

# On the Rocks: Fixing our Fractured Alcohol Policies

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# Disclosure Information (Required)

- ◆ Marlene C. Lira, MPH, DrPH (cand.)
  - ◆ No Disclosures
- ◆ Marissa B. Esser, PhD, MPH
  - ◆ No Disclosures
- ◆ Michael Marshall, BA
  - ◆ No Disclosures

# Learning Objectives

- ◆ Analyze and apply evidence-based alcohol policy strategies to real-world advocacy scenarios
- ◆ Identify concrete ways in which clinicians, researchers, and other addiction professionals can engage in policy advocacy
- ◆ Develop and deliver concise, persuasive policy messages using storytelling and media techniques

# Setting the Stage

## ☀ Why this workshop?

- ☀ Alcohol causes 175,000+ deaths/year, yet policies remain weak
- ☀ Clinicians and researchers are uniquely positioned to advocate
- ☀ Goals of Today: evidence, policy landscape, messaging, and tools to take action

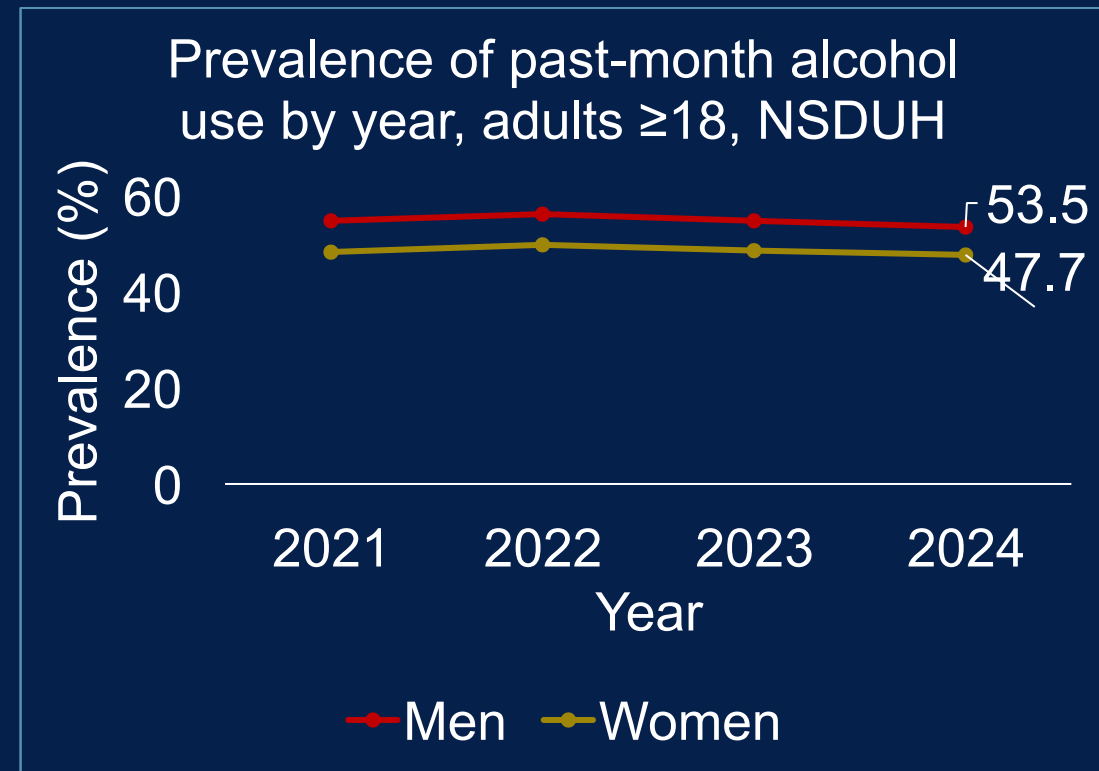
# Alcohol Use and Associated Harm in the United States

Marissa Esser, PhD, MPH



# Changes in US alcohol use

- ☀ Per capita alcohol consumption generally increased from 1990s to 2021
  - ☀ National decline through 2023, still higher than levels since 1988
- ☀ Stable prevalence of past-month adult alcohol use
  - ☀ 54% of men and 48% of women in 2024
- ☀ General declines in drinking among people under 21 for past two decades



