

The Ethics of Affiliation

The Relationship between Alcohol, Tobacco and Other
Drug Prevention Agencies and the Alcohol, tobacco and
Pharmaceutical Industries

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Executive Summary: The Ethics of Affiliation

The Ethics of Affiliation summarizes the work of 33 professionals who attended a policy forum titled *Building a Solid Foundation: A Symposium on Ethics in Prevention*. The symposium was conducted to examine the relationship between alcohol, tobacco and other drug (ATOD) prevention agencies and the alcohol, tobacco and pharmaceutical (ATP) industries. Throughout the event the participants were deeply engaged in discussing the ethical issues surrounding the funding and management of prevention programs and the circumstances under which program administrators may be tempted to accept ATP monies – circumstances such as, the competition for shrinking financial resources that support substance abuse prevention programs.

The scarcity of resources could act as a catalyst for many substance abuse prevention agencies to begin to look for non-traditional funding sources. The question of ethics arises when the standards and goals of the substance abuse prevention agencies are compromised due to their monetary or other (than funding) relationships with industries that harbor interests contrary to those held by the prevention community. The stated goals of the policy forum were to:

1. Identify the ethical and professional practice issues involved in the question of accepting funds from the alcohol, tobacco and pharmaceutical industries to support prevention programs and services.
2. Identify the ethical and professional practice issues involved in other (than funding) areas of affiliation and collaboration with the alcohol, tobacco and pharmaceutical industries.
3. Seek areas of consensus that could constitute guidelines and recommendations on the management of the interface between prevention programs and the alcohol, tobacco and pharmaceutical industries.

It is often assumed that a relationship between ATOD prevention agencies and the alcohol and tobacco industries is unlikely because of the potential conflict between agency and industry missions. It was under this premise that policy forum participants engaged in a discussion that compared the core interests of the ATP industries with the interests of the prevention field and public health and safety institutions. Participants worked to identify areas where there may be common ground, however, participants soon realized that there are very few areas in which public interest and the alcohol and tobacco industries share a common goal. It is important to note however, that participants felt that there might be some shared goals between pharmaceutical companies and prevention agencies. An example of this is the collaboration of pharmaceutical companies and prevention organizations to stop the abuse of prescription drugs by the elderly.

Participants were asked to use an ethical decision making model to assess the amount of harm that could be caused by creating an alliance with the alcohol and tobacco industries. The majority of participants found that significant harm would befall service consumers, individual workers, agencies, the professional field and the community as a whole if alliances with these industries were formed.

Participants worked together during round table discussions to answer five questions related to the appropriateness of accepting funds from ATP companies to be used in prevention programming and the circumstances surrounding other types of collaboration. Participants discussed the role that ATP representatives should and should not be allowed to play in decision-making positions on prevention agency boards and advisory councils.

The final question asked participants to make recommendations about what guidelines prevention agencies should follow in their potential relationships with the ATP industries. Participants made the following three recommendations:

1. Prevention agencies should educate themselves about the history of the ATP industries in the United States and where the interests of these industries may conflict with or align with prevention agencies. More specifically, these agencies should review some of the historical strains that have existed between ATP companies and the fields of substance abuse prevention and treatment.
2. Administrative and fiscal agents of prevention programs need to be educated about the problems that can arise in the relationship between prevention agencies and ATP companies. There needs to be a high level of value congruence on these issues from the bottom to the top of prevention agencies.
3. Prevention agencies should develop a foundation upon which they can make ethical decisions regarding their relationship with the ATP industries. This foundation is made up of a clear mission statement, the delineation of core values of the organization, and the development of an agency code of ethics whose standards can help delineate acceptable and unacceptable prevention partnerships. This foundation needs to be in place BEFORE the issue of accepting funds from, or collaborating with, ATP companies arises.

The policy forum was an initiative to engage the substance abuse prevention field in conversations regarding the critical ethical issues that will ultimately affect prevention programs. This paper was developed to outline possible guidelines and solutions to this important ethical issue as well as act as a catalyst for further action regarding this issue.

The Ethics of Affiliation

The Relationship between Alcohol, Tobacco and Other Drug (ATOD) Prevention Agencies and the Alcohol, Tobacco and Pharmaceutical (ATP) industries

I. Introductions

During the past 25 years, the concerns about the relationship between the alcohol, tobacco and pharmaceutical (ATP) industries and ATP-related research, publications, and public health initiatives have intensified. (For samples, see: Mason, 1993; Edwards, et. al., 1996; Babor, et. al., 1996; Perkins, 1997; Hurt, 1997) Particularly contentious has been the debate over the question of whether it is ethically appropriate for alcohol, tobacco and other drug (ATOD) abuse prevention agencies to accept funds from or otherwise collaborate with the ATP industries. This paper will summarize the work of more than thirty prevention professionals brought together to look specifically at the ethical issues involved in this question. We will begin by setting this issue in its historical context.

