in perspective and reinforce the cornerstone of good hospitality — moderation.

No One Answer

A
Closer
Look
At
Teenage
Drinking

VI. CODE OF GOOD PRACTICE

While DISCUS strenuously opposes the idea that the health problems of alcoholics can be controlled through restrictions on the marketing of beverage alcohol products, we wholeheartedly endorse the principle that the producers and sellers do have a responsibility to conduct their business in a restrained and dignified manner. Some of the practices common before Prohibition were harmful, if only to public confidence in the integrity of our industry.

The DISCUS Code of Good Practice, originated in 1936 and updated regularly, is our industry's voluntary pledge to keep good faith with the public's mandate for sensible legal sale of beverage alcohol. The Code, which is observed widely by members and non-members of DISCUS alike, builds on an already substantial base of Federal and state regulations to establish guidelines for marketing efforts that are sensitive to public feelings.

Most of the Code provisions, such as the commitment to avoid use of radio, television, movie theaters, and comic books for the advertising of liquor are aimed at reducing the exposure of children to such messages. Although the National Association of Broadcasters members have also, in their own code, banned TV and radio advertising of liquor, the DISCUS code predated the NAB on both counts.

Through our Ethics Committee, DISCUS constantly monitors the practices of the industry and recommends changes when we feel that public misunderstanding could be generated by specific practices. It is a credit to our industry that a recommendation from DISCUS is usually all that is needed to end questionable practices.

The DISCUS Code of Good Practice stands as an important symbol of the commitment of the liquor industry to responsible marketing by industry as well as responsible drinking by our customers.

Mr. CHILCOTE. For almost 20 years, we have supported scholarly research on alcoholism; 372 projects undertaken at 150 research centers have been funded by grants awarded by our scientific advisory council, a group of eminent and independent scholars who decide what projects merit our financial support.

These research programs are guided by a principle which applies equally to all other DISCUS support activities. Recipients of DISCUS grants have full freedom of inquiry and publication.

On the panel to my right you will find samples of advertising sponsored by our industry to promote responsible decisions on whether or not to drink and urging moderation in the use of beverage alcohol.

For the past 4 years, DISCUS has cooperated with the National Football League and the Education Commission of the States in a program of public service messages aimed at teenagers.

To give you a flavor of this, I would like to show you one of four of these messages which are being shown on television during broadcasts of NFL games

[A 30-second film was shown.]

Mr. CHILCOTE. I might mention that this was shown at a preseason game in August between the Dallas Cowboys and Seattle. Seven hundred people picked up their pencils, paid the postage, and sent in to get that booklet. It shows you the kind of response we are getting. In addition to that, our members this year are spending \$50 million worth of advertising to urge moderation in the use of their products.

It is unprecedented for an industry's advertising to urge restraint and caution in the use of its products.

The purpose of this hearing is to receive evidence on the usefulness of requiring a health warning label on alcohol beverage containers.

Senator RIEGLE. If I may just ask you, you said \$50 million is being spent advertising. I guess that incorporates the ad we just saw?

Mr. CHILCOTE. Absolutely not.

Mr. Chairman, \$50 million is being spent by our member companies. In addition, DISCUS is responsible for close to \$7 million.

Senator RIEGLE. So the total would be \$57 million if you take DISCUS plus the individual companies?

Mr. CHILCOTE. That is correct.

Senator RIEGLE. And what part is that of the total advertising budget?

Mr. CHILCOTE. Substantial. The total advertising budget which is estimated for the industry runs roughly about \$270 million a year.

Senator RIEGLE. What about the total advertising—

Mr. CHILCOTE. For distilled spirits. That is the best available estimate that I have.

Senator RIEGLE. Does DISCUS do any industry advertising on behalf of the product apart—

Mr. CHILCOTE. Absolutely not. Ours is strictly public service.

Senator RIEGLE. Why do you not continue.

Mr. CHILCOTE. The purpose of this hearing is to receive evidence on the usefulness of requiring a health warning label on alcohol beverage containers. It is a question that merits study and I hope

that the subcommittee will give it continued attention by engaging in research and receiving testimony that will provide a more adequate record than can be established in today's brief hearing.

In any such study, I suggest that you not lose sight of certain guidelines to which I assume you would subscribe.

First, the target—the danger to be reduced—is problem drinking, alcoholism, and alcohol abuse, and not the moderate or occasional drinking engaged in by 95 percent of those who choose not to be total abstainers.

Second, before legislating on the subject, the Congress should have solid evidence that a health warning label is an efficient and effective means of hitting this target. I emphasize the word "evidence" for what should be required is more than offhand opinion, speculation and unsubstantiated assertions.

One leading advocate of a health warning label, the director of a State alcoholism agency, wrote to you recently that "the most persuasive argument" for such a label is "why not?"

I cannot believe that responsible legislators would impose new restrictions and added regulation on the basis of arguments such as this. I would expect them to demand a satisfactory answer to the question why rather than why not. I would expect them to look to scholarly research and to the experience of qualified authorities for evidence that a warning label will help to prevent the problem and to legislate only after a record supporting this conclusion had been compiled.

When the Congress decided to require a health warning label on cigarettes in 1965, it made its decision only after a thorough study which included an 18-month inquiry and a published report by a special commission appointed by the Surgeon General, 27 days of hearings before congressional committees, and extensive floor debate in the Senate and the House. By contrast, the Senate, on May 7 of this year, decided without a rollcall vote after an hour of debate without any record before it in the form of a committee report or anything else to impose a health warning label requirement on the distilled spirits industry.

Mr. Chairman, shooting from the hip is not the way to hit the target.

The basic case against any kind of health warning was stated succinctly by Prof. Amitai Etzioni of Columbia University and the Brookings Institution:

Since only a small minority of people drink heavily—the number varies from about 4 to 7 percent, depending on the source and how heavy drinking is defined—it seemed to me that bombarding everyone with labels in order to reach a few was a scattergun approach. Most heavy drinkers are probably addicted—that is, alcoholic—and therefore it seems very unlikely that they would be deterred by a warning label.

Or, as expressed even more bluntly by the distinguished authority, Mark Keller, editor emeritus of the *Journal of Studies on Alcohol*: "If it doesn't help, why do it?"

At the time that the Federal Government moved to require health warning labels on cigarettes, proposals were made that a similar requirement be imposed on alcohol beverages. In 1964, the Federal Trade Commission, rejecting these proposals, said:

The comparison of alcoholic beverages and cigarettes is . . . inexact. Alcoholism, along with its derivative physical ailments, is a very serious social problem, but it is a problem . . . of excess. Alcohol in moderation is not deleterious to the health of the user. Instead, it is frequently prescribed by doctors for the treatment of various ailments.

Again in 1971, the Department of Health, Education, and Welfare for three different reasons which I will be happy to enter into the record, decided not to push for health warning labels.

During the past 2 years, two studies made by respected and objective groups have rejected the health warning label. In 1977, a federally funded study by the Education Commission of the States reported, "No evidence has been found that warning labels on—alcoholic beverage—containers will prevent alcohol-related problems."

Only 6 months ago, the Bureau of Alcohol, Tobacco and Firearms decided against requiring a health warning label directed to pregnant women on alcohol beverage containers.

More than 90 percent of those who responded to BATF's call for comment on the usefulness of a health warning label opposed such a requirement. In preference to a health warning label, BATF concluded that a program of public education on the matter of drinking during pregnancy would be a more promising method of providing relevant information to those who may need it. We in the industry have been working in that regard.

I know you asked us to keep it short. I see a note has been handed to me. I would like to submit my entire statement into the record for your consideration, and any questions that you may have, we would be pleased to answer at any time you would like.

[The prepared statement and information referred to by Mr. Chilcote follows:]

STATEMENT
OF
SAM D. CHILCOTE, JR.
PRESIDENT
DISTILLED SPIRITS COUNCIL
OF THE UNITED STATES, INC.

MR. CHAIRMAN:

MY NAME IS SAM D. CHILCOTE, JR. I AM PRESIDENT OF THE DISTILLED SPIRITS COUNCIL OF THE UNITED STATES, REPRESENTING AMERICA'S LEADING DISTILLERS.

THE DISTILLED SPIRITS COUNCIL OF THE UNITED STATES HAS ALREADY MADE KNOWN TO YOU AND YOUR COLLEAGUES THAT WE ARE READY TO JOIN IN ALL CONSTRUCTIVE EFFORTS TO REDUCE THE PROBLEMS OF ALCOHOLISM AND ALCOHOL ABUSE. WE ARE HERE TODAY BECAUSE WE DO NOT BELIEVE THAT WARNING LABELS ARE A CONSTRUCTIVE OR EFFECTIVE WAY TO REDUCE ALCOHOLISM AND ALCOHOL ABUSE. THIS IS NOT AN ECONOMIC ISSUE FOR OUR INDUSTRY BUT ONE OF PRINCIPLE. WILL OUR NATION'S FIGHT

AGAINST ALCOHOLISM BE FOCUSED ON HELPING PEOPLE OR ON LABELING PRODUCTS?

WE HAVE BEEN PIONEERS AND LEADERS IN HELPING PEOPLE FOR FORTY YEARS. AND WE HAVE BEEN WILLING TO PUT OUR MONEY WHERE OUR MOUTH IS.

OUR RECORD IN THIS RESPECT HAS BEEN RECOGNIZED BY HEW AND OTHER AGENCIES OF GOVERNMENT WHICH HAVE PAID TRIBUTE TO DISCUS PROGRAMS.

WE WANT TO EXPRESS APPRECIATION FOR THE LETTER THAT YOU, MR. CHAIRMAN, AND SENATOR HATCH SENT TO YOUR COLLEAGUES IN THE SENATE WITH COPIES OF THE NEW SCHOLARLY BOOK EDITED BY DRS. JACK MENDELSON AND NANCY K. MELLO OF THE HARVARD MEDICAL SCHOOL. THIS PIONEERING MEDICAL TEXTBOOK ON ALCOHOLISM TREATMENT WAS MADE POSSIBLE

BY A DISCUS GRANT.

THE RECORD OF DISCUS IN THE FIELD OF
ALCOHOL ABUSE

ONE DOCUMENT I WOULD LIKE TO ENTER IN THE RECORD IS A BROCHURE SUMMARIZING OUR PROGRAMS AGAINST ABUSE OF ALCOHOL, PROGRAMS THAT INCLUDE PUBLIC SERVICE ADVERTISING, SUPPORT OF SCIENTIFIC RESEARCH, AND OTHER PREVENTIVE AND SUPPORTIVE PROJECTS.

FOR ALMOST 20 YEARS WE HAVE SUPPORTED SCHOLARLY RESEARCH ON ALCOHOLISM. 372 PROJECTS UNDERTAKEN AT 150 RESEARCH CENTERS HAVE BEEN FUNDED BY GRANTS AWARDED BY OUR SCIENTIFIC ADVISORY COUNCIL, A GROUP OF EMINENT AND INDEPENDENT SCHOLARS WHO DECIDE WHAT PROJECTS MERIT OUR FINANCIAL SUPPORT.

THESE RESEARCH PROGRAMS ARE GUIDED BY A PRINCIPLE WHICH APPLIES EQUALLY TO ALL OTHER DISCUS SUPPORT ACTIVITIES. NO STRINGS ARE ATTACHED. RECIPIENTS OF DISCUS GRANTS HAVE FULL FREEDOM OF INQUIRY AND PUBLICATION.

ON THE PANEL TO MY RIGHT YOU WILL FIND SAMPLES OF THE ADVERTISING SPONSORED BY OUR INDUSTRY TO PROMOTE RESPONSIBLE DECISIONS ON WHETHER OR NOT TO DRINK AND URGING MODERATION IN THE USE OF BEVERAGE ALCOHOL. FOR THE PAST FOUR YEARS, DISCUS HAS COOPERATED WITH THE NATIONAL FOOTBALL LEAGUE AND THE EDUCATION COMMISSION OF THE STATES IN A PROGRAM OF PUBLIC SERVICE MESSAGES AIMED AT TEENAGERS. THIS YEAR \$50 MILLION WORTH OF ADVERTISING BY DISTILLING COMPANIES WILL CARRY THE MESSAGE

OF MODERATION. IT IS UNPRECEDENTED FOR AN INDUSTRY'S ADVERTISING TO URGE RESTRAINT AND CAUTION IN THE USE OF ITS PRODUCTS.

NEED FOR FURTHER STUDY OF HEALTH WARNING LABELS

THE PURPOSE OF THIS HEARING IS TO RECEIVE EVIDENCE ON THE USEFULNESS OF REQUIRING A HEALTH WARNING LABEL ON ALCOHOL BEVERAGE CONTAINERS. IT IS A QUESTION THAT MERITS STUDY AND I HOPE THAT THE SUBCOMMITTEE WILL GIVE IT CONTINUED ATTENTION BY ENGAGING IN RESEARCH AND RECEIVING TESTIMONY THAT WILL PROVIDE A MORE ADEQUATE RECORD THAN CAN BE ESTABLISHED IN TODAY'S BRIEF HEARING.

IN ANY SUCH STUDY, I SUGGEST THAT YOU NOT LOSE SIGHT OF CERTAIN GUIDELINES TO WHICH I ASSUME YOU WOULD SUBSCRIBE.

FIRST, THE TARGET -- THE DANGER TO BE REDUCED -- IS PROBLEM DRINKING, ALCOHOLISM, AND ALCOHOL ABUSE AND NOT THE MODERATE OR OCCASIONAL DRINKING ENGAGED IN BY 95 PER CENT OF THOSE WHO CHOOSE NOT TO BE TOTAL ABSTAINERS.

SECOND, BEFORE LEGISLATING ON THE SUBJECT, THE CONGRESS SHOULD HAVE SOLID EVIDENCE THAT A HEALTH WARNING LABEL IS AN EFFICIENT AND EFFECTIVE MEANS OF HITTING THIS TARGET. I EMPHASIZE THE WORD EVIDENCE, FOR WHAT SHOULD BE REQUIRED IS MORE THAN OFF-HAND OPINION, SPECULATION, AND UNSUBSTANTIATED ASSERTIONS.

ONE LEADING ADVOCATE OF A HEALTH WARNING LABEL, THE DIRECTOR OF A STATE ALCOHOLISM AGENCY, WROTE TO YOU RECENTLY THAT "THE MOST PERSUASIVE ARGUMENT" FOR SUCH A LABEL IS "WHY NOT."

I CANNOT BELIEVE THAT RESPONSIBLE

LEGISLATORS WOULD IMPOSE NEW RESTRICTIONS AND ADDED REGULATION ON THE BASIS OF ARGUMENTS SUCH AS THIS. I WOULD EXPECT THEM TO DEMAND A SATISFACTORY ANSWER TO THE QUESTION WHY RATHER THAN WHY NOT. I WOULD EXPECT THEM TO LOOK TO SCHOLARLY RESEARCH AND TO THE EXPERIENCE OF QUALIFIED AUTHORITIES FOR EVIDENCE THAT A WARNING LABEL WILL HELP TO PREVENT THE PROBLEM AND TO LEGISLATE ONLY AFTER A RECORD SUPPORTING THIS CONCLUSION HAD BEEN COMPILED.

WHEN THE CONGRESS DECIDED TO REQUIRE A HEALTH WARNING LABEL ON CIGARETTES IN 1965, IT MADE ITS DECISION ONLY AFTER A THOROUGH STUDY WHICH INCLUDED AN 18-MONTH INQUIRY AND A PUBLISHED REPORT BY A SPECIAL COMMISSION APPOINTED BY THE SURGEON GENERAL,

27 DAYS OF HEARINGS BEFORE CONGRESSIONAL COMMITTEES, AND EXTENSIVE FLOOR DEBATE IN THE SENATE AND THE HOUSE. BY CONTRAST, THE SENATE ON MAY 7 OF THIS YEAR DECIDED WITHOUT A ROLL CALL VOTE AFTER AN HOUR OF DEBATE WITHOUT ANY RECORD BEFORE IT IN THE FORM OF A COMMITTEE REPORT OR ANYTHING ELSE TO IMPOSE A HEALTH WARNING LABEL REQUIREMENT ON THE DISTILLED SPIRITS INDUSTRY.

MR. CHAIRMAN, SHOOTING FROM THE HIP IS NOT THE WAY TO HIT THE TARGET.

REASONS FOR DOUBTING THE EFFICACY OF
WARNING LABELS

THE BASIC CASE AGAINST ANY KIND OF HEALTH WARNING LABEL WAS STATED SUCCINCTLY BY PROFESSOR AMITAI ETZIONI OF COLUMBIA UNIVERSITY AND THE BROOKINGS INSTITUTION:

"SINCE ONLY A SMALL MINORITY OF PEOPLE DRINK HEAVILY (THE NUMBER VARIES FROM ABOUT 4 TO 7 PERCENT, DEPENDING ON THE SOURCE AND HOW HEAVY DRINKING IS DEFINED), IT SEEMED TO ME THAT BOMBARDING EVERY ONE WITH LABELS IN ORDER TO REACH A FEW WAS A SCATTERGUN APPROACH. MOST HEAVY DRINKERS ARE PROBABLY ADDICTED (I.E. ALCOHOLIC) AND THEREFORE IT SEEMS VERY UNLIKELY THAT THEY WOULD BE DETERRED BY A WARNING LABEL."

OR, AS EXPRESSED EVEN MORE BLUNTLY BY THE DISTINGUISHED AUTHORITY MARK KELLER, EDITOR EMERITUS OF THE JOURNAL OF STUDIES ON ALCOHOL: "IF IT DOESN'T HELP, WHY DO IT?"

AT THE TIME THAT THE FEDERAL GOVERNMENT

MOVED TO REQUIRE HEALTH WARNING LABELS ON CIGARETTES, PROPOSALS WERE MADE THAT A SIMILAR REQUIREMENT BE IMPOSED ON ALCOHOL BEVERAGES. IN 1964, THE FEDERAL TRADE COMMISSION, REJECTING THESE PROPOSALS, SAID:

"THE COMPARISON OF ALCOHOLIC BEVERAGES AND CIGARETTES IS ... INEXACT. ALCOHOLISM, ALONG WITH ITS DERIVATIVE PHYSICAL AILMENTS, IS A VERY SERIOUS SOCIAL PROBLEM, BUT IT IS A PROBLEM ... OF EXCESS. ALCOHOL IN MODERATION IS NOT DELETERIOUS TO THE HEALTH OF THE USER. INSTEAD, IT IS FREQUENTLY PRESCRIBED BY DOCTORS FOR THE TREATMENT OF VARIOUS AILMENTS."

GAIN IN 1971 THE DEPARTMENT OF HEALTH,

EDUCATION AND WELFARE LOOKED INTO THE ISSUE AND CONCLUDED THAT 1) LIMITED USE OF ALCOHOLIC BEVERAGES IS NOT HARMFUL, 2) THERE IS NO EVIDENCE THAT A WARNING LABEL WOULD HAVE ANY EFFECT ON AMERICAN DRINKING PATTERNS, AND 3) A WARNING LABEL WOULD BE AN OVERSIMPLIFIED RESPONSE TO A VERY COMPLEX PROBLEM.

DURING THE PAST TWO YEARS, TWO STUDIES MADE BY RESPECTED AND OBJECTIVE GROUPS HAVE REJECTED THE HEALTH WARNING LABEL. IN 1977 A FEDERALLY-FUNDED STUDY BY THE EDUCATION COMMISSION OF THE STATES REPORTED, "NO EVIDENCE HAS BEEN FOUND THAT WARNING LABELS ON (ALCOHOLIC BEVERAGE) CONTAINERS WILL PREVENT ALCOHOL-RELATED PROBLEMS."

ONLY SIX MONTHS AGO, THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS DECIDED

AGAINST REQUIRING A HEALTH WARNING LABEL DIRECTED TO PREGNANT WOMEN ON ALCOHOL BEVERAGE CONTAINERS.

MORE THAN 90 PERCENT OF THOSE WHO RESPONDED TO BATF'S CALL FOR COMMENT ON THE USEFULNESS OF A HEALTH WARNING LABEL OPPOSED SUCH A REQUIREMENT.

IN PREFERENCE TO A HEALTH WARNING LABEL, BATF CONCLUDED THAT A PROGRAM OF PUBLIC EDUCATION ON THE MATTER OF DRINKING DURING PREGNANCY WOULD BE A MORE PROMISING METHOD OF PROVIDING RELEVANT INFORMATION TO THOSE WHO MAY NEED IT. THE ALCOHOL BEVERAGE INDUSTRY WAS INVITED TO DESIGN AND INITIATE SUCH A PROGRAM. FOR FOUR MONTHS NOW, WE HAVE BEEN ENTHUSIASTICALLY PARTICIPATING IN THE PROJECT ALONG WITH PRODUCERS, WHOLESALERS,

AND RETAILERS OF BEER AND WINE IN AN ORGANIZATION CALLED THE BEVERAGE ALCOHOL INFORMATION COUNCIL. I SHALL BE HAPPY DURING THE QUESTION PERIOD TO PROVIDE ANY INFORMATION YOU DESIRE ABOUT THIS GROUP, ITS PLANS, AND ACTIVITIES.

I DO WISH TO POINT OUT TO THE SUBCOMMITTEE THAT THE BEVERAGE ALCOHOL INDUSTRY, AT THE SUGGESTION OF THE FEDERAL GOVERNMENT, HAS INVESTED CONSIDERABLE TIME, TALENT, ENERGY, AND MONEY IN THIS ENTERPRISE - AND IS PREPARED TO INVEST MORE - BELIEVING THAT THE GOVERNMENT HAD MADE A POLICY DECISION THAT THIS PROGRAM WAS A BETTER CHOICE THAN WARNING LABELS AND THAT TIME WOULD BE ALLOWED TO TEST THE EFFECTIVENESS OF THIS PROGRAM. I THINK OUR BUSINESS, LIKE OTHER GROUPS,

SHOULD BE ABLE TO EXPECT CONSISTENCY IN GOVERNMENT POLICY, PARTICULARLY WHEN WE EMBARK IN GOOD FAITH ON A COURSE PROPOSED BY AN APPROPRIATE GOVERNMENT AGENCY. THIS SUBCOMMITTEE SHOULD CONSIDER THE QUESTION OF WHETHER FAIRNESS IN THESE CIRCUMSTANCES DOES NOT ARGUE AGAINST LEGISLATING A CHANGE IN POLICY UNTIL THE PROGRAM OF THE BEVERAGE ALCOHOL INFORMATION COUNCIL HAS HAD A REASONABLE CHANCE TO PROVE ITSELF.

TIME DOES NOT PERMIT DETAILED COMMENT ON VARIOUS SPECIFIC PROPOSALS FOR WARNING LABELS. BUT, I BELIEVE THIS SUBCOMMITTEE, IF IT IS INTERESTED IN AVOIDING NEEDLESS AND COSTLY OVERREGULATION OF BUSINESS, SHOULD BE PARTICULARLY WARY OF PROPOSALS WHICH ARE REALLY DESIGNED TO MULTIPLY THE

NUMBER OF EXECUTIVE AGENCIES WITH POWER TO REGULATE ALCOHOLIC BEVERAGES. I ALSO BELIEVE THAT ANY LABEL CONSIDERED SHOULD BE REJECTED UNLESS IT IS COMPLETELY TRUTHFUL AND GENUINELY INFORMATIVE. I HAVE NOT SEEN ANY PROPOSALS THAT MEET THESE TESTS. THE LABEL APPROVED BY THE SENATE ON MAY 7 CERTAINLY DOES NOT. IT SAYS, "CONSUMPTION OF ALCOHOLIC BEVERAGES MAY BE HAZARDOUS TO YOUR HEALTH." THE WEIGHT OF SCIENTIFIC OPINION IS THAT EXCESSIVE CONSUMPTION CAUSES HEALTH PROBLEMS, AND NOT TO SAY SO IS TO STOP SHORT OF THE FULL TRUTH. FURTHER, MANY MEDICAL AND SCIENTIFIC AUTHORITIES BELIEVE THAT MODERATE CONSUMPTION IS BENEFICIAL TO THE HEALTH OF MANY PEOPLE.

THE INDUSTRY FOR WHICH I SPEAK WANTS

EFFECTIVE ACTION TO DEAL WITH THE PROBLEM OF ALCOHOL ABUSE. THAT IS THE SPIRIT IN WHICH I URGE YOU TO TURN YOUR ENERGIES AND ATTENTION TO MORE PROMISING APPROACHES THAN THE HEALTH WARNING LABEL.

MR. CHAIRMAN, IN DISCHARGING ITS RESPONSIBILITY TO PROVIDE LEADERSHIP IN MEETING THE PROBLEMS OF ALCOHOLISM AND ALCOHOL ABUSE, THIS SUBCOMMITTEE HAS SHOWN A PREFERENCE FOR REAL SOLUTIONS BY EMBRACING SUCH PROMISING PROGRAMS AS THOSE WHICH HAVE DEVELOPED IN THE OCCUPATIONAL SETTING AND BY THE IMAGINATIVE INITIATIVE OF SENATOR HATCH TOWARD THE DEVELOPMENT OF FAMILY-CENTERED PROGRAMS.

I TRUST THAT YOUR SUBCOMMITTEE WILL CONTINUE TO STEER THE NATION TO HIGHWAYS SUCH AS THESE AND AVOID BLIND ALLEYS.

Mar 16, 1971 (?)



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
ROCKVILLE, MARYLAND 20852

OFFICE OF THE ADMINISTRATOR

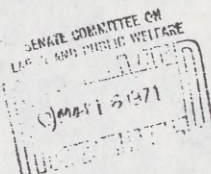
Honorable Harold E. Hughes
United States Senate
Washington, D. C. 20510

Dear Senator Hughes:

This is in response to your letter of April 29 in which you requested additional information to be inserted in the record of the March 18, 1971 Hearings of the Subcommittee on Alcoholism and Narcotics.

(1) We do not anticipate funding the provisions for leasing of facilities under Part C of the Community Mental Health Centers Act as amended by Public Law 91-616 in fiscal year 1972. Our first priority must be to provide actual services to people. We believe this can best be accomplished through the use of comprehensive staffing grants and direct service grants for targeted populations. We will, of course, review our policy with regard to leasing of facilities for fiscal year 1972 in the light of the anticipated funding levels at that time.

(2) The Department does not favor labeling of alcoholic beverages in the way that cigarettes are now labeled. Since at the present time there is no scientific evidence that limited use of alcoholic beverages cause damage to the body, we do not believe there is a basis for requiring mandatory labeling of all alcoholic beverages as harmful. Moreover, there appears to be no evidence to indicate that such labeling of alcoholic beverages would be effective in changing the drinking patterns of the American public. As you well know, the problems of alcohol abuse and alcoholism are of such complexity that the labeling of bottles would be an oversimplified, inadequate response to the problem. We feel, however, that an information and education effort is a vital part of our total alcoholism program and that only through such an effort will alcoholism and alcohol abuse be prevented. The underlying philosophy of our information and education program will be to instill attitudes of responsibility with respect to the use of alcoholic beverages in those individuals who choose to drink, and to promote the social acceptability of an individual's decision not to drink.



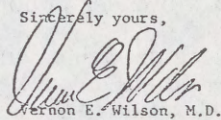
Specifically, this education and public information effort will include an all media public service advertising campaign, a comprehensive survey of current educational materials, the development of up-to-date curricula for alcohol education programs in the schools, and a number of publications and films.