NSDUH: National Survey on Drug Use and Health



# Group discussion:

## Terminology on alcohol use

- ☀ What do these various terms really mean? Which do you hear most often?
  - ☀ Alcohol misuse
  - ☀ Excessive alcohol use
  - ☀ Harmful alcohol use
  - ☀ High-risk alcohol use
  - ☀ Problematic alcohol use
  - ☀ Risky alcohol use
  - ☀ Unhealthy alcohol use

# Excessive alcohol use includes 4 ways that people drink

- ☀ Excessive alcohol use
  - ☀ Binge drinking or heavy drinking
  - ☀ Any drinking during pregnancy or by people <21

## Excessive drinking includes:

**Binge drinking**  
**Women** **Men**  
**4** **5**  
or more drinks or more drinks  
**On one occasion**

**Heavy drinking**  
**Women** **Men**  
**8** **15**  
or more drinks or more drinks  
**In a week**



Any drinking  
during pregnancy



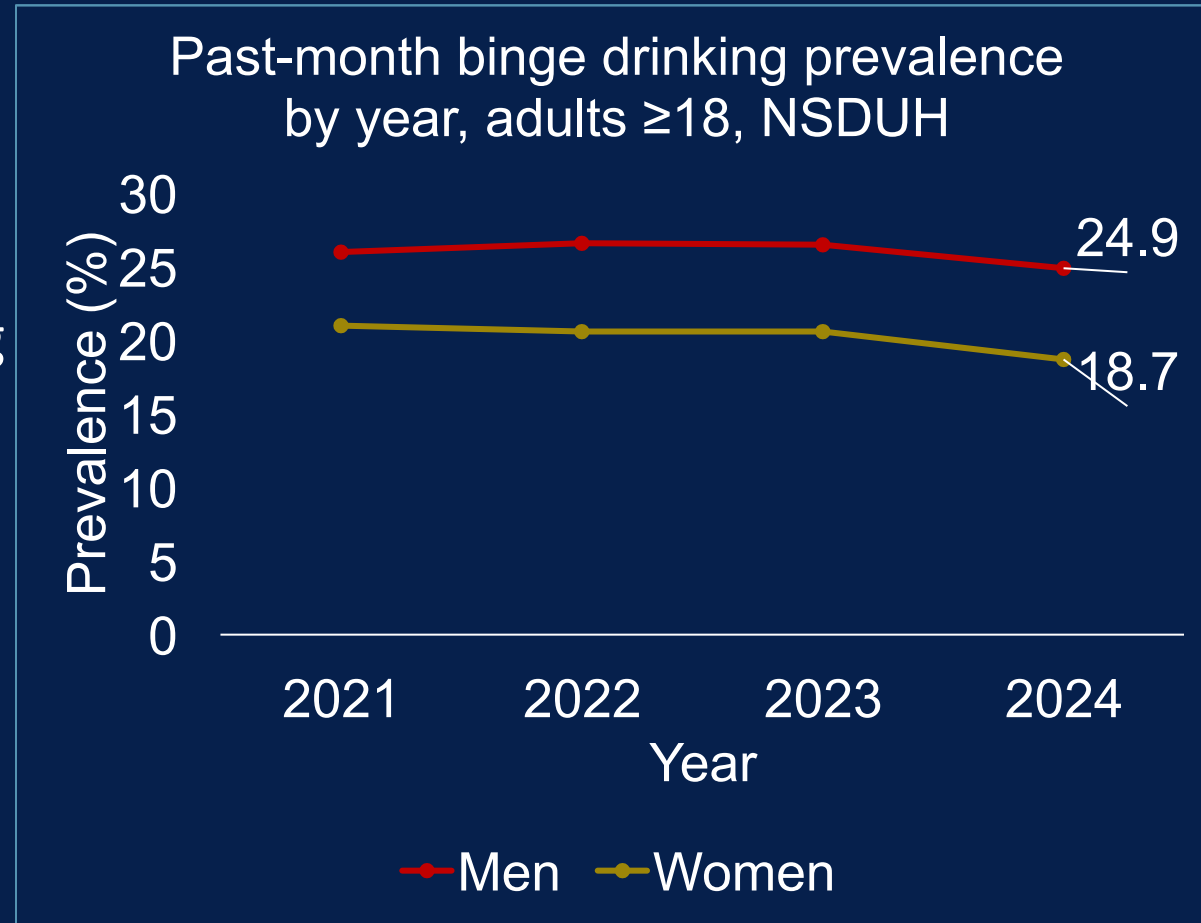
Any drinking by  
people younger than 21