A. Historical Background: A Synopsis

The strain between institutions whose primary goal is the manufacture, distribution, promotion and sale of psychoactive drugs and institutions whose goal is to control, reduce or eliminate particular patterns of psychoactive drug use is deeply rooted in American history. This strain emerged following an era (1780-1830) that saw a dramatic increase in per capita alcohol consumption. Alcohol as “Good Creature of God” and the tavern as a central colonial institution gave way to “Demon Rum” and the emergence of the saloon as a threat to community stability and morality (Rorabaugh, 1979). It was in this era that the concept of addiction was born in America and that an emerging temperance movement began to encourage Americans to moderate their relationship with alcohol. When these efforts to moderate community drinking standards were perceived to be failing, the temperance movement shifted its methods from “moral suasion” (education) to advocacy of legal prohibition of the sale of alcohol (Levine, 1978). By the mid-19th century, the forces of alcohol promotion and alcohol prohibition were waging open battle with one another to shape the role of alcohol within the American culture. The 19th century also saw growing concern about the use of drugs other than alcohol. There were sporadic anti-tobacco campaigns (often led by temperance organizations) and there were conflicting efforts to both promote and control opium, morphine, cocaine, and chloral hydrate.

The temperance organizations that fueled anti-alcohol and anti-tobacco legislation at local, state and national levels viewed the alcohol and tobacco industries with such antipathy that the idea of soliciting or accepting funds or otherwise cooperating with these industries would have been unthinkable on moral as well as ethical grounds. This was not necessarily the case with late-19th and early 20th century treatment institutions. Many of those who advocated the creation of specialized institutions for the treatment of alcoholism called upon the state to allocate a portion of the alcohol tax revenues to support alcoholism treatment. The Chicago Washingtonian Home, for example, received 10% of a saloon tax until alcohol interests were successful in getting the law that provided such support declared unconstitutional. Treatment institutions in the era advocated that alcoholism treatment should be subsidized by the alcohol industry.

The principle upon which this support was advocated was a simple one: “Every business should be obligated to provide for the accidents which grow out of it.” The strain between inebriate homes and asylums who wanted laws allocating a portion of alcohol revenue to treatment and the manufacturers, distributors and sellers of alcohol who resisted such taxation began in the mid-19th century as does the practice of some treatment institutions receiving support indirectly (through state and municipal governments) from the alcohol industry (White, 1998).

During the decades that preceded and spanned national prohibition of alcohol, antagonism between “Wets” and “Drys” became so polarized that the idea of any cooperation let alone accepting funds from the alcohol industry would have been unthinkable. But the repeal of prohibition opened up opportunities to redefine the relationship between alcohol organizations and prevention and treatment organizations. While Wet and Fry forces were still clearly identifiable, there was a growing desire to escape this dichotomy. Alcohol representatives were ever present in post-repeal meeting about alcohol problems and it is during this period that we see the first direct relationships between the alcohol industry and what today would be defined as prevention agencies.

Finding middle ground between Wet and Dry interests was not an easy task. Everett Colby organized the Council on Moderation to prevent alcohol misuse and to promote responsible use of alcohol. The organization solicited funds from both the alcohol industry and from post-repeal temperance groups but failed to sustain itself financially when it was viewed as too dry by Wet interests and too wet by Dry interests (Roizen 1991b). The post-repeal period in America witnessed the founding of Alcoholics Anonymous in 1935 and the rise of a “modern alcoholism movement” out of which emerged some of the core beliefs and the organizational infrastructure of 20th century prevention and treatment agencies. The story of the modern debate about the ethics of affiliation between alcohol organizations and prevention organizations begins in this era within the Research Council on Problems of Alcohol (RCPA).

The RCPA, from its inception in 1937, brought together some of America's leading scientists to study alcohol problems and to make recommendations of how such problems could be best resolved. Following a two-year struggle to get funding, the RCPA resolved to focus, not on alcohol, but on alcoholism. Where RCPA leaders believed the former would preclude accepting money from the alcohol industry, they felt the latter focus would allow them to ethically accept contributions from the alcohol industry. While the RCPA did accept funds from the alcohol industry following this 1937 decision, the decision generated considerable controversy and funds from the alcohol industry were never large enough to really launch substantial research or educational efforts. In the face of continued struggles and criticism, the RCPA folded in 1949 (Roizen, 1991c).

