

War mounts against cigarette, liquor ads

Billboard vigilante takes a swipe at alcohol advertising

By Deborah S. Pinkney
AMN STAFF

CHICAGO — The nattily dressed, 55-year-old doesn't look like a vigilante.

But on a recent rainy day, the soft-spoken, middle-class professional climbed a 2½-story building, using a precariously balanced house ladder. From the roof, he hoisted himself onto a spiked platform, cutting his hands and arms in the process. Then, in broad daylight, using large strokes drawn from a can of white paint, he "erased" a liquor ad from a 30-foot sign fronting a busy thoroughfare in the heart of the city's black community.

Though he "felt like Michaelangelo painting the Sistine Chapel," creative urges were not what drove him to commit a misdemeanor by whitewashing the sign and three smaller ones like it.

"I was incensed that outside influences can walk into our community and put up these negative messages while we sit idly by, doing nothing," said the man, who uses the pseudonym Mandrake, the name of a comic book magician who heroically "makes evil disappear."

While the problem won't vanish as smoothly as the print on a billboard sign, the issue of ethnic targeting of products with negative health consequences is one that won't soon fade.

Critics, in fact, appear to be making headway. As of May 1, a major advertiser of hard liquor will stop billboard marketing in minority areas. Schieffelin & Somerset Co. announced in early March that it would stop using bill-



DEBORAH S. PINKNEY/AMN

Too close for comfort

A Lowenbrau ad outside Marshall Metro High School on Chicago's West Side is one of several near the school promoting alcohol and tobacco products.

boards to market Johnnie Walker scotch and Hennessy cognac in low-income areas.

"Mandrake is a hero," said Alan Blum, MD, a family physician and founder of Docs Ought to Care, a national health promotion group founded in 1977. "The people who foment change are not those who sit on committees; it's people like Mandrake who say, 'Enough is enough.'"

Critics of "negative message" billboards say the issue transcends freedom of speech.

For example, a study released by Harold Freeman, MD, director of surgery at Harlem Hospital found that black men in Harlem had a shorter life span than the average man living in Bangladesh. He blamed alcohol and tobacco use in the minority community for lower life expectancy.

Concern is shared by community leaders nationwide who are outraged about the proliferation of alcohol and tobacco ads in black neighborhoods.

See **BILLBOARD**, page 50

Communities start own campaigns against tobacco ads

By Paul R. McGinn
AMN STAFF

CHICAGO — He still doesn't have a formal plan about how to restrict cigarette advertising. But when Whitney Addington, MD, mentioned a few weeks ago that he might back a ban on cigarette advertising, the president of the Chicago Board of Health

Lawmakers hit tobacco ad campaign. Page 58

touched off a fire storm.

Tobacco interests and advertising groups assailed him, asserting that such restrictions would violate the First Amendment right to free speech.

The clash occurred soon after Sen. Edward Kennedy (D, Mass.) introduced a bill that would allow municipalities and states to restrict cigarette advertising.

Current federal law bars state and local governments from enacting cigarette advertising restrictions more stringent than federal ones.

Although the Kennedy bill may have sparked public interest in restricting cigarette advertising, Chicago's Dr. Addington, and dozens like him, aren't waiting for it to pass. They believe they already have the legal authority to restrict such ads by way of their duty to further public health.

Their declaration of war on smoking is a fait accompli no matter what happens in Washington, D.C.

"We're going to try anything," Dr. Addington said. He predicted that he would have ordinances drafted and

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Studies suggest several links between HIV, substance abuse

By Sari Staver
AMN CORRESPONDENT

MIAMI — Despite a wide variety of education and prevention programs, new HIV infections continue to soar among drug abusers, sparking experts in AIDS and chemical dependency to scrutinize the links between the two.

Intravenous drug users who share needles have been linked with the spread of HIV since the beginning of the epidemic. Recently, however, there is increasing speculation that other substance abusers — people who drink alcohol or smoke crack cocaine, for example — may be more likely to engage in sexual activities that put them at risk of contracting HIV or accelerate the course of an existing infection. There are also indications that despite education, IV drug users continue to practice unsafe sex and needle behavior.