(3) We are discussing with OEO transfer of their existing programs on alcoholism to the National Institute on Alcohol Abuse and Alcoholism but final arrangements have not been made. The existing OEO programs could make an excellent base from which to develop comprehensive treatment and rehabilitation programs at the community level, but prior to transfer of any OEO programs the source of necessary continuation funds must be determined. We will obtain the list of OEO projects that you requested and send it to you under separate cover.

(4) We are in the process of compiling, as you requested, a document which will indicate the various Federal programs (statutory authority and local or State personnel responsible for administration) under which direct care, grant or contract funding are available for the prevention and treatment of alcohol abuse and alcoholism. We hope to have this document available by June 21, 1971.

I enjoyed testifying before your Subcommittee and I trust that you will find this information useful.

Sincerely yours,


Vernon E. Wilson, M.D.
Administrator

Senator RIEGLE. I appreciate your testimony and we will have some questions, both Senator Humphrey and I.

Next we will hear from Mr. Silverman.

Mr. SILVERMAN. My name is Arthur Silverman, and I am Washington counsel to Wine Institute, the trade association which represents 301 winery members and thousands of growers in California. Our president, John A. DeLuca, unfortunately cannot be present today. But his statement, which represents our industry's position, has already been submitted to your subcommittee. It should be read in its entirety. However, in the brief time allotted to me I wish to underscore certain key points.

California produces over 85 percent of the wine produced in the United States, and about 70 percent of the wine consumed in this country. But while the United States ranks 6th in the world in total wine production, it is only 29th in the world in wine consumption, at less than 2 gallons per capita. The per capita consumption is decidedly higher in older societies such as the Mediterranean countries where wine is viewed as integral to the family table and a major part of the people's culture and rich heritage.

These statistics, while relevant to your understanding of wine in the United States, do not express adequately wine's heritage, traditions, and values, the role of wine in religion and custom, nor do they convey the essential function of agriculture in wine making. Our crop is ripening right now and will be harvested over the next few weeks. Our harvests have historically been subject to the vicissitudes of nature. A warning label for wine, which we emphatically oppose, would subject our industry to a severe crippling governmental action far more serious than drought or flood. The fruit of our harvests and the winemaker's art have been viewed as civilizing agents for many centuries. A governmental mark of reproach

would be an act of singular injustice, an unwarranted stigma for our people and product.

Wine Institute applauds and joins your subcommittee in seeking ways to encourage sensible drinking and to assure that all citizens are effectively informed of the risks involved in excessive consumption. However, we in the wine industry do not believe that more Government regulation in the form of warning labels for wine is the answer.

Such was the clear and major thrust of the public and scientific and medical testimony that was given last year in response to the Treasury Department's proposal for a "fetal alcohol syndrome" warning label. Those comments, numbering over 3,000, also addressed the larger issue of health warning labels and constitute an important expression from groups and individuals that obviously cannot testify today. Wine Institute respectfully requests that the full transcript of that testimony and its subsequent evaluation by a scientific panel be included in these deliberations, in that it relates directly to the work of your subcommittee and would provide you and your staff with a broader public participation than is possible by today's hearing.

Wine Institute recognizes that wine can be abused. We are also aware of the rich heritage of public commentary lauding wine as the beverage of moderation. Thomas Jefferson was an admirer of wine and attempted to plant vineyards and make wine in Virginia. He once said, "No nation is drunken where wine is cheap." He was, of course, referring to the civilizing quality of wine as he knew it in his own home and travels. The idea of a warning label for wine would similarly confound the renowned health scientist, Louis Pasteur, who wrote, "Wine is the healthiest and most hygienic of beverages." Researchers in the Pasteur tradition are today giving clinical and scientific validity to the folk wisdom about wine's healthful uses in daily moderation.

The sudden appearance of a Government mandated warning label would mistakenly suggest to the consumer a change in accumulated scientific knowledge about wine's role in health when, in fact, there has been no change. Such a label would unjustifiably alarm the vast majority of moderate and occasional consumers who have enjoyed wine without experiencing any problems. It would not deter the excessive or abusive drinker but it would unfairly stigmatize a product with significant cultural identification in the areas of religion and cuisine.

Society has 6,000 years of experience with wine, and has found that, when used in moderation, it is often beneficial. The second report to Congress on alcohol and health from the Department of HEW identified wine drinkers as among those least likely to have problems associated with alcohol. On the other hand, researchers believe that increase in table wine consumption and the use of table wine with food is a positive factor in moderate drinking habits.

Warning labels, moreover, are not proven remedies and may be counterproductive. There has been absolutely no research to suggest that such labels will deter excessive consumption. By requiring such a label, Government would substitute a mere gesture to suggest that something substantive has been done. On the other hand,

the effect on our industry is predictable. Sixty years ago, the Government of the United States legislated against our product. Many of our families lost their homesteads, our vineyards were plowed under, and the art and science of winemaking was seriously stifled.

While total wine sales have grown over the past decades, shifting dramatically to lower alcohol table wines, research indicates that only 1 out of 20 households in the United States serves wine with dinner. Compared to other nations, wine in America is still in its infancy and, therefore, very vulnerable to governmental abuse and overregulation.

In many other cultures, wine is accorded a special place because of its flavor and component complexity, and traditional use with meals. It is an integral part of the cuisine and traditions of many ethnic and religious groups. In contemporary America we note a growing and similar acculturation process. It is difficult to name another product that is receiving such widespread, organized consumer support. Literally millions of consumers have participated in some form of organized activity devoted to learning about wines. Many major universities recognize the value of wine studies through credit or extension programs, and hundreds of hospitals serve wine as part of get well and diet programs. Doctors, lawyers, educators, and consumers from the broadest of possible backgrounds have formed societies to study and enjoy wine, such as the Society of Wine Educators, Les Amis du Vin—over 200 local U.S. chapters—Society of Medical Friends of Wine, Physicians Wine Appreciation Society, Knights of the Vine, and the Military Order of Wine Tasters.

This activity is a tribute to the outstanding efforts of our growers and vintners to improve the quality and availability of wine in this country. At the same time, there exists an international and competitive trade aspect for wine. For example, in 1978, foreign wine sold in the United States was valued at \$578 million; U.S. sales of wine overseas amounted to only \$10.5 million, a tiny fraction of that amount resulting in a trade deficit balance for wine alone of \$567.5 million. A warning label would impose an unjustified stigma at the very moment we are stepping up efforts to ship wine into foreign markets since no other country in the world places warning labels on wine.

Second, a warning label would constitute a nontariff trade barrier. Ambassador Robert S. Strauss, former Special Representative for Trade Negotiations, has pointed out that such a development would constitute a trade impediment.

The International Federation of the Wine and Spirits Industry is likewise unanimously opposed.

Through bitter experience, having lived through the moralizing crusade that led to the constitutional aberration of the 18th amendment, our vintners and winegrowers know they must take special initiatives to demonstrate their social responsibility. We want to be perceived, through credible action, as being part of the solution and not part of the problem of alcohol abuse. In that spirit, Wine Institute has undertaken several bold programs to further promote the awareness of alcohol problems in general in our society.

In cooperation with the Alcoholism Council of California, a pilot prevention project relating to the abuse of alcoholic beverages has been launched in eight communities in California. Our written statement goes into some of the specifics, but I can say that through this project, corporate and community leaders who have never before been involved in alcohol awareness programs have been recruited to develop effective programs for specific local needs.

Almost 2 years ago, wine Institute pioneered a new code of advertising standards which emphasizes both the responsible use of wine and the serving of wine with food. Moreover, this new code specifically addresses the potential problems of alcohol misuse, such as underage drinking and excessive consumption.

We have a prohibition in our advertising on the use of athletes and other heroes of the young, on the use of motor vehicles, and on the association of wine with social performance, attainment of wealth, et cetera. The code has received national acclaim for the very strong standards desired by wine advertisers to reflect the industry's concern with maximum social responsibility.

Joseph Califano, former HEW Secretary, publicly commended the code; and Dr. Luther Cloud, former president of the National Council on Alcoholism, wrote, "We believe the social significance of this code will be recognized across the Nation by alcoholism councils and by those concerned with alcohol problems. Your positive act represents a significant contribution to the prevention of alcohol abuse and alcoholism."

In September 1978, WI adopted an employee alcoholism program as part of our commitment to good health practices. The primary objectives of the program are to provide effective assistance to alcoholic employees and to provide information and education designed to prevent employee alcohol problems from developing. Two supervisory training sessions have been held at Wine Institute, and we are assisting our member wineries in developing similar programs.

Finally, we believe that warning labels for wine constitute another example of unnecessary regulation which will add to the erosion in public credibility of Government acts and agencies. The weight of expert opinion on preventing the misuse of alcoholic beverages is clearly on the side of encouraging informed personal decisionmaking, and against warning, prohibitions, and other negative and cautionary approaches. Alcohol abuse and related health problems are complex phenomena requiring complex solutions. Those who seek simple solutions divert attention from the pressing needs of comprehensive approaches.

In January 1979, the BATF in declining to require warning labels concluded, "Other forms of education which explain more fully the scientific issues involved may in this situation be more effective than warning labels and still provide a basis for educated consumer decisionmaking." [BATF Progress Report Notice No. 318.]

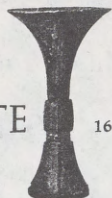
Wine Institute believes that the dissemination of accurate, unbiased, and comprehensive information on alcohol misuse, can best take place when the atmosphere of moralism surrounding this warning label proposal is abandoned. In its place we hope to see a

growth of commitment to programs that aid personal choice based on the understanding of factual information.

Thank you.

[The prepared statement and additional information supplied by Mr. Silverman follows:]

WINE INSTITUTE



165 POST STREET SAN FRANCISCO CALIFORNIA 9410

Senate Subcommittee on
Alcoholism and Drug Abuse
September 14, 1979

SUMMARY OF WINE INSTITUTE RESPONSE

It is our conclusion that a warning label on wine bottles is unwarranted for the following reasons:

1. The appearance of a government mandated warning label would mistakenly suggest to the consumer a change in accumulated scientific knowledge about wine's effect on health when in fact there has been no change. The health values of wine, when taken in moderation, are widely known and definitively researched.
2. Warning labels are not proven remedies and may be counterproductive. There has been no research to suggest that warning labels will deter excessive consumption. By requiring a label, government can force a surface gesture to suggest that something substantive has been done.
3. Warning labels would stigmatize a product with significant cultural identification in the areas of religion and cuisine. Society has 6,000 years of experience with wine, and has found that, when used in moderation, it is often beneficial.
4. The application of warning labels to wine would unjustifiably alarm the vast majority of moderate and light consumers who have consumed wine without experiencing any problems.
5. Warning labels would not impact the excessive or abusive drinker.

6. Warning labels indicate that the substance of the product is harmful when it is only the excessive use or abuse of the product that is in any way harmful.
7. A warning label for wine would be inappropriate. The wine industry has received national acclaim from consumers, educators, media, alcoholism professionals and the government for its social responsibility; for example, the Code of Advertising Standards, Employee Alcoholism program and Primary Prevention Project. The code stresses the moderate use of wine and specifically addresses the potential problems of alcohol misuse such as underage drinking, excessive consumption, motor vehicle use, and the association of wine with social success.
8. Warning labels would constitute another example of unnecessary regulation, a focal current issue in governance.
9. Warning labels as a non-tariff trade barrier. Robert S. Strauss, former special representative for trade negotiations, has pointed out that warning labels constitute a trade impediment. The international federation of the wine and spirits industry unanimously concurs.
10. Warning labels will add to the erosion in public credibility of government agencies. The mid-1970's has been a period marked by one alarmist pronouncement after another about the unspecified health "risk" of countless substances and environmental pollutants. When the public discovers that warning labels have no basis in any new or previously undisclosed hazard, they will disregard the label. Future government pronouncements will be viewed with skepticism.

WINE INSTITUTE

165 POST STREET SAN FRANCISCO CALIFORNIA 94108



September 7, 1979

Honorable Donald W. Reigle, Jr.
 Chairman
 Subcommittee on Alcoholism
 and Drug Abuse
 1203 Dirksen Senate Office Bldg.
 Washington, D.C. 20515

Dear Senator Reigle:

Wine Institute, representing 301 winery members and thousands of growers in California, emphatically opposes the warning label proposal. We recognize that your subcommittee is seeking ways to encourage sensible drinking and to assure that all citizens are effectively informed of the risks involved in excessive consumption. However, we in the wine industry do not believe that more government regulation in the form of warning labels for wine is the answer. Wine has been in daily use in civilized societies for many hundreds of years. A governmental mark of reproach would be an act of singular injustice to our product and people.

As background information, California produces over 85% of the wine produced in the U.S., and about 70% of the wine consumed in this country. While grapes and wine comprise the third agricultural commodity of our largest state, and we rank 6th in the world of total wine production, we are only 29th in the world in wine consumption -- at less than 2 gallons per capita. For example, in older societies as in the Mediterranean countries where wine is viewed as integral to the family table and a major part of the people's culture and heritage, the per capita consumption is considerably higher than ours. These statistics, while relevant to your understanding of wine in the U.S., do not express adequately wine's heritage, tradition and values nor do they convey the

essential role of agriculture in winemaking. Our crop is ripening right now, and will be harvested with many other foods over the next few weeks. Our roots are deeply agricultural and our harvests have historically been subject to the vicissitudes of nature. A warning label for wine of any form would subject our product and people to the severe threat of crippling governmental action far more serious than drought or flood.

I also serve as President of the California Agri-Council on International Trade, an association of diverse farm groups including the California Farm Bureau and Western Growers. This council is spearheading the export of specialty crops such as grapes and wine, and I want to convey to you the unwarranted stigma warning labels for California wines would have for our entry into foreign markets. The Tokyo round of multilateral trade negotiations was recently completed in Geneva, Switzerland and ratified by the Congress and the President, for the purpose of facilitating international commerce. Many of our foreign wine colleagues whose societies have experienced centuries of a positive identification with wine and the worlds of religion, culture, and cuisine have expressed dismay that the American government could be embarking on a program that would stigmatize wine. This view was given vivid expression at the recent general assembly of the Federation Internationale Des Industries et du Commerce en Gros Des Vins et Spiriteux, (May 1979, Lausanne, Switzerland). The Federation unanimously voiced opposition to the requirement that warning labels be placed on alcoholic beverages. In addition, Ambassador Robert Strauss is officially on record in opposing warning labels as constituting a non-tariff trade barrier.

Nor can statistics relate the exceptional efforts of our growers and vintners to increase the quality and availability of wine in this country. The hundreds

of wineries existing in California before prohibition were reduced to a handful in 1933. Many families lost their homesteads, our vineyards were plowed under, and the art and science of winemaking were severely stifled. While total wine sales have grown over the past decades, research indicates that only one out of 20 households in the U.S. serves wine with dinner. Compared to other nations, wine in America is still in its infancy and therefore very vulnerable to government over-regulation.

When Thomas Jefferson, who was an admirer of wine and attempted to plant vineyards and make wine in Virginia, said "No nation is drunken when wine is cheap," he spoke to the civilized service of wine as he knew it in his own home and travels. The idea of a warning label for wine would be unthinkable to the author of our Declaration of Independence and the third president of our Republic.

Wine is estimated to be 6000 years old, classified by physicians for centuries as a beverage food and as part of a healthful diet. Leon Adams, noted wine historian has written "Wine is not a drug, in the traditional way that term is interpreted, nor is it a prescription or a patent medicine. It is more accurately classified with milk, fruit juices, or fresh processed fruits. Its alcohol content is, according to many excellent studies, well buffered by other constituents in the beverage..." A recent study by Dr. A.L. Cochrane, Director Medical Research Council Epidemiology Unit, Cardiff (South Wales), found a strong and specific negative association between ischaemic heart disease deaths in 18 developing countries and alcohol consumption. This was shown to be wholly attributable to wine consumption. "Wines are rich in aromatic compounds and

other trace components which give them their distinct character and it may be to these that we should look for the effect." (The Lancet, May 12, 1979). This significant testimony, supported as it is by the experience and professional reputation of other researchers, sounds a strong cautionary note against hasty action.

If the idea of a label had occurred to Louis Pasteur, he probably would have used his own statement: "Wine is the healthiest and most hygienic of beverages." A warning label for wine would confound that health scientist and generations of Europeans who viewed wine as a civilizing agent that added to their quality of life.

If indeed, the thrust of a warning label is to inform those at greatest risk, to make aware and publicize the dangers of excessive use of alcoholic beverages, then three basic questions must be examined in determining whether warning labels should be required:

1. Could the warning label be reasonably expected to offer accurate and useful information to consumers?
2. Would a warning label be effective in offering important information that is unavailable or otherwise unknown to consumers?
3. Do the values of the warning labels clearly and substantially outweigh the possible negative consequences?

In answer to the first question the warning as proposed "Consumption of alcoholic beverages may be hazardous to your health," would not be effective in providing useful or accurate information. Such a label would stigmatize wine by stating that infrequent, occasional, or even moderate consumption is harmful when in fact it is only the excessive use or abuse of the product that in any way is detrimental.

Dudley P. Bell, M.D., on behalf of the 320 members of the Society of Medical Friends of Wine has written, "...The precedent of government required general warning labels on foods for specific medical conditions would, we feel, be opening the Pandora's box to loose medical information...valuable medical advice on diet is available only from a health professional and should be sought on an individual case basis. We are physicians first with our interest in wine being quite secondary. But, because of this interest in wine and knowledge of its effects on the body, we feel well qualified to advise you that this warning label proposal would be detrimental to national health care and would establish a dangerous precedent of offering over simplified dietary advice on the label of a product whose general normal use is a positive health factor."

A multitude of measures exist to inform people of the dangers of excessive alcohol consumption. The Harris poll of July, 1977 has indicated that the vast majority of Americans are already aware of the dangers of excessive alcohol consumption. Hundreds of alcohol information centers are in operation, serving all major cities and many smaller communities and rural areas. The NIAAA has funded alcohol information, education and community organization programs involving many national volunteer groups such as the PTA, YMCA, US Jaycees, Education Commission of States, National League of Cities, etc. Alcohol information model projects are being conducted across the nation with access to classrooms and mass media.

In addition, Wine Institute has undertaken several bold initiatives to further promote the awareness of alcohol problems in general in our society. In cooperation with the Alcoholism Council of California, a pilot prevention project relating to the abuse of alcoholic beverages, has been launched in eight communities in California. Through this project, corporate and volunteer community leaders who have never been involved in alcohol awareness programs have joined task forces committed to developing effective programs for specific local needs. For example, in San Francisco County, under the leadership of Senator Milton Marks, 150 people turned out to canvass the city by precincts distributing information on the early warning signs of alcoholism. In Tulare County, where the primary prevention focus is on youth, parents, teachers and students are working through the joint PTSA (Parent Teacher Student Association) to implement a values clarification alcohol awareness program for young people. In Orange County, a model workshop was held for leaders of major youth organizations, churches, and groups serving youths and a second workshop is planned to train their staff members.

Almost two years ago, WI adopted a new Code of Advertising Standards (Attachment) which emphasizes the responsible use of wine and specifically addresses the potential problems of alcohol misuse such as underage drinking, excessive consumption, a prohibition on the use of athletes and other heroes of the young, use of motor vehicles, association of wine with social performance, attainment or wealth, etc. The code has received national acclaim for these specific and stronger standards desired by wine advertisers to reflect the industry's concern with maximum social responsibility.

In a major address at the National Alcoholism Forum, May 1, 1979, in Washington, D.C., Secretary Califano stated "The key note of your movement and of my remarks today is not prohibition, but prudence. The enemy is not drinking, but problem drinking, alcoholism and alcohol abuse, excessive or inappropriate drinking that causes problems in health, at work, on the highway, with the law, and within family."

In September 1978, WI adopted an Employee Alcoholism program as part of our commitment to good health practices. The primary objectives of the program are to provide effective assistance to alcoholic employees and to provide information and education designed to prevent employee alcohol problems from developing. Two supervisory training sessions have been held at Institute with a consultant from the National Council on Alcoholism and we are assisting our member wineries in developing similar programs.

The appearance of a government mandated warning label would mistakenly suggest to the consumer a change in accumulated scientific knowledge about wine's effect on health when in fact there has been no change. The application of warning labels to wine would unjustifiably alarm the vast majority of drinkers who consume alcoholic beverages with enjoyment and no problems without impacting the alcoholic problem drinker. This is confirmed by several independent authorities. Dr. Morris Chafetz, founding Director, NIAAA, has concluded that those who are alcoholics are unlikely to change via warnings and those who are light to moderate in their drinking habits do not really need them. The Task Force of the Education Commission of States (1977) concluded in their report (Booklet II, Page 15), "It has been suggested that warning labels, such as those on cigarette packages should be placed on

alcoholic beverage containers. No evidence has been found that warning labels on these containers would prevent alcohol related problems." Mrs. Ann Basker, Vice President NCA, and a public member of the Interagency Committee on Federal Activities for Alcohol Abuse and Alcoholism (October 18, 1977) stated "There is a lack of solid data base to support a warning label. The label idea is bad and has failed in the past. The idea is unsound and damaging to our image as a committee, we resist using the idea."

Wine is accorded a special place in many cultures because of its flavor and component complexity and its traditional use with meals. It is an integral part of the cuisine and traditions of many ethnic and religious groups. In contemporary America it is difficult to name another product that enjoys such widespread, organized consumer support. Literally millions of consumers have participated in some form of organized activity devoted to learning about wine. Many major universities recognize the value of wine studies through credit or extension programs and hundreds of hospitals serve wine as part of menu or diet programs. Doctors, lawyers, educators, and consumers from the broadest possible background form in societies to study and enjoy wine, such as the Society of Wine Educators, Les Amis du Vin (over 200 local U.S. chapters), Society of Medical Friends of Wine, Physicians Wine Appreciation Society, Knights of the Vine, and the Military Order of Wine Tasters.

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The Federal Trade Commission, while confining itself to specifically anti-trust aspects, commented that "Wine Institute's objective in encouraging the promotion of wine in a socially responsible way may well be laudable." Many letters from consumers, educators, alcoholism groups, and government officials were received. Joseph Califano, former Secretary HEW, commented "I am impressed by the thoughtful consideration the wine industry has given to its role in the resolution of alcohol related problems. I would also like to commend your membership on its adoption of a new advertising code of ethics." (Attachment) Dr. Luther Cloud, former President NCA, highly commended Wine Institute for its new code, "We believe the social significance of this code will be recognized across the nation by alcoholism councils and by those concerned with alcohol problems. Your positive act represents a significant potential contribution to the prevention of alcohol abuse and alcoholism." In addition, comments from Senator Bennett Katz, Committee on Education, State of Maine; Dr. Helen Farr, National Center for Alcohol Education, and Dr. Kenneth Eaton, Administrator, Office of Substance Abuse, Department of Public Health, State of Michigan were received. (Attachment)

The third question we have posed relates to whether a warning label would have greater positive than negative effects. There is no evidence available indicating positive effects of warning labels. At hearings held January 30, 1978, before the U.S. Senate Subcommittee of Alcohol and Drugs on a bill to require warning labels, a long procession of witnesses friendly to the bill failed to present a single study indicating warning label effectiveness. Among witnesses were officials of the National Institute of Alcohol Abuse and Alcoholism and the FDA. Certainly, if evidence of warning label effectiveness were available, it would have been presented.

At least one study has been completed on the effectiveness of labeling, in general, and it is not difficult to determine why it was not entered into the record of the Senate Committee by warning label proponents. The 1966 study by E.E. Malahy appeared in the American Journal of Hospital Pharmacology (23:283-292). The study sought to determine whether proper labeling of drugs combined with teaching patients about their medications, would decrease medication errors. The results were negative, and the hypothesis that a combination of labeling and simple communication would decrease medication errors was rejected. While it is difficult to generalize from this study, one question raised is whether labeling may introduce confusion and decrease effectiveness of education. In the absence of objective evaluation, expert testimony is of special significance. Dr. William Barclay, Editor of the Journal of the American Medical Association, has stated that "In practice, most people either do not read instructions or do not heed them." (Joint Symposium on Drug Information for Patients - The Patient Package Insert, January, 1977.) Prominent toxicologists

have recently concluded that warning labels on some household products are misleading, and may actually cause deaths, rather than prevent them. (Los Angeles Times, March 3, 1978). Dr. Mark Keller, for years Editor of the prestigious Journal of Studies on Alcohol, has stated: "I react negatively to the label idea because I fear it is a useless, possibly harmful distraction ...I suspect they (labels) are bad precisely because they create a false impression that we are doing something to counteract the problems of alcohol, thereby giving us an unjustified sense of easement." (Letter of January 28, 1978 to U.S. Senate Subcommittee on Alcohol and Narcotics.)

Dangers to the credibility of the government and to legitimate health information delivery must be carefully considered. According to a recent opinion survey by Yankelovich, Skelly, and White, 76% of the public is confused about all the government health warnings. (New York Times, April 26, 1979 pages 61 and 68.) The public outcry against "Big Brother" and over regulation, continue to be strong and call into question government credibility and effectiveness. This proposed warning label legislation arises at a time when society is taking a hard look at heightened regulatory intervention in American life. This scrutiny is mirrored by the media, which participates in setting the national agenda and also sensitizes audiences concerning the reception of new governmental actions. The following selections taken from media on the specific issue of warning labels are instructive. Complete articles are submitted.

1. "Federal proposals that would cite dangers of alcohol on wine bottles have reached the point of absurdity..." UPI story in Sacramento Bee March 3, 1978.

2. "...More important to the anti-label argument is the fact that a number of responsible specialists on the problems of alcohol have opposed the warning..." New York Times, March 15, 1978.
3. "Since you and I will be paying for being warned, I would like to share the remarks of...Dr. Maynard Amerine..."The call for warning labels on wine bottles constitutes moralistic harassment of both vintners and consumers." Contra Costa Times, CA March 1, 1978.
4. "Even the serious threat of a warning label could have strong negative impact on the beverage industry securities, vineyard prices, and other wine holdings." The Wine Investor February 13, 1978.
5. "A member of a 19-man task force which has studied the problem, (Maine State Senator Bennett D. Katz) stated, "No evidence has been found that placing warning labels on alcoholic beverage containers will prevent alcohol related problems." Bangor ME, News February 1, 1978.
6. "The San Jose Mercury News ran on March 11, a full page on this issue, after asking its readers to comment. It is included in its entirety. The newspaper also editorialized (March 6, 1978) on "...Federal proposals to publicize the dangers of alcohol on wine bottles. Such absurdity!"
7. "...Guess what may be next -- a warning label on wine bottles... thank you, Big Brother, but I don't need that kind of warning label, especially from you." Kron-TV San Francisco March 6, 1978.

8. "There really does have to be a point in which people are assumed able to cope with the world in light of their own special circumstances and a pregnancy warning label on every bottle of Haut Brion pretty clearly passes all sensible bounds." Wall Street Journal November 25, 1977.

9. "The government is once again attempting to meddle where it shouldn't." Atlanta Journal & Constitution March 4, 1978.

As these media reports indicate, there is wide spread public suspicion that this proposal is more than governmental meddling; the likely conclusion is that it has its origins in moralistic, anti-drinking sentiment. Such public perception constitutes a negative effect of labeling, since an erosion of confidence in all alcoholic abuse prevention efforts is a possible outcome.