[cdc.gov/alcohol](https://www.cdc.gov/alcohol)



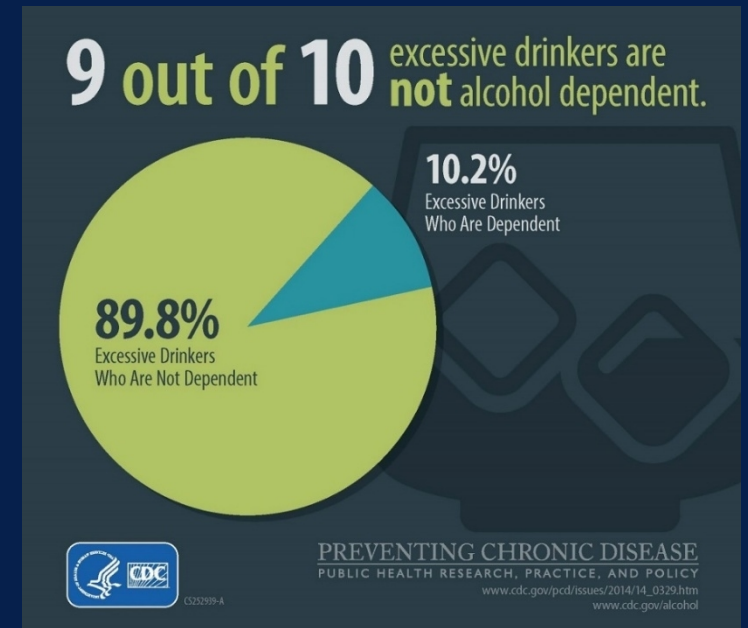
# Binge drinking is the most common way people drink excessively

- 134.3 million people  $\geq 12$  years report past-month drinking; among them, 43% (57.9 million) report binge drinking
- Prevalence of past-month adult binge drinking declined 2023 to 2024
  - 25% of men and 19% of women in 2024



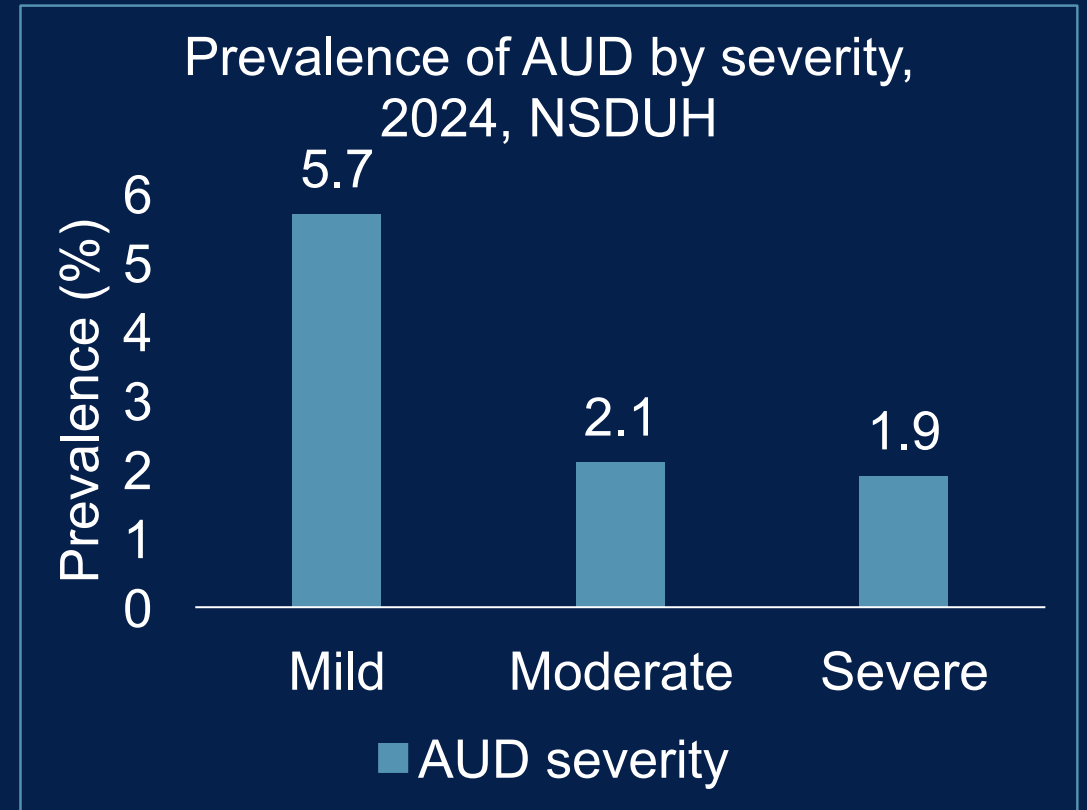
# Alcohol use disorder (AUD)