Two other relevant milestones come from this period. The Yale Center of Alcohol Studies and the National Committee for Education on Alcoholism provided the core of national leadership to de-stigmatize alcoholism and launch the creation of grassroots prevention and treatment efforts. Formally organized in 1943 by E.M. Jellinek, the Yale Center, while being highly critical of RCPA for accepting alcohol industry funds, itself accepted funds from the alcohol industry-donations masked behind the fine distinction between contributions to the university versus contributions to the Center of Alcohol Studies. Yale's actions raised another ethical dimension: the failure to publicly disclose a financial connection to the alcohol industry. A second story comes from the National Committee for Education on Alcohol (NCEA) which was founded in 1944 by Marty Mann. NCEA experienced enormous financial struggles just to stay alive during much of its early history and did accept contributions from the alcohol industry until its later recognition that this practice could compromise the organization's judgment on key alcohol-related policy issues (Roizen, 1991a; Johnson, 1973; NCADD, 1991).

We do not know the total amount of funds the alcohol industry provided to RCPA, Yale and NCEA, the timing of these contributions, nor the effect such contributions had on the policies of these organizations or the extent to which the reputations of these organizations may have been damaged by these decisions. It does not appear that the industry acted with "one voice and one checkbook" during this or subsequent periods. There does not appear to have been any unified strategy, as this funding appeared more haphazard and piecemeal than conspiratorial. This is not to say there was no influence, e.g., liquor-industry representatives dislike constant references to alcoholism – a disorder named after their product – and were successful in getting RCPA to use their preferred term, "problem drinking." (Room, 1978)

Many national and local prevention and treatment agencies followed NCEA's lead in accepting funds from the alcohol industry, and industry representatives continued to participate in national and local alcohol/alcoholism councils in the middle decades of the twentieth century.

Advocates of newly emerging alcoholism treatment programs between 1950-1975 again asked that some portion of alcohol taxes be allocated to support alcoholism treatment. Some states concurred while others ran voluntary fund-raising efforts in bars to support alcoholism treatment. (Michigan's campaign asked for contributions in bars under the banner, "Give the price of a drink to the victim of drink.") Whether through tax revenues or voluntary contributions, these dollars went to state or municipalities that in turn directed the funds to support local treatment programs.

During the 1980s, a number of grass roots advocacy and prevention organizations were created around special issues or special populations. Mothers Against Driving Drunk (MADD) was founded by Candy Lightner and was followed by groups like Students Against Drunk Driving (SADD), Remove Intoxicated Motorists (RID), Alliance Against Intoxicated Motorists (AAIM), and Boost Consciousness Concerning the Health of University Students (BACCHUS). Many of these groups accepted funds from the alcohol industry during their founding years but later reversed this position and refused to accept such contributions. The acceptance of funds by prevention agencies during the 1970s and early 1980s was done with little awareness by board members or staff of the potential conflicts surrounding the acceptance of such practices. That awareness dramatically increased in the 1980s and 1990s.

In 1983, the Center for Science in the Public Interest released its influential report, *The Booze Merchants: The Inebriating of America* and a follow-up report, *Marketing Booze to Blacks*. These studies documented the aggressiveness with which the alcohol industry had targeted, and were continuing to target, youth, women, people of color, and heavy drinkers via industry marketing campaigns. Such studies stirred debate within the prevention field regarding how prevention organizations could collaborate with agencies that put their own corporate profit above that of the public welfare. This debate intensified when groups like the Partnership for a Drug-Free America accepted contribution from tobacco companies.

In 1994 James Mosher and Ellen Frank conducted a study on the impact of not-for-profit agencies accepting or refusing to accept money from the alcohol industry. They found that agencies that refused such moneys were more likely to support public health measures controlling alcohol (including restrictions on alcohol industry marketing practices) than were organizations that accepted money from the alcohol industry. More specifically, agencies that received money from the alcohol industry were less likely to support administrative licensure revocation for drunk driving; lowering blood alcohol content driving impairment laws; product warning labels and health warning ads.; bans on alcohol billboards, restrictions on sales of alcohol in gas stations, grocery stores, movies, and sports events; and limitations on density of alcohol sales outlets (Mosher and Frank, 1994; *Paying the Piper*, 1996).

In 1995, the National Association of Prevention Professionals and Advocates (NAPPA) released an issue paper on “Prevention Program Funding from Controversial Sources.” The paper did not take a definitive position on the question of prevention programs accepting funds from the ATP industries but did suggest questions that programs should consider in making such a decision, e.g., the motivation of the funder, potential injury to agency reputation, threat to other sources of agency funding, and conditions of funding that may interfere with freedom of agency action (NAPPA, 1995).

The fact that issues were raised about the ethics of prevention organizations accepting money from alcohol companies does not mean that there was clear agreement on this issue. The debate about the appropriateness of accepting such funds left organizations like the National Organization of Student Assistance Programs and National Association of Leadership for Student Assistance Programs (NALSAP) on completely opposite side of this issue, with NOSAPP accepting funds from the alcohol industry and NALSAP refusing to accept such funds (Hicks and Hammond, 1990).