In January 1978, the Bureau of Alcohol, Tobacco and Firearms (BATF) invited expert opinion on whether the current regulations should be amended to require a warning label on alcoholic beverage containers concerning the consumption of alcohol by pregnant women. BATF received over 3000 comments from consumers, special interest groups, industry, doctors, and scientific researchers. A majority of those who wrote said they were firmly opposed to a warning label, and the majority of these comments were from consumers. Most of the consumers opposed the warning label particularly for wine. General consensus of those opposed was that "it is the doctor's responsibility to advise about health hazards rather than the government's and that any measure by the government would constitute over-regulation." (BATF Progress Report Notice No. 318)

Because of the conflicting and sometimes highly technical opinions offered as to the seriousness of this problem and as to the best method of approaching

it, the Office of Science and Technology, Executive Office of the President was asked to evaluate the comments and evidence received. An analysis was submitted with a recommendation that the department employ outside, specialized consultants to assess independently the warning label proposal.

These experts independently evaluated the proposal and submitted their findings to the department. Dr. Amitai Etzioni, a sociologist at Columbia University, concluded "that fewer warnings could lead to more effective consumer education and compliance." As a result of the recommendations, BATF concluded that other forms of education should be attempted before deciding on the necessity of labeling. "Other forms of education which explain more fully the scientific issues involved may in this situation be more effective than warning labels and still provide a basis for educated consumer decision making." (BATF Notice No. 318).

In rejecting the warning label proposal and encouraging the alcoholic beverage industries to work with the government and private interest groups, a new opportunity for cooperation and industry initiative has happened. For the first time, the alcoholic beverage industries have come together on a joint educational campaign aimed at alerting women of child-bearing age to the dangers of alcohol misuse. The campaign will involve diverse programs by a cross section of alcohol and health organizations and the medical community. It will be carefully monitored by the Beverage Alcohol Information Council and holds promise for an effective community outreach program.

We further submit that any health warning label appearing on a wine bottle would have the effect of convincing many consumers that wine is, in

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general, a hazard to health. To understand the implication of a warning label on wine, it is important to consider what the consumer associates with warning labels in general. Only one product is commonly associated by the public with a warning label: cigarettes. Cigarettes are used by a broad cross-section of the public, and cigarette warning labels are ubiquitous in magazines, newspapers and billboard advertising. It is also the public perception that the cigarette warning label is required because of the dreaded health problems of cancer, heart disease and emphysema; but largely cancer. The cancer warning label association in the public mind has been reinforced recently with the requirement of warning labels on soft drinks containing saccharine, yet the strong association remains: cigarettes and cancer. This association would be transferred to wine, should the product be required to carry a warning label. The vast majority of wine consumers use the product moderately. The purchase of wine is likely to be made on impulse, as with many other non-staple items on the grocery shelf. While knowledgeable observers believe that the cigarette warning label has had little impact on cigarette sales, it does not follow that a warning label on wine would likewise be ignored. The use of wine is still quite new to most consumers. According to a US News & World Report study (Wine & Spirits, The Study of the American Market, 1977) of wine consumers, only 12% drink wine 3 or more times per week.

The National Wine Survey, reporting the demographic and marketing characteristics of wine users (Newsweek Magazine, January 1975) reports that half of those who purchase wine buy only one bottle at a time; 41% drink wine once per month or less often, and an additional 15% drink wine as often as

every 2 weeks. Only 8% of wine purchasers said they knew what they wanted prior to deciding to make a purchase.

From our knowledge of wine marketing and consumer patterns, we must conclude that a warning label would have a serious impact on sales by discouraging the casual purchase.

The distinction between cigarettes and alcoholic beverages was made clear by the Federal Trade Commission at the time it ruled in favor of a warning label on cigarettes. Quoting from their report: "The comparison of cigarettes and alcoholic beverages is also inexact. Alcoholism along with its derivative physical ailments is a very serious social problem, but it is a problem, again, of excess. Alcohol in moderation is not generally considered deleterious to the health of the user. Indeed it is frequently prescribed by doctors for the treatment of various ailments. (Emphasis added.)

"Another significant point of contrast between alcoholic beverages and cigarettes has been made in the Report on Smoking and Health of the Royal College of Physicians of London: "While many if not the majority of people enjoy alcoholic drinks on relatively infrequent occasions, however, there are very few occasional smokers. Most smokers consume a regular daily amount of tobacco. It appears that smoking is generally much more habit forming than drinking."

"But a more basic distinction between alcoholic beverages and cigarettes as far as complete disclosure of health dangers in advertising and labeling is concerned is that the advertising, labeling, and sale of alcoholic beverages are subject to an elaborate network of public and private regulations that

has no parallel in the cigarette industry. It is common knowledge that advertisements for hard liquor are not broadcast on radio or television...and that alcoholic beverages are labeled to disclose the alcoholic content. Advertising for alcoholic beverages is subject to comprehensive and detailed regulation by the U.S. Treasury Department and conform to stringent industry-wide codes which long pre-date any efforts by the cigarette industry at systematic self regulation. The places in which alcoholic beverages may be purchased, and even the prices of alcoholic beverages are commonly fixed by state law..."

Clearly fostering the association of cigarettes and wine in the public mind would be an unfair and counter-productive practice. Legitimate use of a healthful product would be threatened. The livelihood of thousands of persons connected with the growing, production, marketing and distribution of wine would be affected. The economies of wine-growing areas could be affected by unemployment and decrease in capital available for investment to create new jobs. International trade and diplomatic relations would be affected, as well as the restaurant and food service industries and retail grocers.

In weighing whether it is necessary to so drastically penalize the wine and allied industries, and to discourage the healthful national trend towards moderate wine consumption, we request consideration of the following documentation of the uniqueness of wine, and its minimal association with excessive drinking.

Indeed we find a statement from the Second Report to Congress on Alcohol and Health from the Department of HEW to be convincing: identified as among

those least likely to have problems associated with alcohol are persons who are primarily wine drinkers.

Many researchers feel the increase in table wine consumption and the use of table wine with food is a positive factor in moderate drinking habits. Charles Burck, in an article from Fortune Magazine ("Changing Habits in American Drinking," October 1976) suggests the shift in the U.S. towards low alcohol table wine may represent a wider trend towards moderation. This trend is supported by the steady decline of so called pop wines and dessert wines; and an increase in consumption of table wines. In 1965 higher alcohol dessert wine comprised over 60% of California wine shipments; by 1975 lower alcohol table wines had risen to over 70% of our shipments and the trend continues. This fact is further emphasized by Dr. Harvey Brenner of Johns Hopkins University in a study that shows that wine's minimal statistical relationship to alcoholism has decreased over 200% since 1960. Dr. Brenner based his conclusions on correlation of cirrhosis mortality rates and wine consumption. This decrease is apparently due to the rise in popularity of low alcohol table wines and the increase in their appropriate use as a mealtime beverage.

Yet, wine is a relative newcomer to the American cultural scene. To falsely associate it with alcohol abuse, when evidence is quite to the contrary is clearly wrong. Blood alcohol levels, the rate at which alcohol is absorbed into the blood stream and its effects are of special significance since the use of wine as a mealtime beverage has for several decades been known to protect against high blood alcohol levels. This fact has recently been reconfirmed by the Alcohol Study Committee of Ottawa, Canada, and several

other researchers working at universities across the country. These studies show that wine, even when consumed without food, results in relatively low blood alcohol levels. When wine is consumed in its natural role, as a meal-time beverage, resulting blood alcohol levels are of a moderate safe level.

Robin Room, Senior Researcher at the Social Research Group at the University of California, Berkeley, has published a study indicating that wine is insignificantly related to levels of alcoholism problems in virtually every city in the nation. In a study comparing alcohol consumption levels in San Francisco (an area well known for its high rate of alcohol consumption) with other cities, he finds that, "Heavy drinking of wine is just as uncommon in San Francisco as in other parts of the country." He further states that "Heavy drinking of wine is relatively rare, even among heavy drinkers."

It is of vital importance to distinguish between wine and pure alcohol, or ethanol. Ethanol is the chemical commonly used in laboratory experiments on rats and other animals. Extensive research shows that the effects of wine differ significantly from the effects of ethanol.

For purposes of scientific shorthand and expedience, current government research often fails to distinguish normal patterns of wine use from clinical ethanol administration. The cultural ways in which wine is normally enjoyed differ considerably from the injection of ethanol into stressed laboratory animals.

Wine is a complex, unique beverage. The interplay of the many natural substances resulting from the fermentation of fresh grapes combine in a beverage that is significantly different from alcohol. This has been dramatically demonstrated in research performed by Dr. Janet McDonald of the University

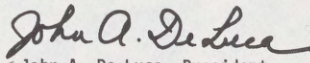
of California, Berkeley. In her study a diet including wine was shown to increase the body's ability to utilize essential minerals while a diet including ethanol of the same percent inhibited this ability. In the view of many scientists, alcohol is not the major constituent of the more than 300 found in wine.

Concerning the relationship of alcohol consumption and violent deaths in automobile accidents, a 1977 University of Michigan study by Douglass and Freedman found an insignificant relationship between wine consumption and highway fatalities. This confirms an earlier NIAAA study by Rosenberg, Patterson, Promisel, and Towle showing that wine is rarely used by those arrested for driving while intoxicated.

For years, scientists and physicians have been confirming the uniqueness of wine. Sociologists have consistently stated that in cultures where wine is the beverage of preference and treated as a natural adjunct to dining, alcoholism problems are minimal.

We believe that the dissemination of accurate, unbiased and comprehensive information on alcohol misuse, can best take place when the atmosphere of moralism surrounding this warning label proposal is abandoned. In its place we hope to see a growth of commitment to programs that aid personal choice based on understanding of factual information. The cooperative energy of many social forces is essential if we are to make what is known about healthful living practices genuinely useful to the American people, while preserving freedom of choice and an emphasis on individual responsibility.

Sincerely,



John A. De Luca, President
Wine Institute

Attachments

Page Twenty

Code Of Advertising Standards



WINE INSTITUTE

Preamble

Informal principles of good advertising practice for the winegrowing industry were first adopted in 1949. In recent years, it has become evident that more specific and significantly stronger standards are desired by wine advertisers to reflect the industry's concern with maximum social responsibility. This code is designed to encourage continued high standards so that wine advertising may increasingly be viewed as a positive contribution to society.

April 1978

GUIDELINES. These guidelines shall apply only to the voluntary subscribers to this Code of Advertising Standards.

1. A distinguishing and unique feature of wine is that it is traditionally served with meals or immediately before or following a meal. Therefore, when subscribers to this code use wine advertising which visually depicts a scene or setting where wine is to be served, such advertising shall include foods and show that they are available and are being used or are intended to be used.

This guideline shall not apply to the depiction of a bottle of wine, vineyard, winery, label, professional tasting, etc., where emphasis is on the product.

2. Wine advertising should encourage the proper use of wine. Therefore, subscribers to this code shall not depict or describe in their advertising:
 - a. The consumption of wine for the effects its alcohol content may produce.

- b. Direct or indirect reference to alcohol content or extra strength, except as otherwise required by law or regulation.
- c. Excessive drinking or persons who appear to have lost control or to be inappropriately uninhibited.
- d. Any suggestion that excessive drinking or loss of control is amusing or a proper subject for amusement.
- e. Any persons engaged in activities not normally associated with the moderate use of wine and a responsible life-style. Association of wine use in conjunction with feats of daring or activities requiring unusual skill is specifically prohibited.
- f. Wine in quantities inappropriate to the situation or inappropriate for moderate and responsible use.

3. Advertising of wine has traditionally depicted wholesome persons enjoying their lives and illustrating the role of wine in a mature life-style. Any attempt to suggest that wine directly contributes to success or achievement is unacceptable. Therefore, the following restrictions shall apply to subscribers to this code:
 - a. Wine shall not be presented as being essential to personal performance, social attainment, achievement, success or wealth.
 - b. The use of wine shall not be directly associated with social, physical or personal problem solving.
 - c. Wine shall not be presented as vital to social acceptability and popularity or as the key factor in such popularity.
 - d. It shall not be suggested that wine is crucial for successful entertaining.

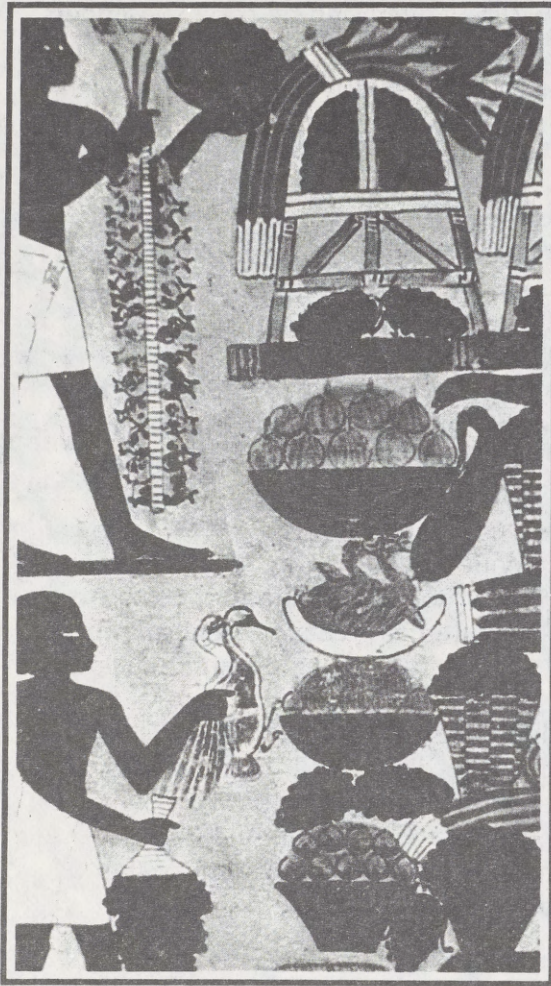
4. Any advertisement which has particular appeal to persons below the legal drinking age is unacceptable. Therefore, wine advertising by code subscribers shall not:
 - a. Show models and personalities in advertisements who appear to be under 25 years of age.
 - b. Use music, language, gestures or cartoon characters specifically associated with or directed toward those below the legal drinking age.
 - c. Appear in children's or juveniles' magazines, newspapers, television programs, radio programs or other media specifically oriented to persons below the legal drinking age.
 - d. Be presented as being related to the attainment of adulthood or associated with "rites of passage" to adulthood.

- e. Suggest that a wine product resembles or is similar to another type of beverage or product (milk, soda, candy) having particular appeal to persons below the legal drinking age.
 - f. Use traditional heroes of the young such as those engaged in pastimes and occupations having a particular appeal to persons below the legal drinking age. (For example, cowboys, race car drivers, rock stars, etc.)
 - g. Use amateur or professional sports celebrities, past or present.
5. Code subscribers shall not show motor vehicles in such a way as to suggest that they are to be operated in conjunction with wine use. Advertising should in no way suggest that wine be used in connection with driving.

6. Wine advertising by code subscribers shall not appear in or directly adjacent to television or radio programs or print media which dramatize or glamorize over-consumption or inappropriate use of alcoholic beverages.
7. Wine advertising by code subscribers shall make no reference to wine's medicinal values.
8. Wine advertising by code subscribers shall not degrade the image or status of any ethnic, minority or other group.
9. Wine advertising by code subscribers shall not exploit the human form, feature provocative or enticing poses nor be demeaning to any individual.

All advertising — including, but not limited to direct mail, point-of-sale, outdoor, displays, radio, television and print media — should adhere to both the letter and the spirit of the above code.

Wine Institute
The Trade Association of California
Winegrowers
165 Post Street
San Francisco, California 94108
(415) 986-0878



WINE INSTITUTE



WILLIAM G. MILLIKEN, Governor

MAURICE S. REIZEN, M.D., Director

STATE OF MICHIGAN

DEPARTMENT OF PUBLIC HEALTH

3500 N. LOGAN, P.O. BOX 3003, LANSING, MICHIGAN 48203

April 28, 1978

Mr. David Keyes
Wine Institute
165 Post Street
San Francisco, California 94108

Dear David:

I have reviewed the new Code of Advertising Standards as released by the Wine Institute, and I am deeply and positively impressed. The Code responds constructively to most of the problems which have been raised concerning inappropriate and potentially irresponsible messages in advertising beverage alcohol.

I understand that compliance with the Code is necessarily voluntary, and I personally prefer this approach. Nevertheless, the value of the Code is inseparable from the question of how many wine advertisers choose to follow the Code in their actual advertising decisions. If you have not already done so, I would hope that some means could be developed by which advertisers who do subscribe to the Code can make this fact and its significance known to the public. While social responsibility may be its own reward, I think that there are large numbers of people who would appreciate knowing those who subscribed to the Code and that this information might in some cases affect consumer behavior. Certainly, I would be interested in this information.

Many thanks to the Wine Institute and to the wine growing industry which has supported the development of this Code.

Sincerely,

Kenneth L. Eaton
Administrator
Office of Substance Abuse Services

KLEH:plc

cc: Rae Dehncke

"Equal Health Opportunity for All"



National Center for Alcohol Education 1001 North Kent Street Arlington, Virginia 22209 (703) 527-5757

April 24, 1978

Mr. David Keyes
Wine Institute
165 Post Street
San Francisco, California 94108

Dear David:

I thank you for sending me a copy of the new Code of Advertising Standards for the wine industry. The contents indicate a keen awareness of the many channels through which advertisements can communicate and the multitude of messages they can convey.

I commend you for your part in updating the Code, and in particular, for the fact that it shows you listened with sensitivity and good graces to those in the alcoholism field who questioned--and sometimes attacked sharply--the techniques used in advertising alcoholic products.

My only question: Have you any plans for promoting the Code among advertising agency staffs in general? I can see advertisers of other products including wine in their ads without regard to the new Standards, and thereby weakening the potential impact of the Standards. I realize that you cannot control the contents, etc. used in advertising other products, but a little deliberate education or consciousness raising among advertising agency staffs might be in order.

It was good to hear from you, and again, my compliments to you for the major role you must have played in updating the Code.

Cordially,

Helen L.K. Farr, Ph.D.
Materials Development Specialist

HLKF/sd



April 30, 1978

John A. De Luca
Wine Institute
165 Post Street
San Francisco, California 94108

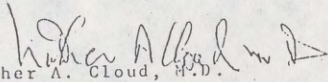
Dear Mr. De Luca:

By action of the Executive Committee, the National Council on Alcoholism highly commends Wine Institute for its new code of advertising standards. We believe the social significance of this code will be recognized across the nation by alcoholism councils and by those concerned with alcohol problems.

Your positive act represents a significant potential contribution to the prevention of alcohol abuse and alcoholism.

By assuring that wine advertising will not be designed to appeal to young persons, and will not glorify or misrepresent wine use, your industry has distinguished itself as a trendsetter in addressing contemporary issues. The alcoholism movement is well served by such voluntary action, and we publicly applaud Wine Institute for its initiative and example.

Sincerely,


Luther A. Cloud, M.D.
President



THE SECRETARY OF HEALTH, EDUCATION, AND WELFARE
WASHINGTON, D. C. 20201

NOV 13 1978

Mr. John De Luca
President
Wine Institute
165 Post Street
San Francisco, California 94108

Dear John:

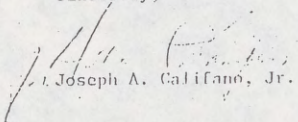
Thank you for your letter on the Department's alcohol policies and programs.

There is a real need to bring the problems related to alcohol abuse into focus to assure that the actions we are taking are effective. In light of that, I am impressed by the thoughtful consideration the wine industry has given to its role in the resolution of alcohol-related problems. I would also like to commend your membership on its adoption of a new advertising code of ethics.

The creation of an employee alcoholism program by the Wine Institute is also highly significant. The Institute's action is recognized as one of positive leadership which, hopefully, will result in the establishment and implementation of occupational alcoholism programs throughout the agriculture industry.

I appreciate your close cooperation with, and support of, the Department's efforts. By your example, you are helping to dispel the notion that the Department is in an adversarial position with the alcoholic beverage industry.

Sincerely,


Joseph A. Califano, Jr.

KRON-TV (NBC) NEWS, March 6, 1978 6.52p.m.

"Warning: The Surgeon General has determined that cigarette smoking is dangerous to your health. A few years ago, the Federal Government assumed the role of your family doctor by telling you that cigarettes aren't good for you, and guess what may be next -- a warning label on wine bottles. 'Caution: consumption of alcoholic beverages may be hazardous to your health, may be habit forming, and may cause severe birth defects when consumed during pregnancy.'"

"Could the warnings of big brother go even further as we approach 1984?"

Audio - (Song) "Take good care of yourself, you belong to me..." (Video shows warning labels on an apple, hamburger, cup of coffee and ice cream.)

"'Caution: living may be hazardous to your health.' Thank you, big brother, but I don't need that kind of warning label, especially from you."

"I'm Fred LaCrosse in San Jose, for News Center Four."

What's this about wine 'warnings'? San Jose, Ca. Mercury 3/6/78

SANTA Clara Valley, as one of the nation's leading producers of fine quality wines, would be derelict in its duty not to raise a toast to Maynard Emerine, professor emeritus of viticulture at University of California's Davis campus.

It is Professor Emerine who warns of federal proposals to publicize the dangers of alcohol on wine bottles. Such absurdity!

It seems the Food and Drug Administration (FDA) is prodding the U. S. Bureau of Alcohol, Tobacco and Firearms to require warning labels

on wine, beer and spirits containers.

"If one is to believe all the warnings and cautions from every Washington bureaucrat," comments Professor Emerine, "one could conclude that living is hazardous to health."

Excessive use of alcohol may, indeed, produce unfortunate effects. Pregnant women, for example, might benefit from information on alcohol consumption, the professor points out.

But, he rightly adds, "such information should come from a physician or other health professional."

Sacramento Bee
3/3/78

Wine Warnings Labeled Absurd

DAVIS (UPI) — Federal proposals that would cite dangers of alcohol on wine bottle labels have reached the point of absurdity, says a University of California wine expert.

"If one is to believe all the warnings and cautions from every Washington bureaucracy, one could conclude that living is hazardous to health," says Maynard Emerine, professor emeritus of viticulture at the university's Davis campus.

Wine lovers, he says, "do not savor the prospects of our wine labels becoming medical encyclopedias for every real or suspected possible misuse of a product we so greatly enjoy."

Under prodding from the Food and Drug Administration, the Bureau of Alcohol, Tobacco and Firearms is considering requiring warning labels on the danger of drinking alcoholic beverages on wine, beer and spirits containers.

The bureau has invited comments by March 17 from consumers, medical experts and the public at large.

California vintners have expressed strong opposition to aspects of the proposed labeling that would require them to disclose precise mixtures of ingredients, which they say would force them to reveal the secret arts of wine-making.

Emerine attacked what he described as a "proposed warning label that would offer information to pregnant women cautioning them about alcohol consumption regarding the so-called Fetal Alcohol Syndrome."

Wine Talk

Frank J. Prial

THE wine-labeling problem will not go away. After almost a decade of hearings and studies, the Federal Government thought the end was in sight. Last December was the cutoff date for suggestions, arguments from consumers and the trade.

Since then, a new issue has arisen: Some women's organizations and medical groups have proposed that all alcoholic beverages be labeled with beer cans to bottles of Dom Perignon champagne, display a warning to pregnant women that alcohol could be harmful to them and their unborn children and that they should avoid it.

Alcohol may thus join the growing list of substances that have been found to have harmful effects on expectant mothers and their unborn children. Test results on the harmful effects of alcohol have been conclusive, generally the warnings are meant to refer to excessive consumption.

Advocates of the warning label take the position that all risks should be avoided and that, at the very least, the consumer has the right to know the risk is there.

The wine industry is strongly opposed to a warning directed at pregnant women. Research to date is inconclusive, the industry contends, and warning labels would stigmatize wine by identifying it as a possible health hazard. And, the wine industry says, there is no indication that warning labels, such as those on cigarettes, influence anyone. Also, the industry argues that warn-

ing labels are part of a "moralistic crusade to harass both consumers and producers of alcoholic beverages, while the industry is hypersensitive to what it feels is unfair treatment or the guise of health information." The public will not accept a temperance or prohibition movement, one industry statement on the proposed alcohol warnings said, "no matter what disguise is adopted."

drinking for healthy women experiencing normal pregnancies.

Anyone interested in this issue can make his or her viewpoint known to the Federal Alcohol, Tobacco and Firearms Administration, Department of the Interior, Washington, D.C. 20226.

Warning pregnant women of the alcoholic content is not the only issue here. Also being questioned are what chemicals are used in making wine,

an increase in the percentage of named grapes in a varietal wine.

In other words, a bottle of zinfandel, which now must contain only 51 percent wine from zinfandel grapes, probably will have to contain 70 percent or more.

Many producers of fine wine already state what is in their best bottles, but most do not bother to list what goes into their generic blends, such as burgundy and chablis.

Now comes the San Martin Winery in Napa Valley with a new program called the San Martin Statement. Under this plan, the winery vows to tell all.

For example, the label on its 1977 California chablis will inform you that the wine contains 42.4 percent French colombar for San Joaquin County, 22.6 percent French colombar from San Luis Obispo County, 12.7 percent French colombar from Santa Clara County, 8.8 percent pinot blanc from Monterey County, 5 percent pinot blanc from Santa Clara, 4.3 percent pinot blanc from Santa Clara and 3.5 percent Johannisberg riesling from Monterey.

The 1974 burgundy, which is also being issued now, contains various parts of ruby cabernet, carignane, zinfandel, napa gamma and cabernet sauvignon from Santa Clara County.

If that is not enough, the people ever wanted to know about a bottle of wine, what is? Both bottles will be available in the New York area in the next month or so, at about \$4 per magnum.

The wine industry is strongly opposed to any warning label directed at pregnant women.

where the wine comes from and what grapes are used in making it. Most of these questions have been thrashed out at great length by the Treasury Department and the Department of Alcohol, Tobacco and Firearms, the wine industry, and by a disappointingly small number of consumers.

Most observers expect that one of the most important changes in the new regulations, when they appear, will be

THE WINE INVESTOR

1750 WASHINGTON STREET

SAN FRANCISCO, CA 94109

415/885-2392

13 February 1978
Volume II Number I

WASHINGTON TUMULT A THREAT TO WINE INVESTORS?--Two federal proceedings merit close monitoring by people with wine investments. The Bureau of Alcohol, Tobacco and Firearms has unearthed a study (well-known in the medical community) linking certain birth defects with "binge drinking" by pregnant women. BATF now is inviting public comment on whether it should require a warning label on "alcoholic beverage containers." Though the "binge drinking" in question seems almost always to involve distilled spirits, the BATF initiative could lead to warning labels for beer and wine also.

The second federal forum for discussion of the social effects of alcoholic beverages is the Senate Committee on Alcoholism and Drug Abuse, chaired by Sen. William Hathaway of Maine, who reportedly has investigated the subject off as well as on the senate floor. Leading the clamor for a congressionally mandated warning label and perhaps other measures for deterring alcohol consumption is Sen. Strom Thurmond of South Carolina, last heard singing this sort of song out of the other side of his mouth when he was leading the fight against warning labels for the cancer-causing tobacco products produced by his constituents.