- ☀ Severity based on symptoms within past 12 months (2022 DSM-5-TR)
  - ☀ Mild: 2-3 symptoms
  - ☀ Moderate: 4-5 symptoms
  - ☀ Severe:  $\geq 6$  symptoms
- ☀ No weights for seriousness of different symptoms
- ☀ Most people who drink excessively are not alcohol dependent but still at risk of alcohol-related harm



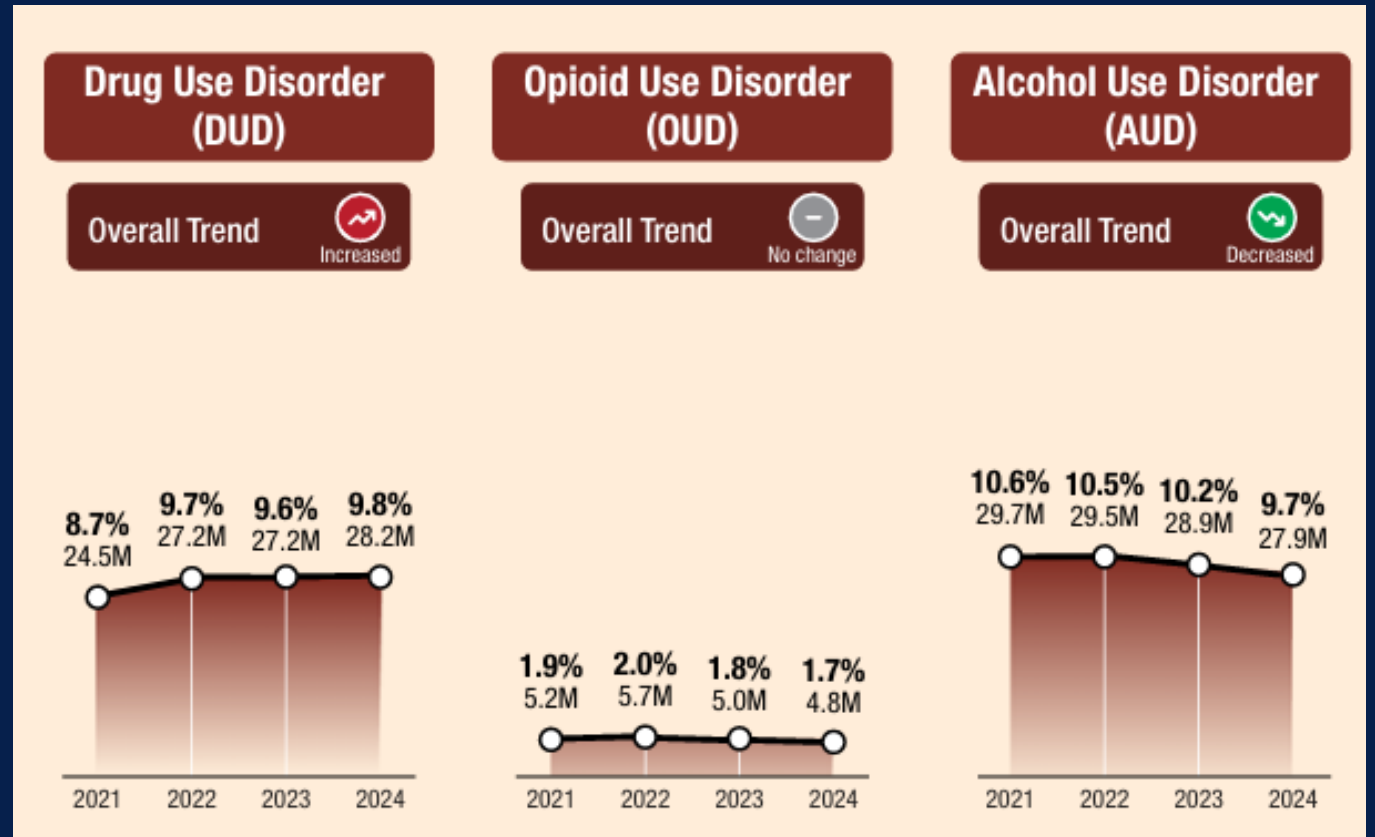
# Alcohol use disorder

- ☀ Past-year AUD decreased from 10.6% in 2021 to 9.7% in 2024
- ☀ Mild AUD (5.7%) is more common than moderate (2.1%) or severe (1.9%) AUD
- ☀ Among people who have AUD, nearly 60% are mild



# AUD is more prevalent than disorder from any other single drug

☀ Results based on past year substance use disorder



# Group discussion:

## Factors affecting response to AUD versus other drug use disorder

- ☀ Do you think efforts to prevent and treat opioid and other drug use disorders are commonly prioritized over AUD-focused efforts?
  - ☀ Why or why not?
  - ☀ What factors might contribute to different prioritizations?