The broader issue of how prevention organizations should relate to ATP industries was heightened in the 1990s when 1) representatives of the major tobacco companies stood before Congress in 1994 to deny that a) tobacco (nicotine) is addictive, b) addiction has a causal relationship to smoking, and that c) the tobacco industry targeted youth in their marketing campaigns, 2) subpoenaed internal documents from tobacco companies revealed that the industry was long aware of nicotine’s addictive properties, understood the cigarette as a drug delivery device, manipulated nicotine levels via genetically altered tobacco, and consciously targeted young people (as young as 12) in their advertising campaigns, and when 3) a proposed “tobacco settlement” included provisions through which the tobacco industry would contribute millions of dollars toward the prevention of tobacco use among young people. The intensified debate about how prevention agencies should relate to what was being viewed as increasingly predatory alcohol and tobacco industries stirred heated debate among board members and staff of local prevention agencies.

Three trends are evident in the brief history; First, prevention and treatment organizations tend to accept funds during their organizational birth and emergence only to later reject such contributions and relationships as they move into organizational maturity. This suggests that ethical sensitivities evolve as professional fields mature and as their financial infrastructures become more stable. Second, there seems to be distinctions between the ethics of accepting money directly from the alcohol industry versus accepting money from the alcohol industry that has been routed through an independent governmental or public health body. Third, ethical sensitivities regarding organizational affiliation and acceptance of contributions have evolved dynamically through the 20th century. The trend has been from one of little awareness or regard for the ethical implications of such relationships to growing concerns that there are serious problems inherent in such relationships.

B. Current Concerns and Issues

The organization and funding of prevention services continues to lack consistency and reliability. As ATOD prevention initiative (and organizations) come and go, the very desperation to initiate and sustain some of these efforts increases the likelihood that prevention agencies find themselves operating on the boundary of ethical appropriateness in both their collaborative relationships and the sources of their funding. Prevention agencies need a clear understanding of the ethical issues involved in such affiliations and clear ethical guidelines to define when, and when not to, enter into relationships with other organizations. It was in this context of heightened concern and debate about ethical issues regarding the relationship between the ATP industries and prevention organizations that a policy forum was hosted by Prevention First, Incorporated. The aim of the forum was to create opportunity for discussion and formulation of recommendations for how local prevention agencies should best respond to these issues.

C. Policy Forum: Goals, Participants

Prevention First, Inc. proposed to coordinate a meeting of executive level prevention professionals to define the critical ethical issues in funding and managing prevention programs. The event titled “Building a Solid Foundation: A Symposium on Ethics in Prevention,” sought to bring together a group of individuals representing a variety of disciplines, who have an interest in the issues of funding of substance abuse prevention programs. The stated goals of the policy forum were to;

1. Identify the ethical and professional practice issues involved in the question of accepting funds from the alcohol, tobacco and pharmaceutical industries to support prevention programs and services.
2. Identify the ethical and professional practice issues involved in other (than funding) areas of affiliation and collaboration with the alcohol, tobacco and pharmaceutical industries.
3. Seek areas of consensus that could constitute guidelines and recommendations on the management of the interface between prevention programs and the alcohol, tobacco and pharmaceutical industries.

The intent of symposium organizers was to keep the number of attendees to a minimum so that all participants could be actively engaged in the discussion. In accordance with the desire to limit the number and scope of participants, registration for the event was by invitation.

Invitations were sent to individuals in a number of disciplines to ensure that persons from a variety of professional backgrounds were in attendance. The disciplines of government, medicine, substance abuse prevention, mental health, youth service and education were represented at the meeting.

Although the majority of invitations were sent to the recognized leader of the prevention field in Illinois, an effort was made to include individuals from other states. In order to capture the perspectives of prevention leaders from across the nation, invitations were sent to prevention professionals who are a part of the National Prevention Network (NPN). Four states including, Arkansas, Ohio, Wisconsin and Illinois were represented at the symposium.

There were a total of 33 participants who contributed their time and energy to the task of discussing the possible implications that accepting funds from the alcohol, tobacco and pharmaceutical industries may have on their programs. The following is a list of professionals who contributed to this paper through their work at the policy forum.