There have been no controlled clinical studies linking non-intravenous drug abuse to increased risk of AIDS. There is evidence, however, that in many cities, the rate of new HIV infections is still increas-

Bill views AIDS like natural disaster. Page 4

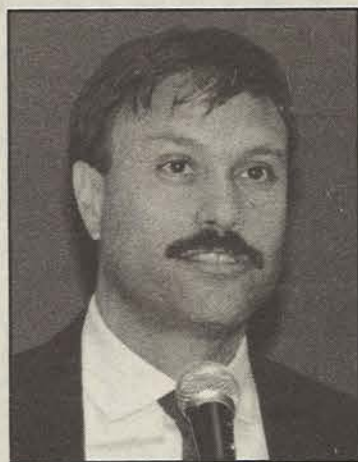
ing among substance abusers and their sexual partners, researchers reported at the American Society of Addiction Medicine's recent forum on AIDS and chemical dependency. This is particularly true among minorities living in inner cities, the researchers said.

The rate of new infections among gay and bisexual men has been drastically reduced, probably as a result of safe sex campaigns. But drug users have not been as quick to change unsafe behavior, either sexually or in needle use, conference attendees reported.

"Anecdotally, we all believe that drug abuse can be a co-factor" in the development of AIDS, "but we have no data to prove it," said Mel Pohl, MD, medical director of Pride Institute in Minneapolis, a drug and alcohol rehabilitation program for gay men and lesbians.

Stemming the tide of new infections among drug abusers will be an uphill problem.

Denial, a problem among



SARI STAVER/FOR AMN

Mel Pohl, MD

"We all believe that drug abuse can be a co-factor but we have no proof."

drug users, is also a problem among caregivers, said Dr. Pohl, who co-chaired the forum held in Miami last month. "Chemical dependence experts make believe AIDS is not a part of their practice, and AIDS experts pretend their patients don't suffer from chemical dependence."

The society has some 4,000 physician members, yet no more than 100 of the MDs have ever attended the annual AIDS forum, Dr. Pohl said. More than 200 MDs attended ASAM's nicotine conference "because people smoke in your face. But as far as AIDS goes, they're still in denial."

See **LINKS**, page 23

AIDS panel urges early therapy with low-dose AZT

By Sari Staver
AMN CORRESPONDENT

SAN FRANCISCO — An independent panel of AIDS experts has strongly recommended low-dose AZT therapy for some asymptomatic HIV-positive individuals.

The panel — clinical investigators, doctors, statisticians, and community representatives — developed recommendations for clinical practice following a recent state-of-the-art conference on AZT therapy for early HIV infection. The conference, held in Bethesda, Md., was sponsored by the National Institute of Allergy and Infectious Diseases.

The panel recommended daily dosages of 500 mg of AZT (zidovudine) for HIV-positive asymptomatics with CD4 lymphocyte counts lower than 500. The recommendations came just two days after the Food and Drug Administration approved new labeling for AZT to include patients with CD4 counts lower than 500. Previous label recommendations were for symptomatic patients with fewer than 200 CD4 lymphocytes or those diagnosed with AIDS.

Both the panel recommendations and FDA label change were based on two AIDS Clini-

cal Trial Group (ACTG) studies indicating AZT slowed the progress of AIDS when used at early stages of infection.

The panel offered recommendations on four major considerations in treating patients with early HIV disease: HIV antibody testing; immunologic evaluation and monitoring of immune status prior to initiating AZT therapy; initiation of therapy; and management of patients on AZT.

Availability of early medical treatment for asymptomatics should be a "major incentive" to determine the HIV antibody status of those at risk, the panel said. All persons believed — either by themselves or their physicians — to be at risk for HIV infection are urged to undergo risk assessment, with voluntary, confidential testing and pre- and post-test counseling.

Immunologic status is the "primary determinant" for initiation of AZT therapy, the panel said. It offered recommendations for monitoring:

■ When an HIV infection is diagnosed, a baseline CD4 lymphocyte count should be obtained. The CD4 count is the only laboratory marker that indicates when to initiate

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Tobacco

Continued from page 3

introduced in the Chicago City Council within two months. Restrictions under consideration vary from regulating the distance of cigarette billboards from schools to outright bans on cigarette advertising on billboards and signs on buses, taxis, and trains. Such bans, he insisted, would pass constitutional muster even if the Kennedy bill did not pass.

NOT SO, argued Thomas Lauria, a spokesman for the Tobacco Institute, the trade group that represents the nation's major cigarette manufacturers.

"It's censorship," charged Lauria, adding that any ban of tobacco advertising would endanger the First Amendment right of free speech.

"You don't have to be working for the tobacco industry to be worried about this community activist vigilantism," he said.

Anti-smoking activists, however, are quick to say that the tobacco industry has yet to put its money where its mouth is. Despite tobacco industry protests about threat of advertising restrictions to the First Amendment, tobacco companies have yet to file suit to challenge the constitutionality of some well-known cigarette ad bans.