# Harms from Alcohol



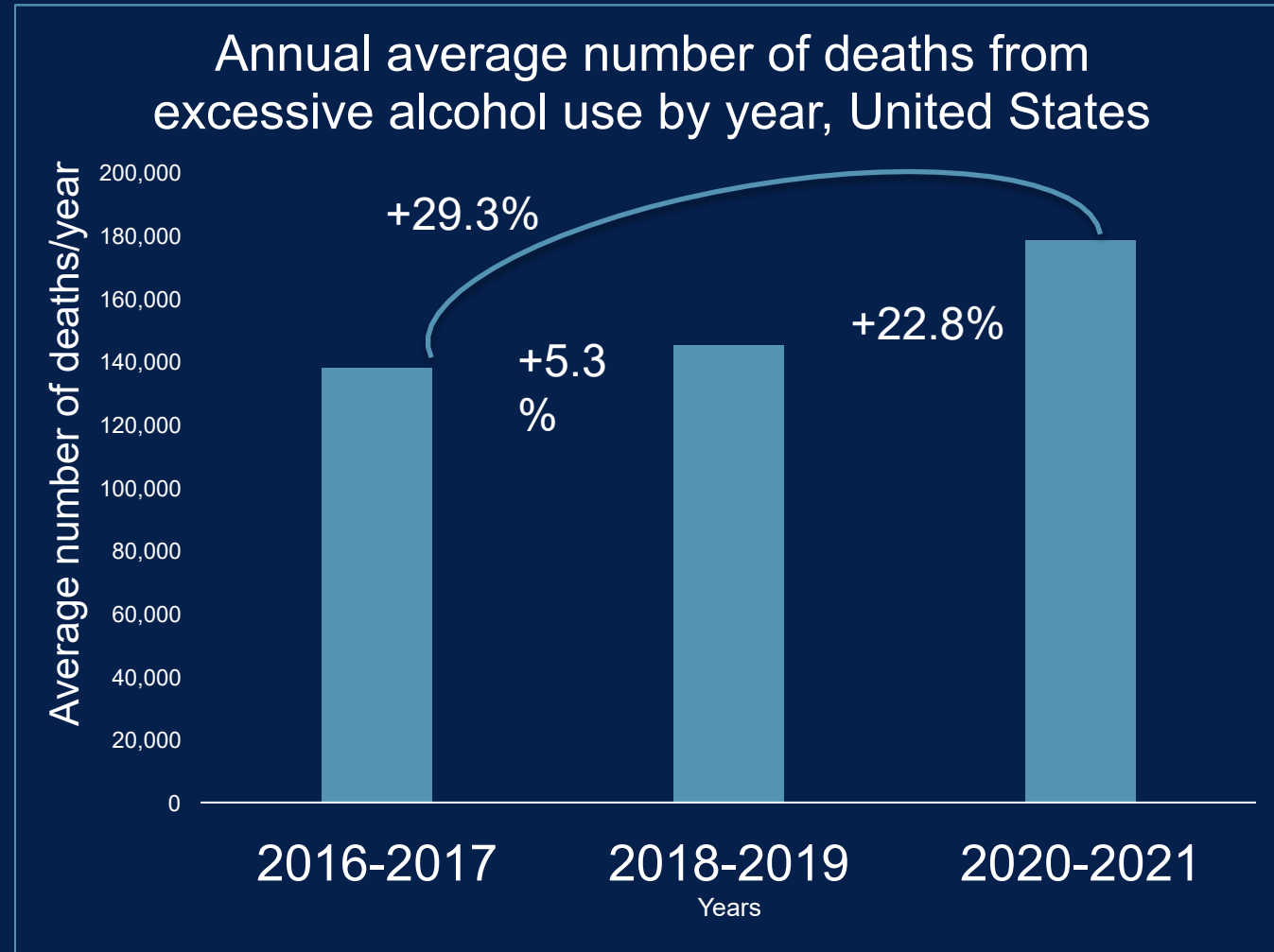
# Comprehensive estimates of deaths from excessive alcohol use: Methods

- ☀ 58 alcohol-related causes of death
  - ☀ No estimation required for 15 fully alcohol-attributable conditions (e.g., alcohol liver disease, alcohol abuse, alcohol dependence syndrome)
  - ☀ Alcohol-attributable fractions to estimate alcohol-attributable deaths for 43 conditions (e.g., cancers, heart disease and stroke, falls, homicide, suicide)