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| Laura Mann Abraham InTouch Coordinator Kenneth W. Young Centers Elk Grove Village, IL | Dody Chang Bilingual Training Specialist, Prevention First, Inc. Chicago, IL |
| Karel Ares Director of Training and Instructional Development Prevention First, Inc. Springfield, IL | Ramiro Chacon Community Organizing Supervisor Youth Service Project, Inc. Chicago, IL |
| Patricia Berry Preventionist, Chestnut Health Systems Maryville, IL | Philinda Coleman Prevention Coordinator, Mental Health Association in Illinois Chicago, IL |
| Joanne Bieschke Assistant Director, Cook County Sheriff's Youth Services Dept. | Laurel J. Dahl Prevention Administrator NICASA Round Lake, IL |
| Stephen Braunginn Deputy Director, Wisconsin Clearinghouse For Prevention Resources Madison, WI | Theresa Davis Breaking Free Naperville, IL |
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| Brooke McMillin Program Director, Youth Network Council/ICOY Chicago, IL | Gary Seelbach Executive Secretary, Community and Residential Services Authority Springfield, IL |
| Jennifer Orban Assistant Director, IAODAPCA Springfield, IL | Myrna Torres Bilingual Training Specialist Prevention First, Inc. Chicago, IL |
| Albert Orsello CEO, Prevention Partnership, Inc. Chicago, IL | Gail Wells Chicago Housing Authority/CADRE Chicago, IL |
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The symposium began with a historical perspective of the ethical issues surrounding the interface between the alcohol, tobacco, and pharmaceutical (ATP) industries and the prevention field. Participants were then led in a discussion that compared to core interests of the ATP industries with the interests of the prevention field and public health and safety institutions. Using an ethical decision-making model, participants assessed the amount of harm that could be caused by creating an alliance with the ATP industries.

The afternoon session of the symposium consisted of round table discussions during which participants worked together to answer 5 questions related to the appropriateness of accepting funds from ATP companies to be used in prevention programming and the circumstances surrounding other types of collaboration. Participants also discussed the role that ATP representatives should and should not be allowed to play in decision-making positions on prevention agency boards and advisory councils. Lastly, participants were asked to make recommendations about what guidelines prevention agencies should follow in their potential relationships with the ATP industries.

Throughout the event the 33 participants were deeply engaged in discussing the ethical issues surrounding the funding and management of prevention programs and the circumstances under which program administrators may be tempted to accept ATP monies. The discussions that occurred have been summarized in the pages that follow.

It is important to note that during much of their discussion participants made a distinction between accepting money from the pharmaceutical industry and accepting funding from the alcohol and tobacco industries. Participants were more inclined to concede that it was acceptable to take direct funding from pharmaceutical companies than from the alcohol or tobacco industries. The reason for this distinction is that many participants felt that the mission and goals of the pharmaceutical industry were more congruent with those of the prevention field. Because of this distinction specific mention of the pharmaceutical industry has not been noted in portions of the following participant discussion summaries.

II. The Ethics of Affiliation: General Analysis of Ethical Issues

A. Two Industries: Mission Compatibility versus Mission Conflict

The discussion of ethical issues in affiliations between prevention organization and ATP organizations began with a discussion of the missions of the two industries. The premise of this discussion was that prevention agencies should enter into financial and programmatic collaborations only with organizations whose missions are compatible with their own. Mission congruity can help prevention organizations, through their partnering relationships, avoid problems of “double agency”: pledging loyalty to one party (the community) while knowingly or unknowingly making decisions that serve the interests of another party (the alcohol industry).

When comparing the missions of the alcohol and Tobacco (AT) industries to that of the prevention field, many areas of potential conflict were identified. Perceived areas of similarity and differences regarding institutional goals included the following.

Who consumes AT Products?

The AT industries have historically sought to expand their markets by lowering legal age of consumption and by targeted marketing to special populations: youth, women, people of color, and heavy drinkers; the prevention field has sought to constrict overall consumption, raise the legal drinking age, and to focus prevention efforts toward many of the same populations targeted by AT industries.

Where AT products can be purchased/used

The AT industries have sought to expand the number and variety of culturally approved places to purchase and use AT products while the prevention field has sought to constrict the number and variety of such places.

Quality Control

Both the AT industries and the prevention field have supported some degree of quality control to reduce product adulteration of licit substances.

Product Labeling

The AT industries have opposed product labeling while many prevention organizations have supported truth in labeling and mandatory health warning labels.

Product Potency

The AT industries have expanded their markets by both increasing and decreasing doses of alcohol/nicotine in their products. Lowered potency has been aimed at expanding the AT market by catering to broader consumer taste and by responding to consumer health concerns.

AT industries have also increased product potency to maximize drug effects, to enhance brand identification and to reduce the probability of maturing out (through increased odds of physical addiction). Prevention advocates have long attacked high potency products such as 100+ proof distilled spirits, fortified wines and high alcohol-content malt liquors.