Demagoguery by Thurmond and similar public enemies aside, is there a serious likelihood that alcoholic beverages are dangerous to the unborn--or to others--except under the most extreme conditions of use? If so, what should the course of action be for the wine industry? Would a warning label help those most likely to be injured? Would other approaches be more effective? What effect would a warning label have on the growth of the near-infant wine industry?

WINV publisher Paul Gillette will explore these and other questions related to the new federal initiatives in a special report in a near-future issue. Meanwhile, present and prospective wine investors are advised to monitor Washington developments very closely. Even the serious threat of a warning label could have strong negative impact on beverage industry securities, vineyard prices, and other wine holdings. The present threat does not seem serious enough to warrant unloading wine or other beverage-related investments or even taking a defensive position. However, the WCTU started small, too. The current scene merits continued close scrutiny.

---BAR

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Ed Borowiec

wine

Something is stirring in Washington. Apparently, some research indicates that excessive consumption of alcohol is often harmful to pregnant women and they want every bottle of wine to carry a warning label.

Since you and I will be paying for being warned, I would like to share the thoughts of my former U.C. Davis enology professor and world famous wine authority, Dr. Maynard A. Amerine. They appeared in an article, "Remarks on Warning Labels."

"Wine has been a part of human diet for more than 5,000 years. One must conclude that wine consumption has done a great deal of good in society. Recent American trends toward consumer preference for table wines as part of a moderate lifestyle, and toward moderate drinking in general, are heartening."

"Increasing consumer acceptance of wine as a healthful part of daily life also provides the stimulation needed by vintners to continue to improve their products—to give the wine consumer better wines at fair prices. I am afraid that, unless a good many consumers make their voices heard at once, this trend could be reversed to their detriment."

"The Bureau of Alcohol, Tobacco and Firearms has published a notice stating that it is considering requiring warning labels on the danger of drinking alcoholic beverages on all wine, beer and spirits containers. The BATF invites comments from consumers, medical experts and others

on this matter, and the comments must be received by March 17.

"Many of the friends of wine will be shocked by this proposal. We do not savor the prospects of our wine labels becoming medical encyclopedias for every real or suspected possible misuse of a product we so greatly enjoy."

"The proposed warning label would offer information to pregnant women cautioning them about al-

cohol consumption regarding the so-called Fetal Alcohol Syndrome. While there is evidence that excessive use of alcohol is often harmful to pregnant women, the effects of moderate use of wine have not been qualified. In addition, Commissioner Donald Kennedy of the Food and Drug Administration, who initiated the call for the warning label, said on Jan. 30, that he would favor extending the warning to caution that wine, beer and spirits are generally health hazards. This is a reduction of absurdum. Any beneficial substance may, when misused, cause health problems. I hope the American public will not have to accept this and similar moralistic branding of consumer products."

Wednesday, March 1, 1978

Contra Costa Times — Page 33

"Pregnant women would certainly benefit from information on alcohol consumption. In my view, such information should come from a physician or other health professional. I know of no research that indicates that the only proper, or even understandable, way of communicating this information would involve the label of a wine bottle. Information on diet, exercise and general health habits during pregnancy is surely important. No one opposes it. But what would be the effect of printing it on wine bottles?"

"Warning labels may be justified when there is no other effective way of communicating the information they contain. But here existing medical information systems, alcohol abuse

education, and pregnancy counseling programs provide the proper way to communicate this information."

"Government overregulation is an increasing concern for the public. If one is to believe all the warnings and cautions from every Washington bureaucracy, one could conclude that living is hazardous to health! I am alarmed when this overregulation extends to a product like wine. I see the vintners increasingly preoccupied with the demands of countering unfair regulations, when their full attention should be devoted to making better wines."

"In my view, the call for warning labels on wine bottles constitutes moralistic harassment of both vintners and consumers. It is

especially important for those of you who agree with me to write to BATF before March 17, and to urge other consumers and interested parties to do the same. You may address:

"The Director, Bureau of Alcohol, Tobacco and Firearms, Washington, D.C. 20226 Attention: Regulations and Procedures Division."

....
Tonight, NOVA, comes to California at 8 p.m. when KQED Channel 9 presents "The Great Wine Revolution." Their cameras will travel to the University of California's Davis campus to visit the Department of Viticulture and Enology. There, you will be updated on the latest wine making research. It will be repeated on Sunday at 10:15 p.m.

wine

FDA Wants Warnings On Wine Bottles, Too

By Richard P. McManis
Special to the Journal-Constitution

THE GOVERNMENT is once again attempting to meddle where it shouldn't. The following is a message from a man known to many as the father of modern viticulture (vine technology) in America, Maynard A. Amerine. He is a retired scientist, and the Professor Emeritus at the Department of Viticulture and Enology, University of California at Davis.

"Wine has been a part of the human diet for more than 5,000 years. One must conclude that wine consumption has done a great deal of good in society. Recent American trends toward consumer preference for table wines as a part of a moderate lifestyle, and toward moderate drinking in general, are encouraging.

"Increasing consumer acceptance of wine as a healthful part of daily life also provides the stimulation needed by vintners to continue to improve their products — to give the wine consumer better wines at fair prices. I am afraid that, unless a good many consumers make their voices heard at once, this trend could be reversed to their detriment.

"The Bureau of Alcohol, Tobacco and Firearms has published a notice stating that it is considering requiring warning labels on the danger of drinking alcoholic beverages on all wine, beer and spirits containers. The BATF invites comments from consumers, medical experts and others on this matter, and the comments should be received by March 17.

"Many of the friends of wine will be shocked by this proposal. We do not savor the prospects of our wine labels becoming medical encyclopedias for every real or suspected possible misuse of a product we so greatly enjoy. To the proposed warning label would offer information to pregnant women cautioning them about alcohol consumption, to the elderly about alcohol and alcoholism, and to the young about the Fetal Alcohol Syndrome.

"While there is evidence that excessive use of alcohol is often harmful to pregnant women, the effects of moderate use of wine has not been quantified. In addition, Commissioner Donald Kennedy of the Food and Drug Administration, who initiated the call for this warning label, said that he would favor extending the warning to caution that there are no known health hazards from drinking wine. This is a *redutio ad absurdum*. Any beneficial substance, when misused, cause health problems.

"Pregnant women need certainly benefit from

information on alcohol consumption. In my view, such information should come from a physician or other health professional. I know of no research that indicates that the only proper, or even understandable, way of communication this information would involve the label of a wine bottle. Information on diet, exercise and general health habits during pregnancy should be imparted by a physician. It would be the effect of printing it on a wine bottle?

"Now, a government agency proposes to take the first step toward branding wine as a health hazard. Outside the bureaucracy, I am certain there is little support for a warning label. I know of no respected national organization dealing with alcohol abuse which favors the proposal. I know of no medical association or group of physicians

which favors warning labels. I do know of many pregnant physicians who oppose this warning label proposal. If the information and the results of research studies should be presented through established methods in which we may have confidence.

"In my view, the call for warning labels on wine bottles constitutes a gross misdirection of resources. It is especially important for those of us who agree with me to write to BATF before March 17, and to urge other consumers and interested parties to do the same. You may address:

The Director, Bureau of Alcohol, Tobacco and Firearms
Washington, D.C. 20536
Attention: Regulations and Procedures Division."

Clearly Past Sensible Bounds

The Wall Street Journal carried this editorial on warning labels for beverage alcohol in its Nov. 25 issue.

The Food and Drug Administration, displaying its ever-increasing zeal to protect us from our vices, has joined the battle against alcohol. The agency judged that excessive drinking during pregnancy was associated with a rise in birth defects. So FDA Commissioner Donald Kennedy decided to send a letter to the Treasury Department, which has legal jurisdiction over alcohol labels, asking for the warning on each can or bottle that pregnant women can harm their babies by drinking the stuff. The new labeling would cover liquor, beer and wine.

It's hard to think that this proposal has much of a future: There really does have to be a point at which people are assumed able to cope with the world in light of their own special circumstances, and a pregnancy warning label on every bottle of Haut Brion pretty clearly passes all sensible bounds.

Bangor, Maine
Daily News
2/1/78

Experts testify on liquor warning

By John S. Day
NEWS-WASHINGTON Bureau
WASHINGTON — Someday, in the near future that bottle of whiskey you purchase at the liquor store may bear this warning:

"Caution. Consumption of alcoholic beverages may be hazardous to your health, may be habit forming and may cause serious birth defects when consumed during pregnancy."

Medical experts testified here Tuesday during a public hearing before the Senate subcommittee on alcoholism and drug abuse that women who take five or six drinks per day during pregnancy run upwards of a 40 per cent risk of causing serious birth defects in their children.

Expectant mothers who consume as little as one alcoholic drink a day increase the odds of a birth deformity in their babies, it was stated by expert witnesses.

The hearing was scheduled by Sen. William D. Hathaway to hear public comments on a proposal by the Bureau of Alcohol, Tobacco and Firearms to mandate health hazard warnings similar to those imposed on

cigarettes, and on legislation sponsored by Sen. Strom Thurmond, R.-S.C., who wants a more comprehensive warning affixed to liquor bottles.

Maine State Sen. Bennett D. Katz, R.-Augusta, a spokesman for the education commission of the states, suggested that the committee was backing up "the wrong tree in moving toward health hazard warnings."

A member of a 19-man task force which studied the problem, Katz stated "no evidence has been found that placing warning labels on alcoholic beverage containers will prevent alcohol-related problems."

Katz said that a comprehensive community-based effort to educate the public to the dangers of alcohol abuse would be more effective than health warning labels.

"Carried to its extreme, we may well need to consider labelling everything in our environment... except Maine lobsters as being dangerous," said Katz who has lobbied for alcoholic prevention programs in the state legislature.

"Your position is so ahead and label

... but it won't do much good," Hathaway asked the state senator.

"Yes, but I am growing more and more impatient with legislation like this to solve society's deep problems," said Katz.

He said that the Maine legislature blundered last year in opting to increase funding for alcoholic treatment programs instead of appropriating funds for a new educational prevention program.

"We chickened out," the Senator declared.

The American Council on Alcoholism, another non-profit group, submitted a statement in opposition to the labeling proposals.

Barbara Luke, a clinical specialist in maternal nutrition, cited studies which indicated that "alcohol consumption during pregnancy is known to result in approximately 6,000 birth defects each year."

Dr. Henry Kessel, a professor at the Boston University School of Medicine, reported that similar studies at his institution of 42 pregnant women indicated that the babies of heavy drinkers experienced nearly twice as

many birth defects as those of mothers who abstained.

The abnormalities included heart defects, genital abnormalities, benign tumors, and growth deficiencies. The IQ of affected children was said to average 35 to 40 points below normal.

Donald Kennedy, commissioner of the Food and Drug Administration, said that his department's actions in the labeling issue "is motivated strictly by a philosophy that citizens have a right to make informed health choices for themselves... and not by any wish to deny access to alcohol on moral grounds."

Kennedy has urged the Department of Treasury to mandate the placement of health warning labels on liquor and some food products which contain alcohol.

Hathaway said that the problem of alcoholism affects 10 million Americans and costs society \$42 billion per year in lost productivity.

The Maine Senator has not taken a position on the labeling bill yet, an aide indicated, but is believed to be leaning in favor of such legislation.

Senator RIEGLE. Thank you.

Next we will hear from Mr. Maloy.

Mr. MALOY. Mr. Chairman, this will be somewhat of an omlet in an effort to try to hit on some key items from my prepared statement within the time allotted. So if it appears to be somewhat disjointed, that is the reason.

My name is Bernard F. Maloy. I am a senior vice president of the U.S. Brewers Association, Inc., a national trade association of American brewers, whose national headquarters offices are located here in Washington, D.C. The U.S. Brewers Association, Inc.—USBA—is our Nation's oldest trade association in continuous existence. Our American brewer members produce approximately 75 percent of the malt beverages manufactured in this country. We also have several affiliated foreign brewer members whose products are sold here. We have numerous associate members in this country who supply commodities and services to our brewer members ranging from adhesives to yeast.

These comments will also reflect the views of approximately 1,800 beer wholesalers throughout our Nation represented by the National Beer Wholesalers Association.

My experience with the USBA includes 25 years in field and national positions with USBA, the last 2 as director of our alcohol programs division. I have been engaged in monitoring and/or participating in the burgeoning activities of national and State, public and private sector agencies devoted to reduction of problems associated with misuse of alcohol beverages, and in positioning the expertise of our nationwide staff to implement alcohol awareness programs designed to help our society achieve a reduction in alcohol misuse.

Matters relating to alcohol beverages are close to the personal experience of all of us. My comments are not only reflective of the position of the USBA, but are also influenced by my experiences as a teenager during so-called national prohibition, as a former alcohol beverage law enforcement officer, as a former occasional malt beverage retailer, and as the father of a large family.

In addition to these remarks, I am filing today with the subcommittee copies of the USBA statement of June 22, 1979, responding to your series of questions related to labels for alcohol beverages. I am also filing copies of the March 1979 position statement of USBA on problems of alcoholism and alcohol misuse in American society plus some examples of various materials now being distributed throughout the country as part of the alcohol awareness effort by USBA and the National Beer Wholesalers Association—NBWA.

Senator RIEGLE. We are pleased to have those for the record.

Mr. MALOY. Our statement to you of June 22, 1979, outlines both the philosophical and practical reasons for our position on warning labels and alcohol content labels. For the record, however, it should be noted that USBA has long been committed to meaningful ingredient labeling of malt beverages—a subject not raised in your questions. We are presently cooperating with BATF in developing the final form of ingredient labeling regulations.

Indeed, if all the types of labels being touted in various forums are mandated for beer containers, some degree of consumer confusion is inevitable. In addition to numerous present current label

requirements, the addition of new proposed warning labels, alcohol content labels, ingredient labels, and deposit refund labels required in some States will create a label overload that will result in consumer bewilderment, indifference, possible amusement, and even ridicule.

For its part, USBA is actively engaged, together with nine other national alcohol beverage industry organizations, in the public education program on drinking and pregnancy being conducted by the newly formed Beverage Alcohol Information Council (BAIC). That has been covered today and I will skip it in my oral statement.

After review of the May 7, 1979, Senate debate on warning labels, and other comments on the subject, it appears to me that the most constructive contribution I might make today is to comment on some broad ramifications of the subjects under discussion that have not been emphasized. In addition, we will file with the committee, subsequent to these oral hearings, a more definitive statement, after we have had the opportunity to reflect on today's testimony.

The subject of alcohol misuse in our society is a serious matter. Unfortunately, the United States has not been able to shake off the simmering emotionalism, the controversies, the residue of misinformation, the polarizations, the suspicions, that have clouded attempts to achieve a cooperative approach to a reduction of these problems. True, since some of the judicial decision of the sixties, since the publication of the landmark report to the Nation, "Alcohol Problems," by the Cooperative Commission on the Study of Alcoholism in 1967, since the passage of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, and with the escalation of the public and private sectors of "The Alcohol Constituency," there have been advances made through positive legislation and education toward achievement of a national consensus, on many alcohol-related problems. This has resulted in a waning of the disruptive wet-dry controversy. Also a spirit of concern has evolved. Many organizations are working together to reduce problems of alcohol misuse. A few of these efforts have been:

The formation in 1976 of the National Coalition for Adequate Alcoholism Programs. A concerted move toward implementing more fully the prevention thrust of the Comprehensive Alcohol Abuse and Alcoholism, Prevention, Treatment, and Rehabilitation Act.

The dedication and increasing expertise of State alcohol agencies that are outlined in the statement. On the part of the overall alcohol beverage industry, there are the voluntary informational efforts of DISCUS, the Wine Institute, USBA, State and National wholesaler and retailer groups. The most recent example is the formation of the BAIC.

The USBA materials I have filed document the fact that educational outreach programs are not new with the brewing industry—they are traditional. Our past emphasis has been on intraindustry information and encouragement for improved operations, particularly at the retailer level. Now, through an expanded alcohol awareness program, entitled "Think Twice . . . About Drinking," our industry is committed to exploring new areas of public service

to meet challenges and responsibilities which we have acknowledged. For example:

A major premise of our program rests on our recognition that beer is the beverage of preference of young people—that underage drinking episodes and youth drinking—driving incidents involve beer in a very substantial way—and that our educational efforts are an industry obligation—which we intend to translate into a public benefit.

We believe that persons of legal age should make responsible decisions to drink or not to drink alcohol beverages. These are personal decisions. Those who choose to drink should always do so in moderation and under appropriate circumstances. Clearly, however, the decisions of those who choose not to drink, especially young people, are entitled to respect, understanding, and acceptance from their peers and other associates.

The pamphlet I have filed with the committee outlines that program.

That is why I view with concern the prospect of proposals for negative Government controls. They could create serious setbacks to voluntary education and prevention programs. I do not impugn the motives of sincere advocates of labels or other control measures who mistakenly view them as panaceas. I do respectfully decry their choice of methods, however. Their purpose simply does not justify their proposals. A patchwork program of simplistic bandaid restrictions ignores the basic issues. Such tools will only revive dormant emotions, suspicions, and distrust. Current debates assert that proposals for new Government sanctions are the best of devices and the worst of devices to attack problems. The alcohol constituency itself is divided on the issue of warning labels. Experienced observers are apprehensive lest precipitous and retrogressive actions open a Pandora's box of controversy.

My apprehension that legislative confrontations might deter voluntary cooperation relates to the overall concept of untested Government imposed prohibitions in new and highly sensitive areas. Of course, the fetal alcohol syndrome labeling issue is presently a separate and unique question because of BATF's program. However, more cooperation is needed.

For example, the malt beverage industry has not been represented on NIAAA sponsored committees or work groups considering national strategies or priorities. In recent months, however, officials of HEW, ADAMHA, NIAAA, and NHTSA have shown an encouraging interest in developing a dialogue for cooperation. We hope this will continue.

Finally, we believe that individuals can be educated to make responsible, personal decisions relating to the use or nonuse of malt beverages without any necessity for manipulation through Government intrusion. Indeed, we respectfully suggest that the basic commonsense and good judgment of the American people has already convinced them that excessive use of alcohol beverages may be hazardous to their health.

We are grateful for your including us in today's discussions. Your staff has been consistently courteous, as the committee has always been. You can be assured that the malt beverage industry will continue to be of assistance in effectively addressing alcohol

programs in society with voluntary education and research programs.

[The prepared statement of Mr. Maloy and information referred to follows:]

STATEMENT
OF
BERNARD F. MALOY
SENIOR VICE PRESIDENT
UNITED STATES BREWERS ASSOCIATION, INC.

My name is Bernard F. Maloy. I am a Senior Vice President of the United States Brewers Association, Inc., a national trade association of American brewers, whose national headquarters offices are located here in Washington, D.C. The United States Brewers Association, Inc. (USBA) is our nation's oldest trade association in continuous existence. Our American brewer members produce approximately 75% of the malt beverages manufactured in this country. We also have several affiliated foreign brewer members whose products are sold here. We have numerous associate members in this country who supply commodities and services to our brewer members ranging from adhesives to yeast.

These comments will also reflect the views of approximately eighteen hundred beer wholesalers throughout our nation represented by the National Beer Wholesalers Association.

My experience with USBA includes 25 years in field and national positions, the last two as Director of our Alcohol Programs Division. I have been engaged in monitoring and/or participating in the burgeoning activities of national and state, public and private sector agencies devoted to reduction of problems associated with misuse of alcohol beverages, and in positioning the expertise of our nation-wide staff to implement alcohol awareness programs designed to help our society achieve a reduction in alcohol misuse.

Matters relating to alcohol beverages are close to the personal experience of all of us. My comments are not only reflective of the position of the USBA, but are also influenced by my experiences as a teenager during so-called National Prohibition, as a former alcohol beverage law enforcement officer, as a former occasional malt beverage retailer and as the father of a large family.

In addition to these remarks, I am filing today with the Subcommittee copies of the USBA Statement of June 22, 1979 responding to your series of questions related to labels for alcohol beverages. I am also filing copies of the March, 1979 Position Statement of USBA on Problems of Alcoholism and Alcohol Misuse in American Society plus some examples of various materials now being distributed throughout the country as part of the alcohol awareness effort by USBA and the National Beer Wholesalers Association (NBWA). (1)

Our Statement to you of June 22, 1979 outlines both the philosophical and practical reasons for our position on warning labels and alcohol content labels. For the record, however, it should be noted that USBA has long been committed to meaningful ingredient labeling of malt beverages (a subject not raised in your questions). We are presently cooperating with BATF in developing the final form of ingredient labeling regulations.

Indeed, if all the types of labels being touted in various forums are mandated for beer containers, some degree of consumer confusion is inevitable. In addition to numerous present current label requirements, the addition of new proposed warning labels,

alcohol content labels, ingredient labels, and deposit refund labels required in some states will create a label overload that will result in consumer bewilderment, indifference, possible amusement, and even ridicule.

For its part, USBA is actively engaged, together with nine other national alcohol beverage industry organizations, in the Public Education Program on Drinking and Pregnancy being conducted by the newly formed Beverage Alcohol Information Council (BAIC).² The thrust of the BAIC public information effort is to strive, in cooperation with government agencies and private sector organizations, to inform potential mothers of available medical information on drinking during pregnancy and to urge them to seek and follow their physicians advice on drinking, nutrition, and other health factors. Mr. Sam Chilcote, President of the Distilled Spirits Council of the United States (DISCUS) and Chairman of the BAIC, is a member of today's panel.

→ After review of the May 7, 1979 Senate debate on warning labels, and other comments on the subject, it appears to me that the most constructive contribution I might make today is to comment on some broad ramifications of the subjects under discussion that haven't been emphasized. In addition, ^{we} ~~USBA~~ will file with the Committee, subsequent to these oral hearings, a more definitive statement, after we have had the opportunity to reflect on today's testimony.

The subject of alcohol misuse in our society is a serious matter. Unfortunately, the United States has not been able to shake off the simmering emotionalism, the controversies, the

residue of misinformation, the polarizations, the suspicions, that have clouded attempts to achieve a cooperative approach to a reduction of these problems. True, since some of the judicial decisions of the 60's, since the publication of the landmark report to the nation, - "Alcohol Problems," - by the Cooperative Commission on the Study of Alcoholism in 1967, since the passage of the Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment and Rehabilitation Act of 1970, and with the escalation of the public and private sectors of "The Alcohol Constituency," there have been advances made through positive legislation and education toward achievement of a national consensus, on many alcohol related problems. This has resulted in a waning of the disruptive "wet-dry controversy." Also a spirit of concern has evolved. Many organizations are working together to reduce problems of alcohol misuse. A few of these efforts have been:

- The formation in 1976 of the National Coalition for Adequate Alcoholism Programs, - a voluntary organization representing a broad spectrum of attitudes toward beverage alcohol which articulates many areas of agreement in the private sector of the alcoholism constituency.
- A concerted move toward implementing more fully the prevention thrust of the Comprehensive Alcohol Abuse and Alcoholism, Prevention, Treatment and Rehabilitation Act. ^{DOT} The educational activities of NIAAA, and the Department of Transportation's National Highway Traffic Safety Administration.

that are outlined in the statement.

- The dedication and increasing expertise of state alcohol agencies - the programs of the National Council on Alcoholism (NCA), Alcohol and Drug Programs Association of North America (ADPA), American Council on Alcoholism (ACA), Education Commission of the States (ECS), Association of Labor-Management Administrators and Consultants on Alcoholism (ALMACA), North Conway Institute (NCI), The Rutgers Center, The PTA, and JayCees, and a host of other active organizations. (The achievements of Alcoholics Anonymous are so widely recognized as to need no mention here.)
- On the part of the overall alcohol beverage industry, there are the voluntary informational efforts of DISCUS, The Wine Institute, USBA, State and National Wholesaler and Retailer Groups. The most recent example is the formation of the BAIC.

The USBA materials I have filed document the fact that educational outreach programs are not new with the brewing industry - they are traditional. Our past emphasis has been on intra-industry information, and encouragement for improved operations, particularly at the retailer level. Now, through an expanded Alcohol Awareness Program, entitled "Think Twice...About Drinking" our industry is committed to exploring new areas of public service to meet challenges and responsibilities which we have acknowledged. For example

- A major premise of our program rests on our recognition that beer is the beverage of preference of young people - that underage drinking episodes and youth drinking - driving incidents involve beer in a very

substantial way - and that our educational efforts are an industry obligation - which we intend to translate into a public benefit.

- We believe that persons of legal age should make responsible decisions to drink or not to drink alcohol beverages. These are personal decisions. Those who choose to drink should always do so in moderation and under appropriate circumstances. Clearly, however, the decisions of those who choose not to drink, especially young people, are entitled to respect, understanding, and acceptance from their peers and other associates. ③

Components of our Alcohol Awareness Program entitled - "Think Twice... About Drinking" will include:

- The Alcohol Newsletter, reporting on current developments in the areas of alcohol use and misuse.
- Position Statement, setting forth the industry's viewpoint and responsibilities relating to alcohol beverages in American society.
- Employee Assistance Manual, to guide business and industry in establishing their own employee prevention and treatment programs.
- The College Program, presentation of the thoroughly researched University of Florida alcohol awareness plan - to be implemented at other colleges across the country; continuing counsel and guidance to those schools through publication of USBA's new quarterly, On-Campus Review.

- Beer Wholesalers Newspaper Advertisements, directed to underage drinkers, to drinkers and drivers, to teenagers getting their first driver's licenses.
- Retail Posters, that say to youngsters: "Underage? Don't ask us to sell you beer!"
- Retail Leaflets, instructing tavern, package store, and grocery store employees not to risk the legal penalties of selling beer to minors.
- Drinking & Driving Leaflets, telling new licensees, before they slide into the driver's seat to think seriously about the consequences of drinking and driving.

Additional Materials scheduled for early production include those for elementary and secondary schools and colleges.

Mr. Chairman, on balance, the overall record of the government sector, the private sector, including the USBA, has been one of increasing action and accomplishment.

→ That is why I view with concern the prospect of proposals for negative government controls. They could create serious setbacks to voluntary education and prevention programs. I don't impugn the motives of sincere advocates of labels or other control measures who mistakenly view them as panaceas. I do respectfully decry their choice of methods, however. Their purpose simply doesn't justify their proposals. A patchwork program of simplistic bandaid restrictions ignores the basic issues. Such tools will only revive dormant emotions, suspicions, and distrust.

Current debates assert that proposals for new government sanctions are the best of devices and the worst of devices to attack problems. The "alcohol constituency" itself is divided on the issue of warning labels. Experienced observers are apprehensive lest precipitous and retrogressive actions open a Pandora's box of controversy.

My apprehension that legislative confrontations might deter voluntary cooperation relates to the overall concept of untested government imposed prohibitions in new and highly sensitive areas. Of course, the Fetal Alcohol Syndrome labeling issue is presently a separate and unique question ^{because of BATF's} Here BATF ^{program} has urged the alcohol beverage industry to put its resources, its creativity, and its concern into action. BATF will review the FAS awareness campaign results - review the findings of on-going research - and then after the entire record is in, make a decision.