THE MOST far-reaching ban so far — the one proposed for Chicago would affect even more people — is a long-standing law in Utah that bans public advertising of tobacco. The Utah law, enacted in 1923, bans tobacco ads on "any billboard, streetcar sign, streetcar, bus, placard, or on any other object or place of display." The law does not

apply to newspapers or magazines.

"This is not where we want to take our stand," said Lauria, citing the influence of Mormonism in the state and Utah's rank as the nation's lowest per capita consumer of cigarettes. "It's a unique state."

AN AMA attorney argued those arguments are superfluous. What's really at issue is legal precedent, he said. If tobacco companies lose over the Utah law, they fear losing all other cases against such ad bans.

"They're just not so sure they can win," he said. Any other argument against challenging the Utah tobacco advertising ban defies common sense, he added.

Tobacco interests don't always have to go to court to change anti-cigarette laws, however.

In Minnesota, for instance, a trade

group representing the vending machine industry has introduced legislation to ease curbs on vending machine sales of cigarettes in more than a dozen cities and towns, including Minneapolis, Bloomington, and Duluth.

In Bloomington and eight other cities — a cumulative population of 243,650 — the sale of cigarettes through vending machines is banned outright. Such sales would be banned within three years in Duluth.

In Minneapolis, cigarette vending machines are allowed only in factories and workplaces; in bars, if supervised; and in hotels, if there is a locking device.

The laws have been defended by anti-smoking activists nationwide as one of the best ways to deter minors from buying cigarettes.

"We wouldn't tolerate vending ma-

See TOBACCO, next page

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March 16, 1990

Tobacco

Continued from preceding page
chines for wine and beer," said John Slade, MD, an internist at the University of Medicine and Dentistry of New Jersey. "Why should we tolerate vending machines for cigarettes?"

The proposed pre-emptive vending machine law was scheduled for debate in Minnesota legislative committees this month. It would mandate that cigarette vending machines be "located within the immediate vicinity, plain view, and control of a responsible employee, so that all tobacco purchases will be readily observable by that employee" or "be operable only by activation of an electronic switch."

According to the language of the proposed state vending machine bill, it "supersedes any rule or ordinance of a local unit of government relating to the regulation of the location of vending machine sales of tobacco."

Proponents of the bill say it will protect the health of children while simultaneously preserving the livelihood of persons whose vending machine businesses are threatened by the municipal laws.

"What we are trying to do is make a vending machine sale of cigarettes more like an over-the-counter sale," said Bill Huepenbecker, an aide to the Senate sponsor of the bill, Commerce Committee Vice Chairman James Metzen, a

Democrat. Huepenbecker added an outright ban of all cigarette vending machine sales — which was unsuccessfully proposed in the legislature last year — was unrealistic.

The bill was submitted to the legislature by a group calling itself the Coalition for Responsible Vending Sales. The Secretary of State's office confirmed that the Tobacco Institute was not a member of the coalition. Tobacco Institute spokesman Lauria said, while the institute was "sympathetic" to passage of the law, it was not actively involved in lobbying efforts there. Neither the registered Tobacco Institute lobbyist for the Minnesota legislature nor the spokesman for the Minnesota vending coalition could be reached for comment before press time.

Minnesota anti-smoking activists, however, are incensed at what they believe is an attempt to by vending machine and tobacco interests to bully what they see as a grass roots movement.

"It's that's overriding arrogance of a state government that tells local people that they don't know what they're doing," said David Johnson. Johnson, program director for the Minnesota chapter of the Assn. for Non-Smokers, said that in cities where he testified for vending machine restrictions there was rarely any controversy about such laws.

"I have yet to be at a hearing where a smoker stood up to argue that his rights were being violated," Johnson said.



PAUL R. MCGINN/AMN

Restrictions predicted

Large cigarette ads such as this one would be banned if Whitney Addington, MD, the president of the Chicago Board of Health, has his way. "We're going to try anything," he says.

Billboard

Continued from page 3

Activists in Detroit, New York City, St. Louis, and other cities have taken up the issue.

They are joined by a growing list of public figures: U.S. Health and Human Services Secretary Louis W. Sullivan, MD, who blasted tobacco companies for designing new brands of cigarettes aimed at blacks, women, and young people, and legislators, such as U.S. Sen. Edward Kennedy (D, Mass.), who is pushing for tighter regulation of tobacco products.