Unit Dose of Product

AT industries have provided products that tend to mask drug dependency behind ever increasing dose sizes, e.g., ever lengthening cigarettes, 40 oz. Beers-a practice bitterly attacked by many prevention organizations.

Event/Daily Dose

AT industries have worked to weaken cultural definition of “excessive” while prevention organizations have tried to limit dosage of use per episode both as a means of lowering threats to public safety (drunk driving) and as a means of reducing personal and social costs that rise progressively with lifetime dose. The alcohol industry has lobbied against lowering level of legal intoxication to .08 – a measure strongly supported by most prevention and public safety advocates.

When Use Occurs

AT industries have attempted to increase use by normalizing use in ever-expanding times and circumstances (e.g., champagne brunches, “Put a little weekend in your week.”) while prevention organizations have sought to reduce daily/lifetime dose and to disentangle alcohol and tobacco from cultural rituals, (e.g., sober proms/graduations; “First Night Celebrations”).

Perception/Promotion of Product

AT industries have aggressively sought to glamorize and promote their products while prevention organizations have sought to de-glamorize these products. AT industries have bitterly fought prevention efforts to define their products as drugs (and potentially addictive drugs).

Illicit Markets

Both the AT industries and prevention organizations have voiced strong opposition to illegal drug markets (both illegal [untaxed] sales of AT products and sales of legally prohibited psychoactive drugs).

Product Taxation

The AT industries strongly oppose efforts to increase AT-related taxes while many preventionists support increased AT-related taxation as a way to lower per-capita use and particularly use among young people.

ATP-related Injuries and Fatalities

The AT industry has sought to reduce A-related morbidity and mortality but in ways that don't damage the image of their product or its profitability, e.g., low tar cigarettes, filters, "know when to say when" campaigns, non-alcoholic beer. The prevention field has been quite aggressive in its efforts to reduce AT-related morbidity and mortality, e.g., educational programs on harmful effects of smoking, drunk driving, FAS, etc.

ATP-related Social Costs

The AT industries tend to deny the reality or scope of AT-related social costs whereas the prevention field has been a strong advocate of research and public education related to such social costs. Many prevention programs are also designed to specifically lower personal and social costs of AT use, e.g., FAX/FAE educational campaigns, server training.

Paraphernalia

The AT industries have long used images and logos as marketing devises for their products while the prevention field has attacked many such products and images (Joe Camel) for their use in the targeting of vulnerable populations.

Heavy Use

Where heavy use is a core of AT industry profits, the reduction of heavy use is a major goal of many prevention initiatives.

Alcoholism

The alcohol industry has been quite concerned about the damage alcoholism could do to its product's image but has been reasonably comfortable with a view of alcoholism as a disorder not caused by their product but by the unique biological vulnerability of a small population of drinker. There is potentially much greater goal incongruence between the alcohol industry and the prevention field in the arena of alcohol abuse than the arena of alcoholism.

B. What gains are possible in this relationship?

Given the large number of areas listed above in which the goals or methods of the AT industries are in direct conflict with those of the prevention field, one must ask: Why would any prevention agency want to enter into a direct relationship with AT companies? When posed with that question, prevention program representatives quickly answered, "Money!" but were hard pressed to find any other benefits of such collaboration. The only other benefits noted were convincing the alcohol industry that preventionists weren't all "neo-prohibitionists" and the potential to influence AT companies to assume more responsible marketing practices. Discussion of this latter point, however, emphasized that the David-Goliath nature of any such relationship would make improbable any such influence on AT corporate policies.

When asked what AT companies could expect to get out of giving money to ATOD prevention organizations, prevention workers perceived varied motivations for such contributions: 1) tax write-offs, 2) the ability to monitor and anticipate prevention strategies, 3) the ability to manipulate prevention agendas toward programs least threatening to the industry, 4) improved public image, and 5) suppression of effective prevention messages.

C. What harm could unfold from this relationship?

The questions of what harm could unfold and who could be harmed as a result of prevention agencies entering into collaboration with AT industries triggered lively debate at the policy forum. It was generally agreed that the ethical question of potential harm involved multiple parties: individual prevention consumers, the community or society as a whole, individual prevention workers, prevention agencies, and the broader prevention field. It was argued that the potential harm to each and all of these parties needed to be carefully evaluated, as part of any decision to accept funds from the ATP industries.