Mr. Chairman, the proposed National Commission on Alcoholism and Other Alcohol-Related Problems to be composed of members of the Congress, the public sector, with representatives of federal agencies acting in an advisory capacity, could be the catalyst whose findings and recommendations might structure the consensus necessary for a constructive national policy on the place of legal beverage alcohol in our society. This is a most encouraging prospect.

~~First~~, however, [✓] more cooperation is needed. For example, the malt beverage industry has not been represented on NIAAA sponsored committees or work groups considering national strategies or priorities. In recent months, however, officials of HEW, ADAMHA, NIAAA, and NHTSA have shown an encouraging interest in developing

a dialogue for cooperation. We hope this will continue.

Finally, we believe that individuals can be educated to make responsible, personal decisions relating to the use or non use of malt beverages without any necessity for manipulation through government intrusion. Indeed, we respectfully suggest that the basic common sense and good judgment of the American people has already convinced them that excessive use of alcohol beverages may be hazardous to their health.

We are grateful for your including us in today's discussions. Your staff has been consistently courteous - as the Committee has always been. You can be assured that the malt beverage industry will continue to be of assistance in effectively addressing alcohol programs in society with voluntary education and research programs.

Respectfully,

Bernard F. Maloy

Bernard F. Maloy

SUMMARY OF USBA STATEMENT OF SEPTEMBER 14, 1979 ON CONSUMER
HEALTH WARNING LABELS - SUBCOMMITTEE ON ALCOHOLISM AND DRUG ABUSE

- Identification of United States Brewers Association, Inc.
- Identification of Witness Maloy
- Description of accompanying documents
- Statement of USBA Position on Labeling
- Danger of confusion of consumer in label overload
- Efforts of Beverage Alcohol Information Council re drinking and pregnancy
- Examples of advances toward consensus on alcohol problems
- Philosophy and components of USBA Alcohol Awareness Programs
- Threat to voluntary cooperative actions from proposals for legislative mandates
- Urgency of proposed National Commission on Alcoholism and Other Alcohol-Related Problems
- USBA confidence in good sense of American people
- Expressions of appreciation



United States Brewers Association, Inc.

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HENRY B. KING
PRESIDENT

TWX 710-822-9208

June 22, 1979

The Honorable Donald W. Riegle, Jr.
Chairman, Subcommittee on
Alcoholism & Drug Abuse
A-609 Immigration Building
119 D Street, N.E.
Washington, D.C. 20510

Dear Senator Riegle:

It is with pleasure that I respond to your request for the position of the U.S. Brewers Association to a series of questions related to warning labels for alcohol beverages. Before directing myself to these questions, however, I think it is appropriate that I first outline our general philosophy toward the overall problem of alcohol misuse.

As you are probably aware, the USBA has always been sensitive to the problems of alcoholism and alcohol misuse in American society. We strongly feel that the interests of the industry and the public will best be served by a reduction in both the prevalence and incidence of alcohol misuse in the United States.

We firmly believe, as do many other private and public agencies, that alcoholism is a public health problem which in individual cases should be treated through the health care delivery system. To deal most effectively with the problem, prevention systems should be based on sound educational programs in which individuals make informed decisions about the use or non-use of alcohol products.

We object strongly to the suggestion that the inherent properties of beverage alcohol, in and of themselves, are the cause of alcoholism and alcohol misuse. This assumption is convincingly refuted by numerous scientific survey sample studies of the American population which show that the overwhelming majority of consumers of alcohol beverages use them in moderation without becoming misusers or alcoholics. We fully concur with the prevailing scientific attitude that alcoholism and alcohol misuse are related to the complex interaction of biological, genetic, psychological, and sociocultural factors in the environment. These factors do not lead to simplistic, cosmetic solutions to the problems of misuse of alcohol which have been in existence almost since the beginning of human history. By simplistic solutions we, of course, refer to such devices as health warning labels such as the amendment

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to S. 440, offered by South Carolina Senator Strom Thurmond approved by the Senate on May 7. The USBA is opposed to this simplistic approach to the complex problems of alcohol misuse and alcoholism. We have taken this position for a number of reasons which are based not only on scientific fact, but on sound logic and common sense as well.

Having dispensed with this brief introduction of our involvement in this sensitive social issue, I will now proceed to answer each of your questions in the order in which they appear in your letter of June 4.

Q. Would warning labels be effective in raising public awareness of the health hazards involved in the use of alcohol?

First, the USBA has not been able to locate in the scientific literature even one study related to the issue of warning labels in this area that would indicate that such labels would cause any population (alcohol addicts, pregnant women, high risk groups for alcohol misuse or alcoholism such as Eskimos, Indians, children of alcoholics, etc.) to change their drinking habits. In fact, when the responses to the BATF proposal of advanced notice of rulemaking on health warning labels were reviewed by the Office of Science and Technology Policy, Executive Office of the President, this group in its comments stated as one of their conclusions, "The effectiveness of labeling of alcoholic beverages is not certain." This lack of scientific knowledge in this area means that policy will be made on value judgment, speculation and opinion. The federal government, if it is going to promulgate an action or legislate rules, should at least base its action on some semblance of knowledge that the policy is going to be effective in reducing alcoholism and alcohol abuse.

Proposed health warning labels for alcoholic beverages are discriminatory. Take, for example, the seemingly simple statement, "consumption of alcoholic beverages may be hazardous to your health." The reverse side of the slogan, based on scientific evidence, is equally valid for labeling, i.e., "consumption of alcoholic beverages could be beneficial to your health." While we are not advocating the latter label, there is evidence from A. L. Klatsky, M.D., of the Kaiser-Permanente Medical Group in California, in a longitudinal study of 100,000 individuals, that moderate drinking (2-3 drinks daily) in comparison to abstaining reduces the probability of myocardial infarction (heart attack) by 30 percent. Comparable studies have reported similar results, i.e., Yano, et al. (1977), in Hawaii and Stasson, et al. (1976), in Massachusetts. Furthermore, moderate consumption of alcoholic beverages has been an integral part of the social customs of many Western societies in their use at religious, ceremonial, and celebratory occasions by many groups without any deleterious effects. In summary, consumption of moderate amounts of beverage alcohol may have beneficial effects for those who choose to drink.

Any health warning label must meet the reality test of the experience of the overwhelming majority of Americans who use beverage alcohol without problems of misuse and alcoholism. If it does not, the governmental label will fail the credibility test -- namely, it will be met with skepticism and

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resistance by the non-problem drinker. The phrase, "may be hazardous to your health," is so general and non-specific that it does not answer the fundamental issues of under what individual, social, psychological and physiological conditions and at what level of ingestion over what period of time does consumption of alcohol beverages become hazardous to one's health. Warning labels are unable to answer these questions because of the complexities of alcoholism and alcohol misuse. The realistic scientific fact is that we cannot answer the above stated issues in simplistic terms of warning labels. In short, as one poet in ancient Greece succinctly stated this point: "To drink much wine is evil; but if one drinks in moderation, wine is not an evil, but a blessing." Thus health warning labels use a saturation bombing technique on all consumers of beverage alcohol which is a diversionary technique which could result in all drinkers, whether they have alcohol problems or not, feeling guilty about their drinking. Light and moderate drinkers know the label is not true in their case; thus the possible results for them is to ignore governmental warnings about products or conditions which are really dangerous to their health; e.g., cigarette smoking, self-medication, which could lead to dependence on patent drugs, or radiation hazards. The disease of alcoholism in its untreated state, on the other hand, is marked by the denial of the problem and guilt (simultaneously) concerning the disease. Can anyone rationally believe that a warning label, which may only reinforce the guilt of the alcoholic, is going to motivate these addicted individuals to seek treatment for their disease? Clinicians as well as research scholars seriously doubt it.

Warning labels on alcohol beverages are cosmetic in that they paste a negative image on beverage alcohol (which still has a negative one given the social ambivalence towards drinking in America) and results in a virtuous image for the labelers in that they have done something constructive about the alcoholism and alcohol misuse problem. The American administration of alcoholic beverage control is filled with laws which have historically prohibited sales of beverages on Sundays, no liquor stores within so many hundred feet from schools, churches, and/or residential areas, no drinking in taverns while standing or sitting, various closing hours for businesses which sell alcoholic beverages, etc. All these scattergun laws were enacted with the good intention that they would reduce the problem of alcohol misuse and alcoholism. There is no scientific evidence that any of these laws in different American political jurisdictions have really reduced America's alcohol misuse problem. These laws have probably only added to the mystique that surrounds drinking and has abetted the "forbidden fruit syndrome" of drinking to which teenagers are attuned. Health warning labels are only a part of this piecemeal, simplistic approach to problems of alcohol misuse and alcoholism. It may lead the society to feel something has been done about the problem, when in effect nothing is being accomplished in the way of a systematic educational program directed towards the appropriate use or non-use of beverage alcohol. In summary, warning labels are a fragmented approach to this public health problem, which gives the appearance of a major initiative to reduce the prevalence and incidence of the problem, when in effect nothing, except to make ourselves feel self-righteous has been accomplished.

Q. Should such warning labels, if any, be of a general nature, or should they address specific dangers such as the fetal alcohol syndrome, driving impairment, etc.

For many of the reasons given to question 1, we must for similar reasons recommend against warning labels addressing more specific dangers.

It is timely to point out, particularly with regard to the fetal alcohol syndrome, that the Treasury Department has recently conducted a national public survey to determine the level of public awareness to this health hazard. The results of the survey were rather astonishing in that 82 percent of the general public were found to be aware of the fact that excessive consumption of alcohol beverages could potentially be damaging to the unborn fetus.

Shortly after these results were made public, the various associations comprising the alcohol beverage industry were asked by the Treasury Department to conduct a national public awareness program to improve upon the 82 percent awareness level. That campaign, which will be publicly unveiled shortly, will be an intensive one-year effort and should bolster public awareness levels even higher.

It has been our contention for some time that given proper education on the use of alcohol and its potential danger to the unborn fetus, it is unlikely that an expecting mother would risk the good health of her child. This approach, rather than a threatening warning label on alcohol beverage containers, is a far more effective way to proceed.

Many Americans feel that governmental interference in their lives has gone too far and is basically unwarranted by the facts.

For example, Dr. Amitai Etzioni, a sociologist who is Director for the Center for Policy Research at Columbia University, who was one of the three scientific consultants retained by the BATF to evaluate the comments received on this agency's advanced rulemaking proposal for warning labels on containers of alcoholic beverages and other approaches that could be used to educate the public specifically on the fetal alcohol syndrome, stated in his scientific report:

An excessive liberal use of government power has already led to regulatory overload. The regulatory overload results in an inability to reinforce the regulations, often not voluntarily complied with, along with the threefold negative outcome of (1) loss of purposes sought, (2) neglect of more workable alternatives (because it is assumed that the regulation will work), and (3) increased alienation from regulation and from government (due to inequities that uneven enforcement generates and the contempt for law it breeds).

Etzioni's trenchant comment only reinforces what many opinion polls and commentaries on American society have reported repeatedly in the last few years, i.e., that most Americans are demanding less and more efficient government and less intrusion into their own decision making capacities and their private behavior.

- Q. Should Congress consider requiring a rotating system of labeling? For example, Congress could require that 10 percent of the labels contain a warning about the fetal alcohol syndrome, 10 percent on driving impairment, etc.

Again, USBA is opposed to the adoption of any and all warning labels whether they are of a specific, general, or in this case, rotating nature. In the case of a rotating label, a recent Yankelovich, et al., poll that found that around three quarters (76 percent) of the public is confused by health warnings by the government. This skepticism and confusion on the part of the public about the authoritative nature of governmental pronouncements signifies that a different approach to reaching the public about the possible deleterious effects of alcohol usage for some individuals at certain levels is needed if the information is going to be processed by and used by the public in its decision making.

Given the apparent confusion the public has over the various warnings promulgated by the government, it seems certain that a rotating system of labeling would only exacerbate that condition.

- Q. Should such warning labels be required on beer and wine as well as on distilled spirits?

For reasons cited earlier, the USBA opposes warning labels of any kind whether they be on distilled spirits, wine or malt beverages. We have gone on record in support of this position on a number of occasions.

- Q. Should beer and wine containers be required to indicate the percentage of alcohol per volume?

As you are aware, Sec. 5e(2) of the Federal Alcohol Administration Act expressly prohibits the labeling of malt beverages as to alcoholic content, except as otherwise provided by State law. The appropriate section regarding this type of labeling reads: "... will provide the consumer with adequate information as to the identity and quality of the products, the alcoholic content thereof (except that statements of, or statements likely to be considered as statements of, alcoholic content of malt beverages are hereby prohibited unless required by State law..."

We are supportive of the continued application of this statute for a number of reasons, not the least of which is that such labeling may induce consumption of those beverages containing higher alcohol content. Further, this kind of labeling may give the false impression that the lower the alcohol content, the more one can drink of this beverage.

Q. Should warning labels also be required on advertisements of alcoholic beverages?

Inasmuch as we have opposed placing warning labels directly on the container containing the beverage you will not be shocked to hear that we are against requiring them on advertisements of alcoholic beverages as well. The purpose of brand advertising is to establish brand preference - nothing more.

The brewing industry is proud of its history of responsible advertising. One indication of a commitment to this principle was the establishment, in 1955, of the Brewing Industry Advertising Review Panel "to deal with the problems of advertising held to be injurious to the industry." This distinguished panel affords a mechanism for brewers to voluntarily self-regulate its advertising within the constraints of the anti trust laws. The basic purpose is to be of service to the general public and to encourage accountability from those who present the product to the public.

In a related project, the USBA has commissioned a 30-month research study at Washington University in St. Louis, Mo., under the direction of Dr. David Pittman, the Chairman of the Sociology Department, to investigate whether there is a causal relationship between advertising and consumption.

As with all studies of this nature which USBA promotes, Dr. Pittman and his associates at the conference of this investigation will be free to publish their findings whatever they may be without interference or censorship on our part.

Furthermore, we have pledged to Secretary of HEW Joseph Califano that if this investigation indicates a serious and negative public impact of malt beverage advertising on consumption habits, that we will make every attempt to revise that advertising accordingly. However, we will continue to defend our right under the 1st Amendment to advertise.

As an alternative to the simplistic and cosmetic solutions to the problems of alcoholism and alcohol misuse, such as health warning labels, the United States Brewers Association is strongly committed to sound educational programs on the appropriate use of alcohol by those who choose to drink and a respect for those who choose to abstain. A system of educational campaigns to inform the general population and specific groups therein such as women of child-bearing ages, high risk groups for the development of alcoholism and alcohol misuse, etc., can be an effective means of primary prevention of alcoholism and alcohol misuse and can assist also in secondary and tertiary prevention programs by obtaining and understanding and the support of those associated with persons suffering from alcoholism and problems of alcohol misuse.

The United States Brewers Association has pledged its cooperation with the United States Department of Health, Education, and Welfare and the Bureau of Alcohol, Tobacco and Firearms in the development and implementation of an awareness campaign to alert women, and medical and other health professionals to the fetal alcohol syndrome. In conjunction with our awareness campaign on the fetal alcohol syndrome we urge that expectant mothers consult a physician on all health matters, including the consumption of alcoholic beverages.

THIS PAPER IS MADE OF 100% RECLAIMED WASTE



In May 1979, the United States Brewers Association launched its Alcohol Awareness Program entitled "Think Twice...About Drinking." Basically this is a three-phase educational awareness program directed toward the youth of the nation to encourage responsible decisions about the use or non-use of alcohol beverages. Furthermore the National Beer Wholesalers Association has agreed to join with our organization to carry out simultaneously the Alcohol Awareness Education Program.

In conclusion, the United States Brewers Association is fully committed to a public education campaign on the fetal alcohol syndrome in cooperation with the other organizations representing the alcohol beverage industry.. However, our educational programs are not confined to this problem area alone but also to the whole spectrum of informed decision making about the use and non-use of alcoholic beverages. Our association strongly adheres to the belief that sound educational programs are more effective in persuading individuals to use alcohol beverages appropriately than more governmental intrusion into the lives of Americans through a further proliferation of regulations.

Sincerely,

Henry B. King

HBK/lf

cc: Senator Orrin G. Hatch
Senator Gordon J. Humphrey
Senator Howard Metzenbaum
Senator Harrison Williams

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POSITION STATEMENT
OF THE
United States Brewers Association, Inc.

ON THE
**Problems Of Alcoholism
And Alcohol Misuse In
American Society**

March 1979



F O R E W O R D

Recent years have witnessed a growing awareness and concern on the part of the American public, its elected officials, and the relevant branches and agencies of the federal, state and local governments with the problems of alcoholism and alcohol misuse in our society. These problems are not new. They are of concern to the brewing industry and, consequently, have been the subject of investigation and positive action programs. Their emergence as a subject of widespread public attention and comment, however, has made desirable the articulation by the brewing industry of the policies and principles it believes most appropriate to the resolution of problems of alcoholism and alcohol misuse, based upon its long study and analysis of these problems.

This industry must be particularly sensitive to and responsive to these problems. The interests of this industry as well as those of the public will best be served by reducing the incidence of alcoholism and alcohol misuse in society.

I. DEFINITION OF ALCOHOLISM AND ALCOHOL MISUSE:
COMMENTS ON THEIR CAUSES

A. It is now recognized that alcoholism is an illness. This illness has perhaps most comprehensively been defined by the American Medical Association as follows:

Alcoholism is an illness characterized by preoccupation with alcohol and loss of control over its consumption such as to lead usually to intoxication if drinking is begun; by chronicity; by progression; and by tendency toward relapse. It is typically associated with physical disability and impaired emotional, occupational, and/or social adjustments as a direct consequence of persistent and excessive use of alcohol.

Contrary to the notion that alcoholism was simply a sign of moral weakness or lack of fortitude - a misconception that long dominated the thinking of those seeking to deal with this problem - alcoholism is now regarded as a state of illness requiring attention and treatment for those suffering from it. Public shame and pointing fingers of blame will not improve the identification and treatment of alcoholism. Indeed, the application of such pressures may well aggravate psychological difficulties associated with the problem.

B. Alcoholism is a public health problem and efforts to mitigate it in individual cases must be made through health care channels. These efforts must be supplemented by education, both as a means for prevention and as a tool to assist in rehabilitation by obtaining the understanding and

support of those associated with persons suffering from alcoholism. They must also be supplemented by enlightened administration of alcohol beverage laws. We believe that individuals should be educated to make responsible, personal decisions relating to the use or non-use of alcohol beverages, rather than to be manipulated by governmental intrusion.

C. Excessive drinking is a misuse of alcohol; a serious problem both for the misuser and those around him. Excessive drinking should never be encouraged nor condoned. It presents particular problems when associated with driving. Strong measures are required to reduce those problems. Any drinking without immediate parental supervision by those below the legal age is a misuse of alcohol beverages.

D. The problems of alcoholism and alcohol misuse are not inherent in the product. The vast majority of those who consume alcohol beverages do so in moderation. The precise causes of misuse are not fully known, but the evidence strongly suggests that significant influencing factors are: (1) family and peer attitudes and practices; and, (2) stress, both individual and societal. These considerations do not lend themselves to simplistic solutions.

II. PERSPECTIVE ON MEASURING ALCOHOL MISUSE

The measurement of the problem of alcoholism and alcohol misuse presents serious difficulties. Extrapolations from random samplings of alcoholics or from convictions for offenses involving intoxication do not provide legitimate nor statistically reliable parameters to the problem. Equally unrealistic are proposals to stabilize per capita consumption of alcohol beverages on the assumption that it in some way relates to misuse. No evidence has been provided for a clear relationship between per capita consumption and the magnitude of problems of misuse. Controls which assume that such an association does exist are clearly without a sound foundation.

III. THE BENEFICIAL VALUE OF MALT BEVERAGES

Alcohol consumed in moderation under appropriate circumstances can afford pleasure in social contacts. Alcohol beverages have occupied an honorable position in most societies. Evidence suggests that the consumption of malt beverages in moderation is often of benefit, physically, socially and psychologically. Moderate use does not adversely affect mortality rates. Indeed some data suggest that the risk for coronary heart disease may be lower in light or moderate drinkers than in abstainers.

IV. THE UNITED STATES BREWERS ASSOCIATION'S
POSITION ON ALCOHOL MISUSE

A. The brewing industry believes that persons of legal age should make responsible decisions to drink or not to drink alcohol beverages. Those are entirely personal decisions. Those who choose to drink should always do so in moderation and under appropriate circumstances. Clearly, however, the decisions of those who choose not to drink, especially young people, are entitled to respect, understanding and acceptance from their peers and other associates.

B. Preventing misuse means primarily one thing: education. The best teachers are the parents. The best classroom is the home. The best textbook is good adult example.

C. The brewing industry is cognizant of its responsibilities to the society it serves. We are deeply concerned about individuals who misuse alcohol beverages, and we are dedicated to the support of realistic programs to combat misuse.

D. Dealing with those persons suffering from the illness of chronic alcoholism by punishing their public intoxication under criminal laws may serve to maintain or intensify their problem. The United States Brewers Association supports the recognition of chronic alcoholism as an illness which should be treated as a public health matter. The United States Brewers Association supports decriminalization of the public intoxication of chronic alcoholics and their referral to treatment and rehabilitation sources.

V. THE UNITED STATES BREWERS ASSOCIATION'S POSITION
ON PROPOSED SOLUTIONS TO ALCOHOL MISUSE

A. Restricted Channels of Distribution

Keeping in mind that alcohol beverages are not in themselves addictive, and that misuse may be attributed to poor parental example, peer pressures, stress and other causes, we oppose efforts to unreasonably limit or restrict legitimate channels of distribution and availability of alcohol beverages. These efforts are not in the public interest for two reasons: (1) because they interfere with legitimate uses of alcohol beverages without reducing alcohol misuse; and (2) because they are simplistic approaches viewed by some as a panacea for the problems of alcohol misuse, often to the neglect of critical research and treatment programs. For these and other reasons the brewing industry vigorously opposes such misguided efforts at unreasonable regulation, while supporting with equal vigor programs that legitimately address the problems of alcoholism and alcohol misuse.

B. Economic Sanctions, Licensing, Promotion Controls

A common element of programs which seek to address problems of alcohol misuse by regulatory manipulation is to restrict the public's access to alcohol beverage products, by imposing additional taxes, highly restrictive licensing or excessive control of promotions. Like efforts to restrict

per capita consumption, these regulations are based on the erroneous proposition that the problem is inherent in the product and not in the user. Such restrictions not only needlessly penalize those who use alcohol products appropriately and in moderation, but they provide no benefit in helping to deal with the underlying causes of alcohol misuse.

C. Taxation

Taxation is often proposed as a response to problems of alcohol misuse. We believe that the imposition of additional taxes on malt beverages or the earmarking of taxes for alcoholism and alcohol misuse programs are piecemeal and inequitable approaches. They penalize the moderate consumer without inhibiting irresponsible misusers. Experience indicates that programs designed to limit access to a product may well lend to the product an aura of the "forbidden fruit," thereby encouraging tendencies to misuse. The costs of alcohol problems should be met like the costs of other public health problems as a total societal responsibility, and not allocated as a discriminatory levy on responsible consumers of alcohol beverages.

Alcoholism is a public health problem. Public programs, in accordance with principles of sound public health administration, should be financed from the general treasury - not from a regressive, dedicated tax.

D. Advertising

Some critics of society would place responsibility for a variety of problems on advertising, arguing that increased prohibitions should be imposed on malt beverage advertising in the name of solving problems of product misuse, particularly among youth. No evidence has been established to confirm an association between the advertising of alcohol beverages and the existence of alcohol problems. Indeed, a recently published monograph by Dr. David J. Pittman, Chairman of the Department of Sociology at Washington University in St. Louis, Missouri, concludes that: "No scientific evidence exists that beverage alcohol advertising has any significant impact on the rate of alcohol abuse and alcoholism in American society." (Alcohol, Alcoholism and Advertising: A Preliminary Investigation of Asserted Associations) We are firmly opposed to overregulation of advertising and promotions in the absence of sound evidence that these legitimate practices result in alcohol misuse.

The United States Brewers Association has commissioned a long-term study on the effects of alcohol beverage advertising on alcohol problems and alcoholism. The Association is constantly reviewing its own "Guidelines for Beer Advertising" which have been in effect for more than twenty years, in addition to disseminating current information on the numerous federal and state laws governing malt beverage advertising.

E. Warning Labels

It has been proposed that alcohol beverage labels carry warning statements concerning a variety of health-related issues. There is no evidence that the placing of warning labels on alcohol beverage containers would have any impact on alcohol problems. The vast majority of consumers of alcohol beverages use them properly and in moderation; these individuals are not exposed to health risks. Indeed, there is evidence that the use of malt beverages in moderation may have positive health values.

Individuals suffering from the illness of alcoholism are seldom in a position to achieve recovery through self-help in response to warning labels. In fact, the guilt often associated with recognition of the illness, and emphasized by the presence of warnings, may serve to perpetuate it. This problem was emphasized in statements submitted to the Senate Subcommittee on Alcoholism and Drug Abuse in the course of the Subcommittee's hearings on the fetal alcohol syndrome.

As an alternative to simplistic solutions such as warning labels, the United States Brewers Association has pledged its cooperation with the United States Department of Health, Education, and Welfare and with the Bureau of Alcohol, Tobacco, and Firearms in the development and

implementation of an awareness campaign to alert women, medical and other health professionals to the fetal alcohol syndrome. We urge that expectant mothers consult a physician on all health matters, including the consumption of alcohol beverages.

F. Other Regulatory Measures

Some regulatory measures can be effective in discouraging potential misuse, and we therefore support them. For example, we believe that careful screening and follow-up procedures involving all applicants for licenses to sell malt beverages should be encouraged. Reissuance of retail licenses should not be perfunctory, but should be preceded by thorough review of the licensed establishment's record of operation.

The United States Brewers Association recognizes the unique responsibilities of retailers of malt beverages. It is incumbent on regulatory agencies and the brewing industry to encourage close observance of and strict enforcement of laws pertaining to such critical matters as legal drinking age, hours of sale and bans on serving intoxicated persons.

VI. THE UNITED STATES BREWERS ASSOCIATION'S ACTION TAKEN
TO HELP REDUCE ALCOHOL MISUSE

The brewing industry over the years has been actively engaged in programs to address problems of alcoholism and

alcohol misuse, both through individual company efforts and through the efforts of the United States Brewers Association.

A. Brewers have instituted company programs for the detection and treatment of personnel who misuse alcohol - thereby dealing with the immediate problems of their personnel and setting an example for other companies. The United States Brewers Association is working closely with government and the business community to expand these programs.

B. The brewing industry, through the Association, has for many years funded an independent Medical Advisory Group, chaired by the Dean Emeritus of The Johns Hopkins University School of Medicine. The distinguished specialists comprising the Medical Advisory Group represent three nations in addition to the United States of America: Canada, Great Britain and Australia.

The Medical Advisory Group, wholly independent of the Association, grants research funds in response to submitted protocols and will continue to fund numerous research projects on alcohol and alcohol misuse. In addition, the Medical Group continuously monitors the developing world literature on alcohol problems and provides advice to the Association.

C. In addition to disseminating information on the numerous federal and state laws regulating malt beverage advertising, the Association has published its recommended "Guidelines for Beer Advertising," which are periodically reviewed and refined by a panel of independent experts as a service to the Association membership and the public. The Guidelines urge that, in addition to meeting the special legal requirements for beer advertising, brewers respect principles of candor and good taste applicable to all commercial advertising. Among basic suggestions are cautions that malt beverage advertising should not:

- suggest nor encourage overindulgence;
- portray amorous activity nor include
risque material;
- disparage nor denigrate competing beers;
- portray nor encourage drinking by young people.