# Increase in US deaths from excessive alcohol use to 488 deaths/day

- ☀️ 178,000 deaths/year from excessive alcohol use during 2020-2021, a 29% increase
- ☀️ Differences by sex
  - ☀️ 2/3 of the deaths among males
  - ☀️ Greater percentage increase among females than males
- ☀️ 4 million years of potential life lost
  - ☀️ Average of 24 years shorter lives



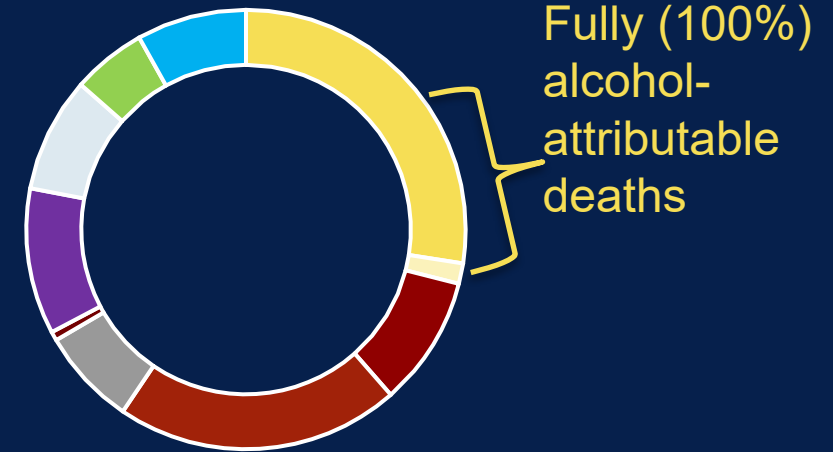
Esser et al., 2024; [www.cdc.gov/ardi](http://www.cdc.gov/ardi)