D. Universal Values and the Question of Affiliation

Policy Forum participants were asked to review a list of universal values that tend to be consistently reflected in the values of professional helpers and to identify which of these values were relevant to the discussion of the relationship between prevention programs and the ATP industries. The universal values reviewed included the following:

Autonomy (Freedom over one's own destiny)
Obedience (Obey legal and ethically permissible directives)
Conscientious Refusal (Disobey illegal or unethical directives)
Beneficence (Do good; Help others)
Gratitude (Pass good along to others)
Competence (Be knowledgeable and skilled)
Justice (Be fair; distribute by merit)
Stewardship (Use resources wisely)
Honesty and Candor (Tell the truth)
Fidelity (Keep your promises)
Loyalty (Don't abandon)
Diligence (Work hard)
Discretion (Respect confidence and privacy)
Self-improvement (Be the best that you can be)
Nonmaleficence (Don't hurt anyone)
Restitution (Make amends to persons injured)
Self-interest (Protect yourself)
(Source: Reproduced from White, 1993)

This portion of the Policy Forum discussions focused on four primary concerns.

1. The *freedom and autonomy* of prevention organizations to advocate on key alcohol policy questions could be undermined by financial linkages with and potential financial dependence upon organizations that manufacture, distribute, market and sell ATP products.
2. The values of fidelity and loyalty demand that prevention organizations not weaken their fiduciary promise to serve their communities. Forum participants expressed fears that this promise could be compromised for personal/institutional self-interest via acceptance of money from the ATP industries.
3. There was concern that accepting money from ATP industries in support of prevention initiatives could potentially do more harm and injury to the community than the good that could be potentially achieved through such monies. In short, there are potential iatrogenic effects from collaborations that undermine the prevention message and inadvertently empower ATP companies to more effectively promote their products. (*Nonmaleficence*)

4. Soliciting/Accepting funds from ATP industries, while helping prevention organizations in the short run, could injure these same organizations in the long run. (*Self-interest*)

III. Policy Forum Questions, Issues and Recommended Guidelines

A. Should community-based prevention agencies accept funds that come directly from AT companies?

Of the five focus groups, four reached clear consensus that it was never acceptable for a community-based prevention agency to accept funds directly from AT companies. The primary expressed concerns were: 1) that the ability of the agency to fulfill its prevention mission could be compromised as a result of damage to its reputation and credibility resulting from perceived collusion with AT interests, and 2) that acceptance of such funds, by masking company policies and practices that undermined public health, could contribute to a positive image of AT companies. It was contended in these discussions that the potential for damage to prevention agencies from such relationships was minimized by the public's lack of knowledge about objectionable AT company practices such as the conscious targeting of minors in their advertising campaigns. However, with recent disclosures of such practices, public opinion of these companies and those who collaborate with them has rapidly shifted. There was particular concern that financially strapped prevention agencies because of their fiscal vulnerability might unconsciously shape prevention policies and practices to avoid conflict with their AT benefactors and, as a result, weaken the effectiveness of prevention programs.

The one focus group that believed accepting funds from AT companies was sometimes acceptable, defined the following four conditions under which the acceptance of such funds would be acceptable:

- The history of the particular AT company and its current operating principles would not pose a gross conflict with the prevention message of the agency.
- AT representatives would not receive access to policy-making positions on the prevention agency's board as a result of their contribution.
- The AT company would not be able to impose restrictions on what could and could not be done within the prevention activities of the agency.
- The AT company's name would not appear on any prevention programs materials distributed to the community.

B. Should community-based prevention programs accept AT dollars that are routed through an independent public health authority?

There was considerable disagreement regarding this proposition. One focus group took the position that prevention agencies should never accept AT funds under these circumstances. They argued that all such contributions or levies on the AT industry should be devoted to media-based public service campaigns that could offset the promotional activities of the AT companies. There was a concern that by filtering token amounts of funds to local prevention efforts, the AT industries could avoid broad environmental strategies that could threaten their financial interests. A second group argued that AT funds coming through an independent public health authority would always be acceptable and that such arrangements would become commonplace in the future with the growing propensity for “sin taxes” and negotiated settlements of lawsuits targeting the AT industries.¹ Three focus groups felt that accepting AT dollars through an independent public health authority would be acceptable if:

- The money comes in the form of institutional restitution (tax/legal settlement) rather than a gift from AT companies.
- The source of the money and the mechanism through which it is delivered is openly communicated (not kept secret) from the community.
- The money supported prevention policies and programs through guidelines developed by the public health authority and without the involvement and influence of the AT industry.

C. Should AT representative be allowed to sit in decision-making positions on prevention agency boards and advisory councils?

Four of the prevention focus groups took the position that it would never be acceptable to have AT representatives sitting on prevention agency boards or advisory councils. The groups argued that such inclusion would be impossible given what they perceived as inherent conflict of interests on issues that could come before such boards and councils, e.g., prevention representatives sitting on AT boards. The fifth group stated that, while including AT representatives on a prevention board would be unacceptable, that there might be roles for such representatives on advisory councils or on a specialized committee, e.g., drunk driving task force.