D. The United States Brewers Association supports the work of The Rutgers Center for Alcohol Studies, and members of the Association Staff participate as students in the School's Summer Institute.

E. The Association supports the programs of organizations such as the National Council on Alcoholism, the North Conway Institute, the National Coalition for Adequate Alcoholism Programs and the American Council on Alcoholism and others.

F. The Association's field staff for many years has worked with retail outlets, beer wholesalers, state liquor control agencies and local law enforcement and licensing authorities to encourage strict observance and enforcement of all laws regulating malt beverages.

G. The Association's field staff conducts youth education programs to encourage observance of laws governing alcohol use. These "Youth Understanding Programs" are being broadened to include point-of-sale educational materials for retailers; student and teachers' guides for classroom use; public information projects for beer wholesalers; consumer brochures for civic and other community clubs; information for local licensing authorities and motor vehicle departments. In addition, the program now includes press releases and materials for public service newspaper advertisements. Many of these program materials will also be adapted for use at military bases.

H. For over forty years the Association's field staff has worked closely with area Armed Forces Disciplinary Control Boards to assure that retail outlets patronized by military personnel meet required standards.

The United States Brewers Association cooperates fully with state alcohol beverage administrators in their enforcement of minimum age laws. We take no position with respect to a specific age eligibility because we believe

that determination to be a subject for society through the legislative process. Similarly, we have no position with respect to implied consent laws and blood alcohol levels. Again, we believe these are matters for the medical and scientific communities to determine, and we will cooperate fully with appropriate state agencies where determinations have been made.

We will continue to cooperate with federal and state agencies and with voluntary organizations in the private sector in responsible educational efforts to reduce problems of alcohol misuse.

C O N C L U S I O N

The United States Brewers Association believes that sobriety for all is necessary to the national welfare, the individual citizen and the alcohol beverage industry. Sobriety can be achieved through responsible individual decisions in support of abstinence for those who choose not to drink or in support of moderate use of alcohol beverages by those who decide to drink. The brewing industry, long committed to active support of programs that effectively address alcohol problems in society, will continue and intensify its work on behalf of these programs.

THINK TWICE . . .

*will I drink?
if I do,
will I drink in
moderation?*

The Alcohol Awareness Program
of the
United States Brewers Association

Before you answer those two questions, you'll want to consider more than just your attitude toward alcohol beverages.

You'll want to think about your family, your friends—for they could be affected by your decisions. Examine your own personal goals as well as the complex task of reaching them. Reflect seriously upon your responsibility to take care of yourself—to maintain, for instance, your own physical, emotional health and well-being.

Many other factors will influence your decision: Your background, your way of life, your personal beliefs. How you answer—"yes" or "no"—could be one of the critical decisions of your life.

Because it's so important, you'll probably be interested in the viewpoints of other persons, individually or in groups. You have a right to know, for example, the approach of the United States Brewers Association (USBA) and its Alcohol Awareness Program, outlined in this leaflet.



WILL I DRINK?

Making an informed decision about drinking is an individual responsibility. For a wide variety of reasons, many persons decide that alcohol beverages are not for them. That decision is respected by the United States Brewers Association and its member companies. Our allied industries, including beer wholesalers and retailers, share the Association's view: a person's decision not to drink is a proper one and should not be subject to peer or other pressures and should be of interest only to that individual.

In general, persons should accept responsibility for all aspects of their daily lives—and that includes making a "yes" or "no" decision about drinking alcohol beverages.

Clearly, however, the decisions of those who choose not to drink are entitled to respect, understanding and acceptance from their peers and other associates.

Further, our industry's position is that persons below the legal age should not drink at all. We do not want them to use our products. Nor do we want them to be in trouble, to endanger their health, their safety, their reputations.

Similarly, for those who tend to misuse alcohol, abstinence is the better answer.

We urge everyone to search carefully, thoughtfully for an answer to the question, "Will I drink?"



IF I DRINK, WILL I DRINK IN MODERATION?

Persons of legal age who decide to drink should always do so in moderation and under appropriate circumstances. That is the firm position of the United States Brewers Association.

How is "moderation" defined? As it pertains to alcohol beverages, the word has different meanings which may vary from person to person. Your own definition will result from your knowing the facts about alcohol beverages, recognizing your responses and applying your own common sense and intelligence.

"Appropriate circumstances" involve the place, the time, the food and beverage service, the companions with whom you drink. Just as important are your mood and your sense of responsibility.

Any definition of moderation, most importantly, implies the proper use of alcohol beverages at all times.

We are deeply concerned about any one person who misuses our products. Preventing misuse means individual awareness and good judgment.

There are many things our industry can and is doing to supplement and extend both individual and public awareness. We are constantly finding new ways to work with citizens, government agencies, industry and other private sector groups to promote a sensible, intelligent answer to the question, "If I drink, will I drink in moderation?"

THINK TWICE . . . ABOUT DRINKING

Will I drink? If I do, will I drink in moderation? Those two questions are fundamental to the Alcohol Awareness Program of the United States Brewers Association.

By encouraging everyone to think twice about drinking, the questions do more than call attention to our current concern about reducing alcohol misuse. They also reflect the past work of the Association in extensive research and education programs that address the problem.

For example, we fund a Medical Advisory Group which operates entirely independently of USBA. The group sponsors numerous research programs on alcohol and monitors worldwide alcohol research developments. We also provide assistance to several other private educational and informational organizations active in reducing alcohol misuse.

Through our nationwide Field Services staff, we conduct Youth Understanding programs in the schools and work closely with many community groups, Beer wholesalers and retailers, Law enforcement officials, Motor Vehicle Bureaus, Retail licensing authorities, State liquor control agencies, Armed Forces Disciplinary Control Boards. The objective: to encourage the proper use of alcohol beverages at all times by those who elect to drink and the strict observance and enforcement of all laws governing them. In no way do we apply pressure on those who elect not to drink.

Many of our individual brewer members have company programs for prevention and treatment of personnel with alcohol problems. Our members also are assisted by the industry's "Guidelines for Beer Advertising," developed by an independent review panel.

Further, the Association cooperates actively with national and local organizations concerned with the proper, moderate use of alcohol, with the individual's responsibility in making personal decisions, with the answers to those seemingly simple but complex questions:

—Will I drink?

—If I do, will I drink in moderation?

The Alcohol Awareness Program of the United States Brewers Association offers the following materials and publications:

- ☐ **The Alcohol Newsletter**, reporting on current developments in the areas of alcohol use and misuse.
- ☐ **Position Statement**, setting forth the Industry's viewpoint and responsibilities relating to alcohol beverages in American society.
- ☐ **Employee Assistance Manual**, to guide business and industry in establishing their own employee prevention and treatment programs.
- ☐ **Beer Wholesalers Newspaper Advertisements**, directed to underage drinkers.
- ☐ **Retail Posters**, reminding underage persons not to attempt to buy alcohol beverages illegally.
- ☐ **Retail Leaflets**, stressing legal age requirements.
- ☐ **Drinking & Driving Leaflets**, for distribution and use by law enforcement officials and Motor Vehicle Bureaus.

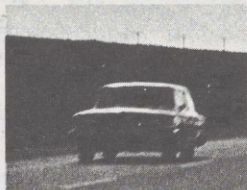
Additional materials, including those for elementary and secondary schools and colleges, are scheduled for early production.

For more information about any of the above materials, please contact your Regional Representative of the United States Brewers Association or the Director of the Alcohol Programs Division, USBA, at its Washington, D.C. office.

**Before you
take to the
open road,
*think twice...***



...about Drinking and Driving.



You passed your driver's test. You have your first license. You're ready to take to the open road by yourself.

Like the great majority of experienced drivers, you'll approach this privilege seriously—and consider the new areas of responsibility that come with your license.

Drinking and driving, for example. That dangerous combination is a constant threat to highway safety. Drinking may be a factor in as many as 50 percent of fatal motor vehicle accidents. Why? Because so many persons disregard what is still the soundest advice, "If you drink, don't drive." Or because so many think it's smart to have "just one more for the road."

It's best for you to face such realities. Drive defensively. Follow the rules of the road. Think about the safety of your passengers and other motorists. Know and observe the laws (they differ from state to state); avoid the consequences of breaking them... There are many things for both beginning and experienced drivers to consider.

What about these risks?

You'll find, in all states, that the law is clear on drinking and driving. If, for instance, you have your license but are under the minimum drinking age in your state, you cannot legally drink alcohol beverages.

Before you risk any drinking/driving violations, ask yourself:

1. Could I lose my driver's license?
2. Could I be subject to fines?
Imprisonment? Higher car insurance?

Those and other questions are covered in the True and False test on the next page. If you get even one wrong, you had better think twice before you take to the open road.

CHECK YOURSELF

Check TRUE or FALSE beside each statement.
Answers are on the back page.

T F

- ☐ ☐ 1. All states prohibit driving under the influence of alcohol.
- ☐ ☐ 2. A 16- or 17-year-old person who commits a moving traffic violation would be treated differently from an adult offender.
- ☐ ☐ 3. By law, it is never possible for a person under 18 to be sentenced to prison.
- ☐ ☐ 4. If, while driving, you are at fault injuring someone and drive away without stopping, you may have committed a criminal offense.
- ☐ ☐ 5. If you are arrested as DWI (Driving While Intoxicated), you can lose your license and be subjected to a fine, but you cannot be imprisoned.
- ☐ ☐ 6. It's always legal for a minor to have alcohol beverages in the car if the beverages have been purchased by someone of legal age.
- ☐ ☐ 7. Highest proportion of alcohol-related accidents occur in the 21-24 age group.
- ☐ ☐ 8. If you cause an accident while driving, your car insurance rates will not be affected.
- ☐ ☐ 9. Under certain circumstances, one drink may affect a driver's judgment, resulting in such things as running through a red light, passing on a curve, speeding.
- ☐ ☐ 10. Consumption of alcohol by persons riding with you constitutes a public offense in many states.
- ☐ ☐ 11. If you have been drinking at a party, coffee will sober you up quickly before you drive.
- ☐ ☐ 12. You can be sentenced to jail for drag racing on public streets or highways.

ANSWERS TO TRUE OR FALSE TEST

1. TRUE.
2. FALSE. Some states provide that a minor shall be treated as an adult for motor vehicle offenses.
3. FALSE, if the state juvenile court determines that a minor can be treated as an adult.
4. TRUE. You must be fined or imprisoned or both.
5. FALSE. You might be fined or imprisoned or both.
6. FALSE. Many states consider possession as much of an offense as purchase.
7. TRUE.
8. FALSE. Most insurance rates are directly and upwardly affected by an accident.
9. TRUE.
10. TRUE.
11. FALSE. Coffee can help keep you awake, but it won't improve your judgment or sharpen your reactions.
12. TRUE.

Think Twice...about drinking

THE ALCOHOL AWARENESS PROGRAM



UNITED STATES
BREWERS
ASSOCIATION, INC.
1750 K Street, N.W., Washington, D.C. 20006
and the



NATIONAL BEER WHOLESALERS
ASSOCIATION OF AMERICA, INC.
5205 Leesburg Pike, Falls Church, Va. 22041

THINK TWICE.

How old are these people?
Old enough to buy beer?



See inside →

Take this photo quiz!

FILL IN YOUR
ANSWERS
HERE:



①

AGE _____



②

AGE _____



③

AGE _____



④

AGE _____



⑤

AGE _____



⑥

AGE _____

You'll find the correct answers on the
back page.

If you sell beer to the public and guessed wrong about the age of just one of the six persons pictured on the cover, it shows how easily you might make the mistake of selling beer to a person not of legal age to buy alcohol beverages in your state.

The possible penalty? You could lose your retail license.

To prevent that serious occurrence, be certain all your employees know your state and local laws governing the sale of alcohol beverages.

Make sure, also, that they think twice about the following guidelines in serving customers:

1. If you have any questions about a customer's legal age, ask to see an identification showing date of birth.
2. But then, if still in doubt, do not serve the customer.

Something else to think about

It's not only unlawful to sell beer directly to underage drinkers; it's also illegal for older customers to buy beer for underage consumers. In some states, it's illegal for underage persons to have beer in their automobiles, even though it was actually purchased by someone of legal age.

As a retailer, with a substantial dollar investment in your license, you, of course, are fully aware of legal responsibilities and personal risks in operating your outlet. Strict adherence to the law is part of your business credo.

That belief does more than protect you; it also helps prevent someone underage from getting into trouble.

And that is what everyone in the brewing industry wants most to do.

Answers to the photo quiz—

- | | | |
|---|-------|----|
| 1 | _____ | 20 |
| 2 | _____ | 22 |
| 3 | _____ | 16 |
| 4 | _____ | 20 |
| 5 | _____ | 19 |
| 6 | _____ | |



Think Twice...about drinking

THE ALCOHOL AWARENESS PROGRAM
of the
UNITED STATES BREWERS ASSOCIATION, INC.
1750 K Street, N.W., Washington, D.C. 20006
202/466-2400
and the
NATIONAL BEER WHOLESALERS' ASSOCIATION
OF AMERICA, INC.
5205 Leesburg Pike, Falls Church, VA. 22041
703/578-4300



The Alcohol Newsletter



Published By The United States Brewers Association

Volume 1, Issue 13

August 1, 1979

PATRICIA ROBERTS HARRIS accepted the post of Secretary of the Department of Health, Education, and Welfare July 19, 1979. (See The Alcohol Newsletter, Special Edition Number 2, July 20, 1979.)

Mrs. Harris has a distinguished career history, her most recent post being the Secretary of Housing and Urban Development. Other positions she has held include Dean of the School of Law of Howard University and U.S. Ambassador to Luxembourg. Mrs. Harris is a lawyer and has practiced privately, has taught law and has served as a trial attorney for the Department of Justice.

In her statement to the Senate Committee on Labor and Human Resources at confirmation hearings on her appointment, Mrs. Harris declared:

"No issues of our time are more important than those involving the way in which a rich, democratic society deals with the young, the handicapped, the infirm and the aged. No one in this country should lack the opportunity to realize his or her potential, or to live with dignity. That has been my concern during the last 30 months that I have served as the Secretary of Housing and Urban Development. That has been the major concern of my life. And if confirmed, that will continue to be my concern as the Secretary of Health, Education, and Welfare."

Mrs. Harris has reassured those who are concerned about drastic policy changes with her appointment by saying, "I have no hit list of programs or people." She has expressed interest in Califano's anti-smoking programs, saying that it is the federal government's responsibility to warn Americans that smoking is a health hazard. She added that if such programs had not been in existence at this time, she would have provided them.

Senator Donald W. Riegle (D-Michigan) expressed concern at the confirmation hearings that alcoholism programs might suffer due to the personnel changes at this time. He explained that much progress had been made under Secretary Califano's administration. Mrs. Harris stated that alcoholism is "one of the major problems in American life" and again expressed her intention of retaining those programs that are active and beneficial. She further stated that she would not want to be responsible for any setback in this field, and would, if at all possible, gear up the present programs.

Mrs. Harris was confirmed by the Senate on July 27. She is not expected to take her new position before the beginning of August, and it has been speculated that the transition will probably not take place until after Labor Day.

The Alcohol Newsletter is published by the United States Brewers Association, Inc., 1750 K Street, N.W., Washington, D.C., 20006. It reports on new developments and viewpoints in the areas of alcohol use and misuse. **The Alcohol Newsletter** welcomes information from its readers for editorial consideration. Sharon L. Harris, Editor 202/466-2400

THE TECHNICAL SUPPORT DOCUMENT OF THE THIRD SPECIAL REPORT TO THE U.S. CONGRESS ON ALCOHOL AND HEALTH was released on July 1, 1979. This document is dated June, 1978, and contains the technical basis for the controversial Third Report. The technical data highlights were presented in the July 19 Alcohol Newsletter. In this issue, we will deal with information concerning the treatment and prevention of alcoholism and the programming and financing of alcoholism treatment services.

Treatment of Alcoholism

- A major issue within the treatment field involves abstinence versus controlled drinking. NIAAA continues to endorse abstinence as the most appropriate treatment goal.
- Changes in treatment have shifted to include the use of drugs to ease the discomfort during detoxification sensitization against alcohol, and post-detoxification long-term treatment. The report sees this as a change in the attitudes in treatment, rather than as a result of new discoveries in this field. There is a lack of research and data for usefulness of these medications, and studies are now ongoing.
- Research is now going on to determine whether or not the treatment of alcoholics and drug addicts should be combined into one program.
- Although many treatment resources exist, most people with alcohol-related problems do not receive treatment for them. Practitioners in the field of alcoholism and alcohol abuse have become increasingly aware of overt and covert barriers to treatment. While social stigma continues as a major deterrent to treatment, clients resist treatment for many reasons. Further problems arise from inadequacies of the treatment delivery system. Underlying attitudes of blame, pessimism, racism, and sexism among traditional treatment personnel help perpetuate the numbers of alcoholics treated ineffectively.

Occupational Alcoholism Programming

- Occupational alcoholism programs as a means of early identification and intervention of alcoholic employees are receiving ever-increasing acceptance.
- Between 1950 and 1973, the number of occupational alcoholism programs expanded from around 50 to an estimated 500. By mid-1977, however, the numbers of organizations with some kind of program had increased to nearly 2,400, with approximately 2,000 in the private sector and 400 in public sector agencies and organizations.

- Earlier occupational programs were placed primarily in the medical departments. Now, the present trend is toward placement in personnel/industrial relations/employee benefits departments.
- Increased emphasis is being placed by programming specialists and organized labor on the role of the union in the development and implementation of company alcoholism/alcohol abuse treatment programs.
- There is also increased emphasis on the role of the supervisor in noting and confronting employees with impaired work performance, although diagnosis of alcoholism is made by a qualified professional.
- A substantial majority (72%) of executives among "Fortune 500" companies with occupational programs believe that their organizations have saved money as a result of their companies' programs.

Financing Alcoholism Treatment Services

- Federal, state, and local government funds constitute a significant proportion of the resources for alcoholism treatment. If adequate treatment coverage is to be provided for alcoholics, a major increase in the share of this support must be provided by health insurance.
- Although some private insurance carriers still exclude or limit alcoholism treatment, increasing numbers are providing coverage.
- Increasingly, individual Blue Cross plans have begun to offer comprehensive alcoholism benefits. Some offer alcoholism treatment in special inpatient centers and others provide innovative outpatient care. The United Auto Workers Union Blue Cross coverage provides both residential and outpatient treatment.
- Many employee health insurance plans specifically include inpatient alcoholism treatment; far fewer cover outpatient programs.
- Preliminary findings from an experimental project in California indicate that the average monthly non-alcoholism health care costs for both the alcoholic and the immediate family were reduced by 25 percent after the individual had begun treatment for alcoholism.
- State legislatures are concerned about the availability of insurance for alcoholism treatment. Twenty states have enacted legislation either mandating that alcoholism coverage be provided or requiring that it be available as an option.

Prevention of Alcohol Problems

- Many prevention programs have no clear definition of what they are trying to prevent. The five general areas in which most alcohol problems fall should provide some guidance: chronic illness or disability and early mortality; acute health problems related to a specific drinking incident; injuries, homicides, suicides, and property loss during and after drinking; nonfulfillment of major social roles, notably those affecting the family and jobs; and mental problems related to drinking.
- To date, much of the work in prevention has focused upon the individual. Primary aims have included increasing knowledge about alcohol and its effects, modifying attitudes to support moderate drinking or abstinence, increasing the individual's decision-making ability and interpersonal skills, building self-awareness, and modifying drinking behaviors.
- Evaluations have not as yet demonstrated the effectiveness of education in changing drinking behavior, but alcohol education is nevertheless seen as a useful tool in preventing alcohol abuse.
- Counteradvertising in combination with discussion groups and other follow-up procedures might be an effective way to modify behavior and attitude.
- Research is needed to test the effects on drinking behavior of modifying the content, distribution, and availability of alcohol. Some of the aspects that might be involved in this testing could include adjusting pricing policies, taxes, and zoning regulations, as well as reducing the alcohol content in beverages and raising the minimum drinking age.
- Research on preventive measures involving the drinker's environment has not been so extensive as attempts to change the individual's drinking knowledge and attitudes. Further experimentation is needed to test the impact of such strategies as modifying drinking settings, changing reactions to drinking, modifying the consequences of drinking, influencing cultural mores, and applying criminal law and police powers.

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YOUTHFUL ALCOHOL ABUSE, THE MINIMUM DRINKING AGE ISSUE AND THEIR RELATIONSHIP TO TRAFFIC ACCIDENTS is the subject of this resolution introduced at the business session of the National Conference of State Legislatures held in San Francisco. The resolution was introduced July 27 by State Assemblywoman Marie Muhler (R) of the 11th district, Marlboro, New Jersey.

WHEREAS:

alcohol abuse among young people, particularly among teen-agers, is a growing national problem, and

WHEREAS:

varying minimum ages for purchase of alcoholic beverages in the several states often leads to long distance travel across state lines for the purchase of such beverages, and

WHEREAS:

many fatal traffic accidents have resulted from the out-of-state purchase and consumption of alcoholic beverages, and

WHEREAS:

it is appropriate that the problem be treated as a national one by the National Conference of State Legislatures, THEREFORE, BE IT RESOLVED, that the National Conference of State Legislatures establish a special committee to study the relationship between varying minimum drinking age laws and motor vehicle and law enforcement problems and suggest possible solutions through recommended state legislation action.

WARNING AGAINST DRINKING WHILE PREGNANT MAY BE PREMATURE, according to Dr. David Blake, a drug research expert at Johns Hopkins University. Dr. Blake, newly named as head of research planning at Hopkins said, "I have a serious problem with the so-called Fetal Alcohol Syndrome. I don't believe anyone has yet come up with enough evidence to support the idea of a definable syndrome."

Dr. Blake feels that, if there is a Fetal Alcohol Syndrome, that it would be a condition or group of conditions that would occur exclusively or predominately in babies born to alcoholic mothers, or those who drink excessively.

The major study concerned with FAS was reported by the New England Journal of Medicine and was carried out by a group of Harvard researchers. A total of 600 women were in the study, and they included abstainers and moderate and heavy drinkers. For this study, heavy drinkers were defined as those who had two to three drinks per day.

According to the study, 71 percent of the infants born to the heavy drinkers were classified as "abnormal." Thirty-six percent of the children born to the moderate drinkers were abnormal and thirty-five percent of these problem children were born to those who abstained. According to Dr. Blake, this shows that, while these problems are seen more often in offspring whose mothers have alcohol problems, they are also seen in some children whose mothers abstain. This would not fit the true definition of a syndrome.

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The recorded abnormalities in this study were also rather vague, according to Blake. These included "jitteriness", smaller than average brains and head size and poorer than usual muscle tone. Dr. Blake states, "What these conditions denote is a very vague kind of growth retardation before birth. They are very non-specific and may occur in many contexts having nothing to do with alcohol use."

Dr. Blake emphasized that he did not know of any "medical good" that could come of drinking while pregnant, but that he felt, as inconclusive as he feels the present data to be, that "It is wrong to have women believe that if they have a social drink and then are unfortunate enough to give birth to an abnormal child, that they are to blame."

SPECIAL PROGRAM OBJECTIVES FOR THE NIAAA FISCAL YEAR 1980 were included in a letter from John R. DeLuca to members of the alcohol constituency (dated July 23).

These objectives for this next year are to include:

- The expansion of research, prevention activities, and services directed toward young people with alcohol problems; to increase their awareness of the risks associated with alcohol use, and to reduce the number of fatalities and injuries sustained by youth in alcohol-related automobile accidents;
- A step up in efforts associated with preventing alcoholism and alcohol abuse among women and to make referral and treatment services more effective and more available for them;
- Through research, to increase our knowledge concerning the effect of alcohol on pregnant women and the fetus, and to reduce the occurrence of the Fetal Alcohol Syndrome;
- The initiation of the development of appropriate model programs to deal effectively with alcohol-related family violence; and
- Support for occupational alcoholism demonstration projects to gain additional knowledge and develop new approaches to reaching employed persons with alcohol-related problems in a variety of work settings.

ACCORDING TO A STAFFER FOR THE HOUSE HEALTH SUBCOMMITTEE, headed by Rep. Henry Waxman (D-California), the House will probably take action on HR 3916, a bill reauthorizing funding for NIAAA sometime in September. The delay in action on the bill was attributed to the amount of other health legislation that is being handled by the Subcommittee.

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Senator RIEGLE. Thank you.

We have a vote on. I will just ask two questions before I yield to Senator Humphrey.

I ask this to Mr. Chilcote. As you know, I sponsored a bill last year based on legislation passed by the Senate in previous years to expand current requirements for food to list their ingredients and to encourage nutritional labeling. This year, Senators McGovern, Kennedy, and I have introduced a package of new bills to promote nutritional labeling for food.

I understand that after the district judge in Kentucky ruled that your industry does not have to comply with the ingredient labeling requirements of the Food, Drug, and Cosmetic Act, you have supported a nongermane amendment to the House version of Treasury's appropriations bill, forbidding use of funds to enforce the Federal Alcohol Administration Act through ingredient labeling regulations proposed by BATF.

As a member of both the Labor and Human Resources and Senate Commerce Committees, I am concerned that any potential changes in the Federal Alcohol Administration Act be considered by the committees with jurisdiction over these issues, not through legislation on an appropriations bill. In fact, I feel so strongly about that that I wanted to have this hearing despite the action that the Senate took earlier on the labeling issue.

Assuming that you believe that current BATF interpretations of the FAAA are incorrect, would you not suggest to us that the Commerce and Human Resources Committees examine directly whether there should be an amendment of this kind?

Mr. CHILCOTE. First of all, I do not know where you got your information on us attaching anything to the appropriations bill. That is incorrect. I am not familiar with that at all.

Senator RIEGLE. Your testimony is that you were not part of an effort to try to do that?

Mr. CHILCOTE. That has not been a program of the Distilled Spirits Council of the United States. We have, as you know, embarked on a program consistently in opposition to ingredient labeling, not because we are looking for a free ride, but because the consumer is already adequately informed in this regard. All of our products, the flavor variations, what is added to them are approved by the Food and Drug Administration.

Our products must be made under specific standards of identity prescribed by Federal regulations. That is, the products must be made from specified raw materials, under specified processes at specified strengths and aged where they are or must be aged in specified containers for minimum specified periods of time.

Senator RIEGLE. So I take it if you do feel there will be any major changes in the law that the committee which have jurisdiction, the Commerce Committee and the Labor and Human Resources Committee ought to be involved in taking a closer look at it which would involve your having a chance to participate?

Mr. CHILCOTE. Exactly. Very happy to do so.

Senator RIEGLE. One other thing.

The amendment the Senate passed back in May (the vote was 68 to 21 against tabling this motion which was then adopted on a voice vote) requires a warning label saying "Consumption of alco-

hol may be hazardous to your health." That was the language that was accepted by the Senate.

If a warning label is required by law, would you prefer the Senate-passed requirement or the language in the sample label prepared by the staff?