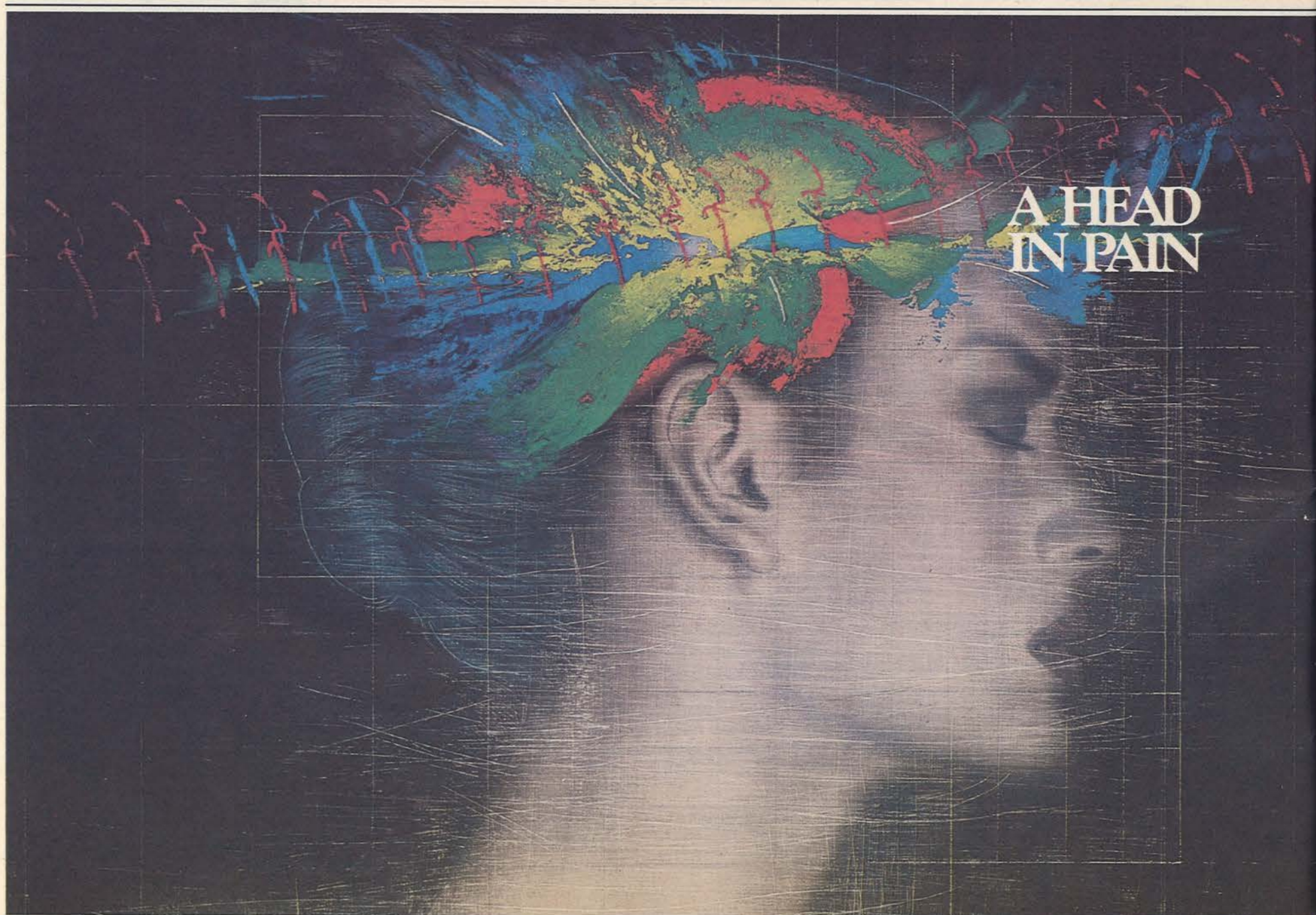
IN CHICAGO, despite industry guidelines that advise against it, billboards are frequently placed near churches, schools, parks, and playlots in black neighborhoods.

Teens at Marshall Metro High School on the city's West Side negotiate an obstacle course of signs touting Lowenbrau beer and Salem cigarettes on their way to and from school.

Several signs are directly across from the school, which is located in one of the city's poorest communities. All, except the back of one, are visible from the school's windows.

"They don't care," Mandrake said of local billboard companies. "There's no social consciousness."

Although Mandrake didn't know it at the time, the billboard he painted over on that wet, winter day faced a sub-



**A HEAD
IN PAIN**