¹ Alan Markwood, an independent reviewer of this document suggested the following in reference to this issue:

“I would contend that the key distinction is not whether alcohol or tobacco money flows through an intermediary but, who controls the distribution of those funds. Taxation, in which an elected government makes the decisions of whether funds are raised as well as how they are spent, is qualitatively different than any other situation in which industry representatives own the decision to give, irrespective of who the money goes through for distribution. Taxation is ethically ‘clean’ vis-à-vis the industry. The only concern is the government unit becoming dependent on alcohol or tobacco taxes. The best protection against this is to earmark the proceeds of these taxes to ATOD prevention and treatment.”

D. Should prevention agencies collaborate with AT companies in the planning or delivery of prevention services, e.g., co-sponsorship of events, collaboration on prevention campaigns?

Four focus groups contended that collaboration with the AT industries would never be acceptable while one group suggested that such collaboration might be acceptable as long as there was an unequivocal no-use message for youth under age 21 and that all elements of the prevention message were supported by mainstream research. There was further criteria suggested to judge any such collaboration: “Can this arrangement pass the “60 Minutes” Test? What questions would Mike Wallace ask about this collaboration?” Those groups that universally opposed such collaboration felt that collaboration with the AT industries in local prevention activities would send a mixed message that would dilute the power and effectiveness of any prevention activity.

E. What other recommendations would you make to prevention agencies regarding their relationship with the ATP industries?

Focus group discussions of this question acknowledge that many prevention agencies had received funding from or otherwise collaborated with the ATP industries sometime during their history. It was further acknowledged that some prevention agencies, in a search for greater financial stability, were looking at ATP industries as a potential future funding source. Based on these realities, the focus groups made the following three recommendations.

1. Prevention agencies should educate themselves about the history about the history of the ATP industries in the US and where the interests of these industries may conflict with or align with prevention agencies more specifically, these agencies should review some of the historical strains that have existed between ATP companies and the fields of substance abuse prevention and treatment.
2. Administrative and fiscal agents of prevention programs need to be educated about the problems that can arise in the relationship between prevention agencies and ATP companies. There needs to be a high level of value congruence on these issues from the bottom to the top of prevention agencies.
3. Prevention agencies should develop and foundation upon which they can make ethical decisions regarding their relationship with the ATP industries. This foundation is made up of a clear mission statement, the delineation of care values of the organization, and the development of an agency code of ethics whose standards can help delineate acceptable and unacceptable prevention partnerships. This foundation needs to be in place BEFORE the issue of accepting funds from, or collaboration with, ATP companies arises.

IV. Where do we go from here?

It is undeniable that the controversy surrounding the relationship between the ATP industries and ATOD prevention agencies will continue for some time to come. We will most likely hear more and more discussions regarding shrinking resources for prevention programs, tobacco settlements, sin taxes, etc. It is becoming increasingly important for individual prevention agencies and the prevention field as a whole, to take a position on this issue. The following are some suggestions as to what next steps we, as a field, should take in order to continue to develop an ethical framework from which we practice our profession.

1. It is important that we continue to heighten ethical sensitivities in this arena. This can be achieved through orientation and training of prevention professionals. As was recommended by the policy forum participants, all sections of prevention agencies, including administrative staff and fiscal agents should educate themselves about the history of AT companies in the US, the potential conflict of interest and the problems that can arise from the acceptance of AT industry funding.
2. As a field, we must develop a collective model of ethical decision-making. This model must go beyond the ATP issue and address the whole spectrum of ethical issues that arise within the prevention arena. We need a body of ethics literature that is specific to prevention. Senior professionals must be encouraged to write about ethical issues, and to help the field formulate an ethical decision-making model and a casebook of ethical dilemmas faced in the prevention field.
3. We must develop, as a field and as individual agencies, ethical codes that can guide the field in constructing its relationship with ATP industries. It is important to move beyond aspirational values to operational standards of practice. We recommend that state prevention certification bodies push for the further evolution of codes of ethics that are tied to certification and we recommend that development of local agency codes of professional practice.
4. We recommend that each agency develop a clear statement regarding its position on the issues discussed in the paper, in order to have their policy in place prior to a time when these issues arise.
5. As a field, we should recommend that our state substance abuse and public health authorities explore how they might serve as the clearinghouse through which any funds from the ATP industries would flow. Authorities should develop guidelines regarding the acceptance and reallocation of funds to community agencies. This process would assure that the interests served by those funds would be those of the public at large and not exclusively those of a proprietary industry.

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6. Ethical sensitivities in prevention have evolved considerably throughout the 20th century. We must allow these sensitivities and standards to continue to evolve as we move forward as a culture and as we progress as a professional field. To assess the current status of those sensitivities and standards, we would call for a national prevention forum to specifically explore the issues addressed in this report.

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