Mr. CHILCOTE. I would be willing to consider any label if I thought the label was the way to approach the problem. In fact, I have right here a lot of evidence that relates to the positive aspect of the use of the product alcohol. Now, if we are going to tell the whole truth, maybe we ought to include some beneficial aspects.

Also, looking at your label, I think if we were to take the words "alcoholic beverages" and substitute sugar or anything else dangerous when used to excess, it would apply as has been pointed out by other testimony.

Senator RIEGLE. This is what I am wondering. We are about to go to conference. I have this language that the Senate has approved. I feel bound by a vote of 68 to 21 to advance that position. But I think I am free to look for alternative language that might carry out the intent of the Senate that would be better language if there could be any kind of consensus in that direction.

I am wondering if you have a preference for the language that was adopted or do you think it needs an improvement? Do you have a view?

Mr. CHILCOTE. First, I would like to correct something. As you well know, I do not think that the Senate was voting on adoption of a label. I think that motion was a motion to table. That was the vote. That is the way I understand it.

Senator RIEGLE. That was the first vote. That was followed by a second vote that was a voice vote and anybody who wanted to object could have done so, and we could have had a recorded vote. But I think those on the losing side did not want another vote that would reflect those kinds of numbers or worse. That was my impression on the floor. You may have been in the gallery that day. The second vote was a voice vote. So anyone who wanted to object could have.

But the vote we took was a vote against tabling consideration of warning labels. Despite the lack of hearings the Senate voted 68 to 21 to block tabling. That is a pretty substantial vote in the Senate.

Mr. CHILCOTE. I am glad we have clarified it was not a vote on the merits. It was a vote to table.

To go back to your original question, I think that we would consider reasonable labeling that would talk also about the benefits from the product. But just do not think the problem can be alleviated by a label. Before we say what kind of label, why do we not say why do we need a label?

Senator RIEGLE. I hear what you are saying. But the fact of the matter is that language has been put forward and approved in the Senate. It has been accepted by the Senate. It is a matter of record. So that becomes our starting point.

Our question is if we take that language, which is out there now and which has been adopted by the Senate, would you prefer that or something else?

Mr. CHILCOTE. I would prefer none of the above because we do not feel labeling is the way to approach the problem.

Senator RIEGLE. So your response is that from your point of view because you are so against labeling, whether it is this one or that one or another one is really inconsequential. You do not want to express an opinion one way or the other?

Mr. CHILCOTE. I am expressing an opinion on the way to try to stop the problem of alcoholism abuse and that a label is not the way to do it.

Senator RIEGLE. Let us recess. We have a vote.

[Short recess.]

Senator RIEGLE. The committee will come back to order.

Let me invite everybody to be seated and let me thank everyone for their patience.

I want to try one more time before yielding to my friend, Senator Humphrey, and then moving on to our last panel of medical experts.

The reason I was putting that to you before is not that I was trying to budge you off your position. I think it would be helpful for us to have the industry representatives take a look at the exact language and tell us what kind of language might be preferable. I am not necessarily asking you to make that judgment here and now. You are clearly here to speak against labeling. But it would be helpful to us and to you. If there is going to be a label, I would think you would be interested in the contents of it. Let me urge you to consider that. I think it would be a helpful step.

Mr. CHILCOTE. Fine, Mr. Chairman.

Senator RIEGLE. Senator Humphrey, do you want to put the questions in for the record?

Senator HUMPHREY. I will make them brief and submit some for the record.

Gentlemen, will each of you comment for your industry group on the expenses involved in labeling bottles that has been proposed?

Mr. Chilcote, will you begin?

Mr. CHILCOTE. Senator, the cost is not the most significant consideration. That is not the question. That is not the reason why we oppose the warning label.

Senator HUMPHREY. Do the remainder of you agree with that point of view?

Mr. SILVERMAN. I would agree with that. This is not a situation as with ingredient labeling.

Senator HUMPHREY. Mr. Maloy?

Mr. MALOY. I think maybe we are in a little different situation in that beer is packaged via a very high-volume, fast-operated production line, and when you have to shut the lines down to make changes or make additions, there is a lot of what they call downtime which could be expensive.

However, frankly, I have not done any research into it. I would do it and would try to give you something in writing.

Earlier in the hearing today, someone made a comment about an anticipated cost of a penny a container. I do not know whether that figure is accurate. If it is, it would pose a serious question to us because you are talking about 24 cents a case. However, I cannot give you a figure but I will and submit it with my written statement.

Senator HUMPHREY. Mr. Chilcote, do I understand you correctly when you state that the distilled spirits industry spends 21 percent of its average budget in public information campaigns?

Mr. CHILCOTE. I made two statements. For public service and for outreach, our organization, the Distilled Spirits Council of the United States, sponsors advertising and other antialcohol abuse programs valued at \$7 million. In addition to that, my members, in one form or another, devote advertising worth approximately \$50 million to such messages.

Senator HUMPHREY. I beg your pardon. I did the figuring. You said the total budget was \$270 million and that the part devoted to public information was \$57 million.

Mr. CHILCOTE. Roughly \$270 million, my best estimate, in terms of advertising for product. I also might make the point, Senator, that we have had a code of good practice in effect for 30 years where we do not advertise over radios and television, where we go out of our way not to involve athletes. We try to be as good a—present as good a social picture as possible in our advertising.

Senator HUMPHREY. But the fact is that of the \$270 million advertising budget, the distilled spirits industry spends \$57 million in informing the public about the dangers of abuse, or is that in addition to the \$270 million?

Mr. CHILCOTE. It would be included with that.

Senator HUMPHREY. Of the \$270 million, \$57 million is for public service announcements, so to speak. Do you know of any other industry that spends 21 percent of its advertising budget on public service announcements?

Mr. CHILCOTE. I cannot think of any, can you?

Senator HUMPHREY. No, I cannot. I would have to observe, on the basis of that, that your industry can hardly be accused of not trying to advise the public on the dangers of excessive use of alcohol. It seems to me you are doing your part.

That is all, Mr. Chairman.

Senator RIEGLE. Senator Humphrey and I both may have questions for the record. We appreciate your testimony.

Let us call the last panel. We welcome each of you and I want to apologize to you for the lateness of the hour. Oftentimes when we have votes occurring in the course of a committee hearing, it extends things more than one might anticipate.

But you have been very patient and I appreciate that very much. I think, Dr. Blume, we will start with you.

STATEMENTS OF SHIELA BLUME, M.D., DIRECTOR, NEW YORK STATE DIVISION ON ALCOHOLISM AND ALCOHOL ABUSE, AND CHAIRMAN, AMERICAN MEDICAL SOCIETY ON ALCOHOLISM, ALBANY, N.Y.; J. TAKAMINE, M.D., CHAIRMAN, TASK FORCE ON ALCOHOLISM, AMERICAN MEDICAL ASSOCIATION, LOS ANGELES, CALIF.; AND JACK MENDELSON, M.D., DIRECTOR, ALCOHOL AND DRUG ABUSE RESEARCH CENTER, HARVARD MEDICAL SCHOOL, BELMONT, MASS., A PANEL

Dr. BLUME. I am Shiela Blume, a psychiatrist and director of the New York State Division of Alcoholism and Alcohol Abuse. Before assuming this position, I specialized in the care of people suffering from alcoholism for 16 years, and was director of a large State-

operated alcoholism treatment program, at Central Islip Psychiatric Center on Long Island. I have been active in medical society alcoholism activities at the county and State levels, and I am currently president of the American Medical Society on Alcoholism (AMSA), the medical arm of the National Council on Alcoholism, (NCA.)

Although both AMSA and the NCA have an active interest in this subject and have traditionally played a leadership role in encouraging the study and communication of knowledge about the effects of alcohol on the human body and mind, AMSA has not yet formulated an official position on the use of warning labels. The NCA is now in the process of reevaluating its 1976 position through a survey of its board of directors and nationwide affiliates, and will communicate with the Senate subcommittee in writing. AMSA is conducting a similar poll of its membership. Both organizations will consider this matter at our October board of directors meetings. Thus, I am not speaking today as an official representative of AMSA or NCA, but rather as an experienced clinician and a State director.

I strongly believe that warning labels should be required on all alcoholic beverages. I believe such labels do have an effect in imparting health information to the public. Such labels may not in themselves absolutely deter use of a product, but they are able to incorporate into general common knowledge important facts about potentially hazardous substances. Time-limited campaigns of public information, for example, a program to warn about the effects of alcohol on the unborn, no matter how intense, will be most effective only for those who are exposed to the campaign. Subsequent generations will only become informed when these facts are as widely recognized as the fact that overeating can make a person fat. Labels would provide for a continuity of information.

In the case of informing the public about the possible dangers associated with alcohol use, our purpose is not necessarily to ask people to give up drinking altogether, but rather to encourage a more informed approach to alcohol use.

Allow me to quote from a very ancient document, the Announcement About Drunkenness written in China in 650 B.C. "Men will not do without kiu (a beer). To prohibit it and secure total abstinence from it is beyond the power even of sages. Here, therefore, we have warnings on the abuse of it."

According to one historian, the Chinese passed and repealed prohibition laws no less than 41 times between the years 256 B.C. and 1312 A.D. They were apparently no more successful than we were in the United States in achieving societal abstinence.

Since the purpose of labels is to encourage a better informed approach to alcohol use, the information should be specific. At a minimum, information should be provided on the interference of alcohol with safe operation of a motor vehicle or other machinery, the dangers to the unborn fetus, and the fact that alcohol is a drug which is potentially habit forming. Other adverse health consequences of excess use might also be covered, but I stress the fetal alcohol syndrome because neither the general public nor the health professions are particularly well informed on this subject.

Because of the diverse nature of the information to be conveyed, the rotating system would be desirable to keep each individual message reasonably short.

Since the warnings to the public concern the excessive use of alcohol, the public is faced with the question of "how much is too much?" Such a message as "If you drink, don't drive; if you drive, don't drink" skirts the fact that small amounts of alcohol may be consumed without major driving impairment and within the law. Such a message, then, does not apply easily to ordinary experience.

I would, therefore, suggest that to make labeling as effective as possible, its imposition should be preceded by and accompanied by public information campaigns to explain the reasons for the labels and provide the background information needed to apply such knowledge. Specifically, I would recommend that simple charts relating blood alcohol to number of drinks and body weight for men and women, and indicating legal driving limits, be posted by law in every place in which alcoholic beverages are sold. I would further recommend that a nationwide public education campaign on drinking and driving, and on problem drinking and alcoholism be initiated to explain the labels.

Again, information on the fetal alcohol syndrome represents a special case. In New York, we have convened a special task force on fetal alcohol syndrome (FAS) at the request of Governor Hugh L. Carey, to review scientific findings on FAS and recommend to him a course of action to warn the citizens of our State of the effects of alcohol on the unborn. During the deliberations of this task force, it has become clear that in order for a public information campaign on FAS to be effective, the health professionals, specifically physicians, must be well informed and prepared in advance. This will avoid a situation in which pregnant women or women of childbearing age are given false reassurance that their drinking will not hurt them (because FAS happens only to offspring of "those women" but not to "my patients.") Many doctors are not prepared to handle alcohol problems in their young female patients.

I think that the alcoholism initiatives of the Secretary of HEW have pointed out the need for improved professional education. I would simply say that this kind of education, including guidelines on how to screen for drinking problems, be part of the effort to make these labels and their information maximally effective.

Next, the products which should carry labels. Labeling of distilled spirits alone would give the erroneous impression that beer and wine were somehow safe. Since beer and wine are the preferred beverages of the youthful drinker in most cases, and wine is often favored by young women, this would be poor public policy. All of us in the treatment field have seen many cases of severe alcoholism in people who do not drink distilled liquor; "only" beer or wine.

Both beer and wine should indicate alcohol content for the information of the consumer. We require that prepared foods label their contents so that we can make informed choices. We also deserve to be informed about alcoholic beverages. I would further suggest substituting percentage of alcohol on liquor labels for the older "proof" measure which many people do not understand.

I would like to speak somewhat personally. I think I am the only woman testifying, and if so, I can safely say that I am the only mother testifying today. Dr. Chafetz made a point earlier about warning labels producing guilt and anxiety feelings in women.

If I may speak frankly, I find this a kind of attitude, which is current in society, very objectionable: that somehow we women as a sex are fragile and easily upset, and must be protected from reality. Nothing could be further from the truth.

I think it was also Dr. Chafetz who talked about trusting in the commonsense of the American people. I believe we can trust in women's commonsense as well as men's.

Because I have had a personal experience with a drug that can cause defects taken during my pregnancy, so I have done a lot of thinking on this issue.

I realize some people have worried about producing guilt or anxiety by informing women of alcohol-related risk, especially in pregnancy. I agree here with the report of Dr. Judith Hall of Seattle to the Bureau of Alcohol, Tobacco and Firearms: That the public has a right to know and that women would feel more incensed and guilty had they been denied information that might have prevented a problem.

Senator RIEGLE. I appreciate your sharing with us a personal insight of that sort. I gather that in your own case the information that you might have needed to have you did not have.

Dr. BLUME. All turned out well with us, but it was something that touched us personally, so I have that experience.

In the same vein, I believe that the alcohol content in all over-the-counter and prescription drugs should be stated on the label, and that the alcohol content of these preparations restricted to the minimum necessary as a solvent. AMSA has taken this position.

Finally, warning labels would have one more very positive effect. Millions of visitors come to this country each year from all parts of the world. The prominent display of warning labels and background information would convey a clear message to the rest of the world that we are seriously concerned about our alcohol problems. This is a message I have seldom perceived in my travels to other countries; yet it is a message I would like the United States to give.

Thank you.

[The prepared statement of Dr. Blume follows:]



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SHEILA B. BLUME, M.D.
 DIRECTOR

Testimony prepared for the:

Subcommittee on Alcoholism and
 Drug Abuse of the United States
 Senate Committee on Labor and Human Resources

Washington, D. C.
 September 14, 1979

I am Sheila Blume, a psychiatrist and Director of the New York State Division of Alcoholism and Alcohol Abuse. Before assuming this position, I specialized in the care of people suffering from alcoholism for 16 years, and was director of a large state operated alcoholism treatment program ^{on Long Island.} for most of that time. I have been active in medical society alcoholism activities at the county and state levels, and I am currently President of the American Medical Society on Alcoholism (AMSA), the medical arm of the National Council on Alcoholism (NCA). Although both AMSA and the NCA have an active interest in this subject and have traditionally played a leadership role in encouraging the study and communication of knowledge about the effects of alcohol on the human body and mind, AMSA has not formulated an official position on the use of warning labels. The NCA is now in the process of re-evaluating its 1976 position through a survey of its board of directors and nation-wide affiliates, and will communicate with the Senate

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Information on labels:

Since the purpose of the labels is to encourage a better-informed approach to alcohol use, the information should be specific. At a minimum, information should be provided on the interference of alcohol with safe operation of a motor vehicle or other machinery, the dangers to the unborn fetus, and the fact that alcohol is a drug which is potentially habit-forming. Other adverse health consequences of excess use might also be covered, but I stress the fetal alcohol syndrome because neither the general public nor the health professions are particularly well informed on this subject.

Because of the diverse nature of the information to be conveyed, the rotating system would be desirable to keep each individual message reasonably short.

Need for Accompanying Education:

Since the warnings to the public concern the excessive use of alcohol, the public is faced with the question of "how much is too much?" Such a message as "If you drink, don't drive; if you drive, don't drink" skirts the fact that small amounts of alcohol may be consumed without major driving impairment and within the law. Such a message, then, does not

apply easily to ordinary experience. I would, therefore, suggest that to make labelling as effective as possible, its imposition should be preceeded by and accompanied by public information campaigns to explain the reasons for the labels and provide the background information needed to apply such knowledge. Specifically, I would recommend that simple charts relating blood alcohol to number of drinks and body weight for men and women, and indicating legal driving limits, be posted by law in every place in which alcoholic beverages are sold. I would further recommend that a nationwide public education campaign on drinking and driving, and on problem drinking and alcoholism be initiated to explain the labels.

Again, information on the fetal alcohol syndrome represents a special case. In New York, we have convened a special task force on fetal alcohol syndrome (FAS) at the request of Governor Carey, to review scientific findings on FAS and recommend to him a course of action to warn the citizens of our state of the effects of alcohol on the unborn. During the deliberations of this task force, it has become clear that in order for a public information campaign on FAS to be effective, the health professionals, specifically physicians must be well informed and prepared in advance. This will avoid a situation in which pregnant women or women of childbearing age are given false reassurance that their drinking won't hurt them (because FAS happens only to offspring of "those women" but not to "my patients") without a serious

attempt to evaluate the drinking pattern of the patient. I believe such a professional education program, including guidance on how to screen for drinking problems, should also accompany a labelling program.

Products Which Should Carry Labels:

→ Labelling of distilled spirits alone would give the erroneous impression that beer and wine were somehow "safe." Since beer and wine are the preferred beverages of the youthful drinker in most cases and wine is often favored by young women, this would be poor public policy. All of us in the treatment field have seen many cases of severe alcoholism in people who do not drink distilled liquor; "only" beer or wine.

Both beer and wine should indicate alcohol content for the information of the consumer. We require that prepared foods label their contents so that we can make informed choices. We also deserve to be informed about alcoholic beverages. I would further suggest substituting percentage of alcohol on liquor labels for the older "proof" measure which many people do not understand. (2)

I realize some people have worried about producing guilt or anxiety in people by informing them of alcohol-related risk, especially in pregnancy. I agree here with the report of Dr. Judith Hall of Seattle to the Bureau of Alcohol, Tobacco and Firearms, that the public has a right to know and would feel more incensed and guilty had they been denied information that would have prevented a problem. (3)

In the same vein, I believe that the alcohol content in all over-the-counter and prescription drugs should be stated on the label, and that the alcohol content of these preparations restricted to the minimum necessary as a solvent. AMSA has taken this position,

Finally, warning labels would have one more very positive effect. Millions of visitors come to this country each year from all parts of the world. The prominent display of warning labels and background information would convey a clear message to the rest of the world that we are seriously concerned about our alcohol problems. This is a message I have seldom perceived in my travels to other countries, yet it is a message I would like the United States to give.

Thank you.

AMERICAN MEDICAL SOCIETY
ON ALCOHOLISMPOSITION ON LABELING

10/19/79

The American Medical Society on Alcoholism firmly defends the public's right to know, and supports the adoption of all effective methods of public education on the potential dangers associated with the excessive use of alcohol, to encourage informed decision making by the public, and to reduce the incidence of alcohol-related problems. Although suitable scientific study is not now available to prove in advance the effectiveness of warning labels on alcoholic beverages, the American Medical Society on Alcoholism, as expressed in a poll of its membership, believes that warning labels on alcoholic beverages has sufficient potential utility to warrant its adoption. Such adoption should be accompanied by carefully designed and adequately funded studies of the effectiveness of this program in improving public awareness of the hazards of excessive alcohol use.

The American Medical Society on Alcoholism further recommends that any system of labeling adopted be applied to all alcoholic beverages and alcoholic beverage advertising, that the message include both specific and general information and that all alcoholic beverages be labelled to indicate their alcohol content in volume percent.

AMERICAN MEDICAL SOCIETY ON ALCOHOLISM

733 Third Avenue  New York, New York 10017

(212) 986-4433

October 24, 1979

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ERNEST P. NOBLE, M.D., Ph.D.

FRANK A. SEIXAS, M.D.

MAXWELL N. WEISMAN, M.D.

Dear Senator Riegle:

At its meeting on October 10, the Executive Committee of the American Medical Society on Alcoholism, adopted the enclosed position on the subject of warning labels on alcoholic beverages. Although it was recognized that scientific studies to prove the efficacy of such labels on alcohol is not available to us, it was the unanimous opinion of the members present and also the opinion of the majority of the 183 members who chose to return the questionnaire we had sent, that warning labels would be a worthwhile addition to the effort to educate the public toward safer patterns of alcohol use. Because of the lack of hard facts in this area, it is absolutely essential that well designed evaluative research accompany any program of labeling so that its impact is fairly assessed.

We would like to point out that the adoption of this position represents only the action of the AMSA. I also enclose the NCA position statement adopted on January 19, 1978, which has not been changed.

I am also pleased to enclose a copy of a resolution relating to self-help groups also passed by the AMSA Executive Committee at the October 19 meeting. I believe it reflects the desire of our organization to encourage the kind of cooperation with these groups that former secretary Califano described and present secretary, Pat Harris, has endorsed.

Yours sincerely,

Sheila B. Blume, M.D.
President

The Honorable Donald W. Riegle, Jr.
United States Senate
Committee on Labor and Human Resources
Washington, D. C. 20510

SBB/lc
enclosures

bcc: G. Dimas
M. Weisman, M.D.
L. Bissell, M.D.
C. Steinhauer
K. Simpson, D.O.

A COMPONENT OF THE NATIONAL COUNCIL ON ALCOHOLISM, INC.

Senator RIEGLE. Thank you very much for your testimony.

Doctor Mendelson, why do we not hear from you next?

Dr. MENDELSON. Thank you.

If I might, I would like to introduce myself. I am a physician and professor of psychiatry at Harvard Medical School. For the past 6 years I have been director of the Alcohol and Drug Abuse Research Center at Harvard Medical School-McLean Hospital. During 1967 to 1970 I was director of the first comprehensive Federal alcoholism program, the National Center for the Prevention and Control of Alcoholism, the predecessor agency to the National Institute on Alcoholism and Alcohol Abuse. I am the author of over 150 scientific articles on alcoholism, and have written about alcoholism for textbooks of medicine which have been published throughout the world.

Most recently I was pleased to learn that your office has distributed copies of the text, "The Diagnosis and Treatment of Alcoholism," which I coauthored with my wife, Dr. Nancy Mello. My colleagues who contributed to the text and I very much appreciate the kind comments in your letter cosigned by Senator Orrin Hatch.

Before proceeding to give you my best judgment about warning labels, whether there should be any, what the language should be, I should hasten to say in the biomedical field there are many differences of opinions about this problem.

I wish we had more firm answers than we can now provide but, frankly, we do not know the answers to the best treatment for carcinoma of the breast, hypertension, and for many other disorders. So it probably comes as no surprise that there will be honest differences of opinion based upon how we gather data about alcohol related problems.

Legislation which your committee is considering the requirement of warning labels on distilled spirits is undoubtedly prompted by your sincere concern about alcoholism and alcohol abuse, a major public health problem in the United States. However, I do not believe that warning labels on beverage alcohol would have any significant impact on alcohol abuse problems in America and I further believe that warning labels may indirectly contribute to an actual increase in the problem.

Most individuals who work with men and women who have alcohol-related problems soon learn that alcohol use and abuse by alcoholics does not occur within a context of rational decisionmaking processes. The alcoholic is often keenly aware of the hazards of initiating drinking and more often than not, can accurately predict the catastrophic outcome for perpetuation of drinking. Many of you have probably encountered colleagues, friends, or relatives who acknowledge that alcohol abuse is ruining their lives; yet they cannot be dissuaded from drinking. Many physicians have learned that the threat of death from liver disease will not discourage problem drinking by their patients. Many spouses and employers have learned that coercive measures, such as termination of employment or divorce, will not be efficacious in preventing alcohol abuse. Thus, it is unlikely that a warning label will do anything more for the alcohol abuser than provoke a sense of guilt about drinking. Such guilt, in turn, may accentuate rather than reduce patterns of alcohol abuse.

Although warning labels are not likely to reduce or modify alcohol consumption by alcohol abusers, would such labels affect alcohol use by social drinkers? At present there are no data to suggest an answer to this question. However, the committee should consider if warning labels are necessary to reduce the consumption of alcohol by social users. Consideration of this issue would relate to the committee's judgment about the need for reinstituting prohibition-like measures in the United States. This question, of course, is a political one and cannot be answered on the basis of existing biomedical data, or be construed with matters of health policy.

It might be argued that even though warning labels might not prevent alcohol abuse, such labels themselves would do no harm. However, I believe immeasurable harm would be done if Congress enacts warning label legislation. For decades individuals and organizations working to assist those persons with alcohol-related problems have strived to overcome the stigma associated with alcohol abuse and alcoholism. Just a few short years ago, alcoholism was regarded as a form of moral degradation and only recently has the weight of scientific evidence fostered the acceptance of alcoholism as a disease. The warning label approach would be a regressive step in that it would emphasize the primary importance of individual "willpower" to abstain. Consider the medical and social wisdom of requiring warning labels on boxes of sugar for diabetics, or on containers of salt for individuals with hypertension.

There is one further issue concerning the mandatory use of warning labels which relates to the credibility of the Congress in seeking solutions to public health problems in America. At present congressional appropriations for alcohol related research are extraordinarily small. Considering the enormity of alcohol-related problems, one can only interpret substitution of warning label legislation for reasonable research, training, and service appropriations as political hypocrisy. Dr. Lewis Thomas perceptively characterized such health-care philosophy as having wide political appeal as follows:

Both ends of the political spectrum can find congenial items. At the further right, it is attractive to hear that the individual, the good old free-standing, free-enterprising American citizen, is responsible for his own health and when things go wrong it is his own damn fault for smoking and drinking and living wrong—and he can jolly well pay for it. On the other hand, at the left, it is nice to be told that all our health problems, including dying, are caused by failure of the community to bring up its members to live properly, and if you really want to improve the health of the people research is not the answer; you should upheave the present society and invent a better one. At either end, you can't lose.

Dr. Thomas has also commented upon medicine's role with respect to advocating lifestyle programs:

It is medicine's oldest dilemma, not to be settled by candor or by any kind of rhetoric; what it needs is a lot of time and patience, waiting for science to come in, as it has in the past, with the solid facts.

The solid facts at this time do not indicate that warning labels will have any favorable impact on alcohol problems in our country. Moreover, warning labels may facilitate regression toward viewing the alcoholic and alcohol abuser as a delinquent rather than an ill individual in need of compassion and the best possible professional assistance.

Thank you.

[The prepared statement of Dr. Mendelson follows:]

STATEMENT FOR PRESENTATION TO
SENATE SUB-COMMITTEE ON ALCOHOLISM AND DRUG ABUSE

Mr. Chairman and Members of the Committee:

I am Jack H. Mendelson, a physician and professor of psychiatry at the Harvard Medical School. For the past six years I have been director of the Alcohol and Drug Abuse Research Center at Harvard Medical School-McLean Hospital. During 1967 to 1970 I was director of the first comprehensive federal alcoholism program, The National Center for the Prevention and Control of Alcoholism, the predecessor agency to the National Institute on Alcoholism and Alcohol Abuse. I am the author of over 150 scientific articles on alcoholism and have written about alcoholism for textbooks of medicine which have been published throughout the world.

Most recently I was pleased to learn that your office has distributed copies of the text The Diagnosis and Treatment of Alcoholism which I co-edited with Dr. Nancy K. Mello. My colleagues who contributed to the text and I very much appreciate the kind comments in your letter co-signed by Senator Orrin G. Hatch of August 2, 1979.

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perceptively characterized such health-care philosophy as having wide political appeal as follows:

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Senator RIEGLE. In S. 440 we did manage to allow for an increase for research. So we are mindful of the need for a substantial additional effort in that area. We are making progress with it.

Thank you for your testimony.

Dr. Takamine, we are glad to have you. We have saved you for the end. I trust you will be——

Dr. TAKAMINE. Brief.

Senator RIEGLE. We are delighted to have you. You come with a long record of background experience and achievement in alcoholism, and we are very interested in your comments today.

Dr. TAKAMINE. Thank you very much.

I am a practicing internist in West Los Angeles, and chairman of the Panel on Alcoholism of the AMA Council on Scientific Affairs. Accompanying me today are Ross Rubin, assistant director of the AMA's legislative department and Mr. Manual Steindler, director of the AMA Department of Mental Health.

Seriously, in the interest of time, I will submit my testimony and a package of material, which I would like to give to the committee for its consideration. That is literature that has been compiled over the years. One of the pieces contained in this packet is the Manual on Alcoholism, which was first written in 1968, and is now in its third edition, primarily for physicians. It is a definitive discussion on the essentials of treatment and diagnosis of alcoholism, as I say, primarily for physicians.

Just last year we wrote some guidelines which were accepted by the House, which are for physicians. They are three-tiered for the physicians who see patients at all levels, one who sees them and does not want to do anything with them, all the way down to the person who is involved in a substantive degree. These will be submitted to you.

At the present time we are working with area teachers in a substance abuse program, and we have been working with Peter Wyboro at Dartmouth on the drafting and writing of a medical school curriculum. Thanks in part to the efforts of the AMA medical schools will now be asking questions on alcoholism on the national boards.

Senator RIEGLE. I am delighted to hear that.

Dr. TAKAMINE. So are we. It is a long, painstaking job, but I hope ultimately it will bear fruition.

Just a few remarks, Mr. Chairman, on 2½ issues, if you will. One, on this matter of labeling, and I will not go through a lot of positions why the AMA came to its decision. You heard them. We do not have the sociological data that a lot of people do. We have to deal with the patient. After a great deal of discussion the AMA adopted, by the house of delegates, a resolution.

If I may read it:

Resolved, That the AMA recommend that containers of all alcoholic beverages be required to bear the following statement on their labels, "Alcohol may be injurious to your health and, if consumed during pregnancy, to the health of unborn children.

You notice we leave out modifiers and/or adjectives for a multitude of reasons. I think the main one is that alcoholism gets a lot of buzz words, moderate drinking, responsible, inappropriate drinking, excessive; and in a heterogeneous population, where minimally

100 million people drink, it is hard to apply these terms to and have them mean the same to everyone.

Without being facetious, some of my people spill more liquor before breakfast than any of you might drink in a week. To him that might be moderate drinking. It is for that reason we leave out the modifiers, and hopefully make it more palatable to you and your committee and the population.

Senator RIEGLE. Before you go on, I think it is significant that the AMA would decide to take that kind of policy step, and by a vote of your house of delegates, as I understand it. You have actually drafted language. It was submitted for a vote, and ratified by that association of doctors in the country. I think it is important for you to give us just a little bit of a flavor as to what was behind that action.

Just taking that as a hard, cold fact, I think it is a rather dramatic step in terms of initiatives by doctors. I am wondering what triggered that kind of basic policy action by doctors in the country?

Dr. TAKAMINE. As you know, the AMA has been involved in the field of alcoholism for years and years, sponsoring programs, seminars, forums, so forth, writing manuals. Although it may be said, and with some justification, that the practicing physician, who had practically no training in alcoholism, or very little, has been a bit derelict in treating the alcoholic. Due to problems over the last several years, and the increasing importance of this problem, coming to the public, to the fore, the doctors sort of caught up with the times, and realized that if they were going to fulfill their obligation to give the best patient care, they would have to learn how to deal with the subject. Even if they do not want to, they would have to know the field, the community resources, and I do not have to go into the ramifications.

So there was not a great deal, surprising to some, of opposition to a resolution such as this. Maybe it would have been nicer if we did this a couple of years ago. When this came—this was the one that was accepted and, as I say, we are looking to career teachers, and more and more medical schools have increasing courses on substance abuse, drugs and/or alcohol. Doctors have taken cognizance that they have been a bit remiss or behind the years, and wanted to play catchup.

As I say, rather than engendering a lot of heat and acrimony, this one was accepted with quite a bit of alacrity, the idea behind the resolution did not constitute a great problem.

Senator RIEGLE. It has been very helpful, what you have said here today.

Dr. TAKAMINE. You have heard today about the wisdom and commonsense of the American people. I do not want to put that down in any way, but with regard to the stigma which is the main problem in alcoholism, a national survey just came out by Yankolovich, Skelly and White, in 1978-79, "The American Family in Stress and Health." In it a survey across this country of adults; 67 percent of the people they surveyed still felt alcohol was a personal emotional weakness, and only 19 percent thought of it as a health problem, and 14 percent viewed it as a combination health problem and personal problem.

The issue is not the wisdom and commonsense of the American people. It is that there is still a world of misinformation, and a package of myths that abound across the country on the subject of alcohol use, misuse, and abuse. Obviously the issue of alcoholism is very confusing to a great many people in this country.

I think you will find the stigma still a monumental problem in dealing with the subject of alcoholism. Albeit the label may be just one small piece of a mosaic. But, when you talk about medicine, you know it is a combination of art and science. Here we are not being very, very scientific. We said "may" rather than "will" or "could," or "would," or "should," for the proof is still lacking.

To further show the gravity, of this matter, in one of the most prestigious medical journals, "The New England Journal of Medicine," May 25 this year, in a letter from the Leahy Clinic, they were talking about the fact that 8 percent of all of the total medical costs in this country are related to the use of tobacco. Much more than that comes from alcohol abuse. Former Secretary Califano called alcoholism the No. 2 preventable public health problem.

With this and other factors in mind, Mr. Chairman, I think every modality should be used, accepting the fact that some may turn out to be highly ineffective, even worthless. But I do not feel the stigma should stop us. The best possible information should be presented; then people can make a better choice.

So with regard to this label, as I say, the AMA strongly backs the provision you have. The language, if the label is passed, will be a subject of further debate. This is not to say this is the last word.

One other thing on the subject, on the fetal alcohol syndrome, and I do not have to go through its history. You know about it. You have heard about it. I think three things are abundantly clear.

I have talked to Dr. Kenneth Jones. He regretted deeply that he could not be here; but he was in Colorado on a symposium on the fetal alcohol syndrome, and sends his regrets.

I do not think there is any question, taking all of the other variables into consideration, that the use of alcohol at some dose variable, given different doses for different people, can cause damage to the fetus and I think the damage can be laid solely on alcohol. I also think it can be said, with some degree of certainty, that we do not know the dose, that is going to vary. Moderate, excessive, abuse, the word is a game.

But I feel, and I do not speak for the AMA, but I talked to Dr. Jones and a lot of other people about it, far more experienced than I, that if they plan to have a family not to drink at all. The drinking should stop as soon as they plan to have a family. But if they want to maximize the opportunity to have a healthy baby, they should not drink anything, including beer and/or wine.

Given that we feel very strongly about the fetal alcohol syndrome, again it cannot be verified. Honest inquiry is encouraged, because the price in this is so high, not in terms of dollars and cents, but in terms of human lives.

Lastly, the AMA, since 1954, has been working with the NEA, and has been involved in all kinds of programs and seminars and symposiums, trying to find the best way and/or ways in which to help our young make their own free, wise, responsible decisions

with regard to their own health. This will continue. It is continuing now, at an accelerated rate, because we are getting down to lower and lower age groups, where it seems the drug and alcohol abuse is greater.

In conclusion, the AMA thanks you for allowing us to present our views. Again, we strongly support the concept of labeling of all alcoholic beverages in the future.

Thank you.

[The prepared statement of Dr. Takamine follows:]

**Statement
of the
American Medical Association**

to the
Subcommittee on Alcoholism and Drug Abuse
Committee on Labor and Human Resources

United States Senate

by
Jokichi Takamine, M.D.

Re: S.440--Alcohol Beverage Labeling
September 14, 1979



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535 N. Dearborn Street
Chicago, Illinois 60610

Legislative Department
Public Affairs Division
(312) 751-6513

STATEMENT
of the
AMERICAN MEDICAL ASSOCIATION

to the
Subcommittee on Alcoholism and Drug Abuse
Committee on Labor and Human Resources
United States Senate

Re: S 440 - Alcohol Beverage Labeling

September 14, 1979

Mr. Chairman and Distinguished Panelists:

My name is Jokichi Takamine, M.D. I am a practicing physician in Los Angeles, California, and Chairman of the Panel on Alcoholism of the AMA Council on Scientific Affairs. With me today are Ross Rubin, Assistant Director of AMA's Legislative Department, and E.M. Steindler, Director of the AMA Department of Mental Health.

I am pleased to present the comments of the American Medical Association on the subject of alcohol abuse and alcohol beverage labeling.

In the course of my private practice, I am confronted daily with the medical problems attributable to alcoholism. I am, therefore, extremely concerned, as is the Subcommittee, about those issues identified for today's hearing --fetal alcohol syndrome, alcoholism among children and teenagers, and health education efforts designed to address these problems.

Mr. Chairman, the American Medical Association has long recognized the seriousness of alcoholism as an individual illness and as a major public health problem. We have and will continue to emphasize the importance of the physician's role in the prevention and treatment of this disease and its sequelae. We have, for decades, convened and participated in task forces both within the AMA and elsewhere charged with seeking solutions to the problems of alcoholism. In calling attention to the fact that alcoholism is indeed a disease, we have tried to deal not only with the medical problems faced by alcoholics and their families, but also with the social issues and therapeutic alternatives that must go hand-in-hand with medical treatment.

In an effort to involve physicians in treating alcoholism, the AMA has developed a Manual on Alcoholism, regarded as a definitive discussion of the essential considerations in the diagnosis and treatment of alcoholism. This AMA manual, first published in 1968, is now in its third edition, and I would like to offer you a copy of this manual for consideration by the Subcommittee.

We have developed guidelines for the medical care of alcoholics participating in formal alcoholism treatment programs, as well as guidelines to be used by office-based physicians whose medical practice almost inevitably involves the treatment of alcoholics and their families. Copies of these guidelines are also submitted for your consideration.

Mr. Chairman, I will now briefly address the subjects identified by the Subcommittee as being central to today's hearing.

Alcohol Beverage Labeling

The American Medical Association is deeply committed not only to finding solutions to the problems of alcoholism per se, but also to finding effective

methods of educating consumers as to the effects of alcohol consumption generally. It was in this context that the AMA House of Delegates adopted the following policy statement in June, 1978:

RESOLVED, That the AMA recommend that containers of all alcoholic beverages be required to bear the following statement on their labels, "Alcohol may be injurious to your health and, if consumed during pregnancy, to the health of unborn children."

We believe that the provision contained in S 440 that would require the labeling of alcoholic beverages, though it does not use the exact language called for in the AMA resolution, represents an important first step in the right direction. We believe that this provision should be enacted into law.

Fetal Alcohol Syndrome

The AMA House of Delegates has called for the labeling of alcoholic beverages in accord with the policy already recited because of its concern that there are certain persons and groups for whom alcohol consumption may present unique and significant risks. Two groups of particular concern are pregnant women and young people. Of paramount importance for the first group, pregnant women, is the emerging consensus in the scientific and medical communities that the consumption of alcohol during pregnancy may be related to physical and mental abnormalities in children. Data from a number of studies clearly suggest that alcohol consumption during pregnancy may do serious damage to the fetus, hence the label "fetal alcohol syndrome."

The scientific debate continues over the effect on the fetus of moderate alcohol consumption during pregnancy. However, reliable reports in the literature indicate that there may be an appreciable risk to the development of the fetus if the mother consumes any amount of alcohol on a regular basis, especially early in the pregnancy. One such study (conducted at the University

of Washington) showed that as little as one ounce of alcohol a day can have an adverse effect on a developing fetus.

The manifestations of the "fetal alcohol syndrome" are dramatic and devastating--both for the parents and the child afflicted. A child's cranial, cardiac, musculoskeletal and central nervous systems may develop abnormally in utero and after birth if the mother drinks alcoholic beverages during pregnancy.

Clinicians who have to respond to the needs of patients every day are rightfully reluctant to wait for all of the necessary research to be completed, for all of the possible relationships to be explored and tested, before calling for a national program of public education regarding alcohol use and the "fetal alcohol syndrome." Physicians welcome continued research, scientific inquiry and debate on this subject. However, due to the potentially severe health effects for children yet unborn evidenced in the available data, we believe that it is necessary for wide ranging educational activities with regard to the possible effects of alcohol consumption during pregnancy to be initiated prior to complete resolution of the scientific debate.

To this end, the AMA joined the American College of Obstetricians and Gynecologists in May 1978 in supporting the campaign of the National Institute of Alcohol Abuse and Alcoholism to inform physicians regarding the essential elements of the "fetal alcohol syndrome" and the importance of giving prenatal counseling regarding alcohol consumption to pregnant women. In the material sent to physicians, it was emphasized that no safe level of alcohol consumption during pregnancy had been established. It is especially important that such patient education be undertaken with young women, because a considerable portion of the increase in drinking in recent years has appeared to be among adolescent girls and young women of child-bearing age.

Juvenile Alcoholism

No doubt the primary concern associated with youthful alcohol abuse in the public's view is the havoc and tragedy caused by teenage drinking and driving. It is true that, traditionally, motor vehicle crashes have been the leading cause of death for persons between the ages of 15 and 24, a time when many young people are both novice drivers and novice drinkers. When the toll of serious and permanently disabling injuries of this age group is considered, the loss is devastating--not only in financial terms but, more importantly, in terms of productive lines.

The AMA has been increasingly active in working with state and local medical societies, national educational associations, driver licensing agencies, and recognized researchers and scientists who are attempting to develop innovative and realistic approaches to dealing with the serious problems associated with juvenile alcohol abuse. AMA activities have included publication of numerous articles in medical and educational journals, publication of pamphlets for general distribution, and the development and sponsorship of seminars on the subject for physicians and educators.

For physicians, however, perhaps the most alarming aspect of alcohol abuse by children and adolescents has to do with their vulnerability in these formative years. Juveniles' alcohol use and abuse too often leads to serious, sometimes permanent, psychological and physiological problems. Long and short-term medical complications, some of them life threatening, may include liver damage, cardiac impairment, hypertension, neurological impairment, gastrointestinal ailments, pancreatitis and myopathy. Though such pathology in adults usually follows chronic heavy use of alcohol, youthful drinking can produce immediate damage to organ systems and tissues that are in the process of

developing. Moreover, psychological and physical dependence on or abuse of alcohol by a child portends more of the same, with all of the medical and social implications, for that person's adult years. This is particularly so for the children of alcoholics who may be especially vulnerable.

Medical and Public Education

The AMA is currently involved in a number of activities designed to promote medical education regarding the comprehensive management of this disease at all levels. Additionally, the AMA has encouraged state and local medical societies and national medical specialty societies to address the relevant aspects of the diagnosis and treatment of alcohol abuse in continuing medical education programs and to sensitize their members to the problems of alcoholism in children and adults.

As long ago as 1954, the AMA, through the Joint Committee on Health Problems in Education (with the National Education Association), recognized the important role that the school system must play in helping to develop an effective approach to many of the problems of alcohol abuse under discussion today, especially among children and teenagers. While alcohol use instruction is required by law in many states, the successful implementation of such legislation has been very difficult given the differing, often conflicting, attitudes and customs concerning alcohol use that must be dealt with.

In 1974, this Joint Committee emphasized the need for physicians and educators who are charged with teaching our young people to augment their own education concerning the use of alcohol and to seek new means of developing realistic and sympathetic attitudes and programs aimed toward the entire spectrum of problems associated with alcoholism in their communities. Means of accomplishing this goal have involved the development and distribution of

printed educational materials and the offering of consultative advice to physicians and teachers working within the school setting. Considerable effort has also been devoted to working with curriculum development committees to integrate alcohol education into the total health education program in elementary and secondary schools. Finally, attention is now being focused by special groups outside AMA on the potential benefits of educational initiatives aimed at the very young child.

Conclusion

Mr. Chairman, the human tragedies associated with alcohol abuse are all too well known. When these tragedies are visited upon the innocents in society, newborns and children, they are particularly severe. How ironic it is that the toll should be so high for a disease that can be treated successfully.

Physician education, public education and special educational initiatives aimed at would-be parents and young people could effectively reduce the incidence of "fetal alcohol syndrome" newborns and the physically and mentally afflicted child alcoholics.

Mr. Chairman, we commend this Subcommittee for conducting this inquiry and for its efforts to deal with these important issues. We support the enactment of legislation to require warning labels to appear on alcoholic beverages. We stand ready to work with you, Mr. Chairman, and the Subcommittee, in finding solutions to these most important problems.

I would be pleased to respond to any questions the Subcommittee may have.

Senator RIEGLE. Thank you very much.

I want to say to each of you on this panel how much we appreciate your testimony and your patience. I will have questions that I will submit for the record to each of you.

Let me just say this before I yield to Senator Humphrey. I know from today's testimony and from past hearings excessive use of alcohol causes many serious problems. We have a Senate vote that puts the Senate on record on behalf of a warning label, the precise language of which I mentioned earlier. There are other possible ways that this might be handled.

The House has not acted as yet, but clearly, whether we end up with a label or not, whatever the contents of it may be, whether it is now or later, it seems to me that it is clear, there must be a much elevated public sense for the dangers of the excessive uses of alcohol. There are situations where it carries other profound implications, such as the fetal alcohol syndrome. It may have taken us centuries and centuries to accumulate enough knowledge to know we are at risk in certain situations, but now that we have that knowledge, we have to find the way to take advantage of that knowledge, to enable people to make wise personal decisions about their health.

I would hope that no one would disagree with that notion. We might disagree as to the technique. We have to sort that out as we go. I am sure it is not all seat of the pants when the AMA takes a position, as it has done in this case. I am sure it is based on a lot of firsthand knowledge and individual case illustrations.

So I find that a very compelling recommendation. I think that is important, when the doctors, at least those that participate in this national organization, feel so strongly about this issue, as a health issue, that they take a position by a recorded vote in this fashion.

I think the Senate's vote indicates that there is that growing sense of concern in the U.S. Senate. Senators are very careful when they cast their votes. Whenever you get a vote, as we had here, 68 to 21, that is a significant expression of feeling and awareness on this issue by the Senate.

So we will have to take that and the evidence we have been hearing today, and other testimony, and further comments that will come in, to try to reach the best judgment we can.

Senator Humphrey?

Senator HUMPHREY. Because you have several times mentioned the Senate vote, Mr. Chairman, I would like to point out that Senators had to cast their vote without the benefit of a hearing. In effect, then, by holding this hearing after the vote, we are putting the horse behind the cart. I understand there was a hearing on this during the last Congress, but fully 20 percent of the Senate is new this year.

So I am not quite as confident as you are that the vote was that valid an indication of the Senate's informed will.

In any case, we are all in agreement that alcohol abuse is a serious problem. The narrow question on which we have to focus today is whether or not labeling containers of alcoholic beverages will bring about the desired reduction in abuse. There seems to be a good deal of disagreement on that issue.

Dr. Mendelson, as a physician and researcher, are you satisfied with the medical evidence that has been presented in favor of the warning label for alcoholic beverages?

Dr. MENDELSON. I am not a member of the American Medical Association, not now, nor have I ever been a member. So my point of view is not that of the AMA, I was delighted to hear Dr. Takamine say that he regards the New England Journal of Medicine as our most prestigious medical journal.

Dr. Mello and I have been invited to write an article on the Biologic Concomitants of Alcoholism, which will be printed in the Journal, and will appear in 4 to 6 weeks. I have some doubts about warning labels that are not based upon picayune or nitpicking of concomitants of alcohol with respect to causation and consequences.

Dr. Blume pointed out, I think, very accurately, that if one looks at the historical documents we find that in China there have been warning labels. Prohibition, repeal effervescence cycles of events have been prompted in part by real health concerns, and in part are prompted (as in China) by other political considerations.

If one examines the history of prohibition in this country, one of the concerns was certainly related to health issues. But many, many more issues within the temperance movement targeted "Demon Rum," as a cause of many of our social and economic problems.

I believe the reason that many people have been motivated to become involved in alcohol warning label issues relates to politics as much as science. I raise that question as an investigator looking at the data and I have to call the shots as I see them. As I see them I am not convinced that alcohol, per se, is the problem.

Experimental animal and human data, suggest that the so-called fetal alcohol syndrome is really a syndrome of polydrug abusers. Alcohol addicts, people who abuse alcohol, abuse a variety of other drugs. They are more gourmand than gourmet with respect to drugs which they abuse.

That pattern of drug use, inappropriate prenatal care and a variety of other issues are very difficult to sort out. I, for one, am convinced that the fetal alcohol syndrome is not unique to alcohol abuse.

Senator RIEGLE. Could I just ask you a question? I gather what you are saying is there are a group of things that can cause problems, you are not subtracting alcohol from the group. You are saying that is one of many that can be a causal agent if used to excess, whatever that is, in a given case, for a given expectant mother. You are not ruling alcohol out. You are in fact acknowledging that that is one of a longer list of problems, is that right?

Dr. MENDELSON. Yes.

Senator RIEGLE. In light of that fact, the thing I do not understand is why are we not of a very strong mind, and want to make sure that people are educated about any of the other items, and in fact, all of the other items on that list?

It seems every time we find one we ought to identify it. Let us not put the person in such dire straits, someone who may do it accidentally, or someone who does not know the implications.

I would think, and I am not a doctor, but it seems to me if you have a list of items that we know can cause damage, that you would bear some responsibility to alert everyone you can reach of those possible complications ahead of time.

Dr. MENDELSON. That is very rational. But I have two considerations. Most women who abuse alcohol, this is again my own judgment, who abuse alcohol during pregnancy, or who do not use other substances of which would be of value to them, or who abuse other drugs, often do this not because of ignorance, but because of a variety of underlying social psychological problems.

With respect to new drugs, like thalidimide, certainly we can say there should be some education about use hazards. But with ethanol, most woman who drink ethanol in excess, and what is excess, I do not know, most women who do that are simply not poisoning themselves with alcohol, per se. They have a lot of other things in their own life situation that are problems.

A simple warning, saying, Madam, if you drink too much you will be in trouble, does not suffice to solve the drinking problem. One of the things that concerns me that Dr. Takamine alluded to is the possibility that warning labels which say "do not do it" will take the physician off the hook a little bit.

Senator RIEGLE. I do not think the sign says do not do it. The sign says there are risks involved, and you ought to assess and weigh those in reaching a judgment. I frankly, for the life of me, whether you do it in the form of a label, TV ads, both, otherwise, I really am left in the dark as to why imparting that information is somehow wrong, harmful, an invasion of privacy, too much government.

I must say I really have a hard time grasping what the concern is of seeing that people have some information that has a potential health impact so they can evaluate that before they wish to take action. I just do not understand. I guess we are just in different places.

Dr. MENDELSON. I suppose the way some of us might see that provision of information, as it might occur, is that it may in fact compromise, or detract from the real issue. Why does a pregnant woman, for example, motivated to abuse alcohol, and what can we do to help her.

The AMA, had to legislate alcoholism as a disease—that had to be passed, I gather, by the appropriate AMA legislative bodies not too long ago, some 30 years ago. So I think we have come a little step in the way of recognizing that people who drink too much, or eat too much, have problems which do not necessarily respond to warning labels.

Dr. BLUME. I think we are being thrown a red herring. That these labels are supposed to be a treatment for alcoholism is not true at all.

Their purpose is public information. But when you take a woman who is pregnant, or in that age range, and she does have a problem with drinking, she is at a time at which the motivation to have a healthy baby, which every woman has, might be very helpful. Seeing a label will not cure her of alcoholism, but it just may give her the motivation to go for help and stick with it.

This is what the public information background is meant to do. Someone who is having a drinking problem and pregnant has an intense need for help.

Senator RIEGLE. So in a sense it would be a way that a young woman who was having a child, was having difficulties, and reached for alcohol as an answer, would be perhaps reminded that it is not the answer, and might be motivated to seek treatment.

Dr. BLUME. Most alcoholics have drinking problems for a very long time before they go for help. It is often a specific situation, a crisis, something that happens in life that finally tips that balance, and in the pregnant woman, the concern for her fetus, is just that.

Dr. TAKAMINE. Lest we fall into the pitfall of just talking about alcoholic women, or women who have severe problems with regard to the FAS, since, as I said, and it has been said by many others, we don't know the given threshold for any given individual.

If we are going to raise the awareness of people as they start to change their attitudes, we have to give them information that this substance, has a high potential for causing birth defects; this would give women a very good reason to pause.

I think we would be derelict in talking of health education were we to believe that behavior is affected before information. I can't see anyway it would be counterproductive or stigmatize the woman.

This would be part of the physician's health program, or the paraprofessional's program, or whomever. Because, as you well know, the AMA joined with the American College of OBS-GYN last year in starting a program to get the doctors to get the patients in an ongoing continuum of health care. They would hear of the features of the fetal alcohol syndrome, resulting from the use of alcohol. They would also discuss better pre and post natal care.

That is ongoing. I hear things being said here today and I am reminded of something. H. L. Mencken once said, "That most Americans think that for every problem there is one solution" which is short, simple, logical and wrong.

I don't want us to fall into that trap. This is a whole mosaic. We may have different ways of going about it, but the ultimate is to get the best care to the people of America, no matter what modality.

Senator HUMPHREY. Dr. Mendelson, in your professional experience, is there anything to suggest that labeling will alert those who are prone to abuse alcohol, men, women or otherwise?

Dr. MENDELSON. We have had unexpected outcomes with respect to the educational process. As I pointed out, I honestly, as a rational individual, believe people should be informed and given all the information possible to help make enlightened decisions.

We do know in the drug programs—and I will not recount what in fact occurred when certain drug education efforts were taken into high schools and secondary schools and elementary schools. There are data to suggest that in those institutions where there was a minimum use of drugs before, there was an enormous accentuation of illicit drug use.

Some people have commented on why that occurred, but it happened. It is possible, within the range of possibility, that the appli-

cation of warning labels could in fact accentuate use; that is, kids will challenge it.

I don't know about that. But what I do feel is that education about a substance's use or misuse, unfortunately—and I stress unfortunately—doesn't appear to have as good an impact as those who frame those ideas would like it to have.

Someone told me from the Harvard School of Public Health recently that if we were to find the cure to cancer for all of us, that might mean an extension of life for 2 or 3 years. If we were able to solve the problem of obesity in the United States, that would extend our life-range for about 8 years.

We all know what the harm of overindulgence is. So I am not as sanguine as some about the promotion of health information, and that having an impact on lifestyles.

Senator HUMPHREY. Dr. Takamine, in your professional experience with individual alcoholics, do you feel any of these men, women, or teenagers, would have been deterred by such a warning label?

Dr. TAKAMINE. I don't know, Senator. There are a lot of stories about alcoholics; that they don't get deterred by anything. Once they are hooked by the drug and, have the dependency, they just go on and on.

What turns them around in many cases, we just don't know. I can't say they would have been deterred. I don't know.

Senator HUMPHREY. That is all.

I would like to have the right to submit further questions, Mr. Chairman.

Senator RIEGLE. We will have some questions for you for the record.

Let me again thank you for your testimony and for your work in this field. We will have further chances to talk and think together.

The committee stands in recess.

[Whereupon, at 2:15 p.m., the subcommittee adjourned.]