# Deaths fully attributable to alcohol

- ☀ Deaths with alcohol coded on death certificate account for less than 1/3 of deaths from excessive alcohol use
- ☀ Alcohol-induced death rates increased 89% from 1999 to 2024
  - ☀ Peaked in 2021
  - ☀ 2024 crude rates still 11% above 2019

Deaths from excessive alcohol use by category of cause of death



- Chronic 100% alcohol-attributable
- Acute 100% alcohol-attributable
- Cancer
- Heart disease & stroke
- Liver, gallbladder & pancreas
- Other chronic
- Other poisonings
- Motor vehicle traffic crashes
- Suicide
- Other acute



# Increase in hospitalizations from alcohol-related causes

- ☀️ Emergency department visits from *fully alcohol-attributable diagnoses* increased among males (+75%) and females (+71%) from 2003-2004 to 2021-2022
- ☀️ Average of weekly rates of ED visits *involving acute alcohol use* increased 2018 to 2020

Figure 1. Annual average count of emergency department visits for alcohol-specific diagnoses, by sex: United States, 2003–2004 to 2021–2022

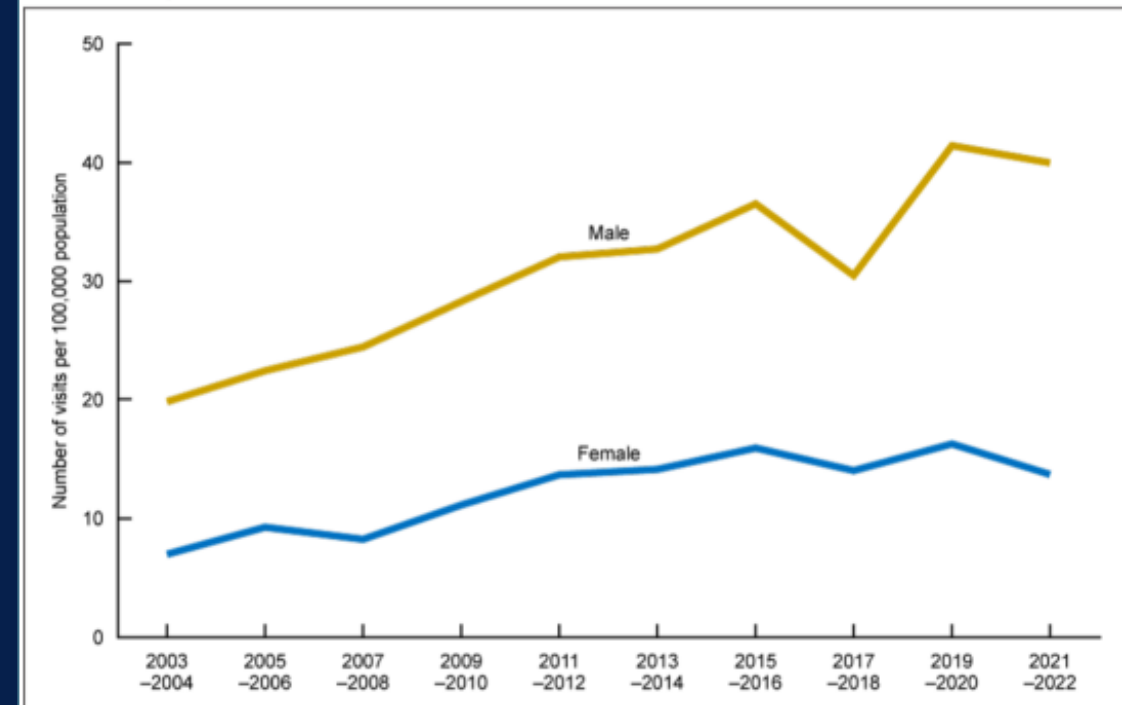


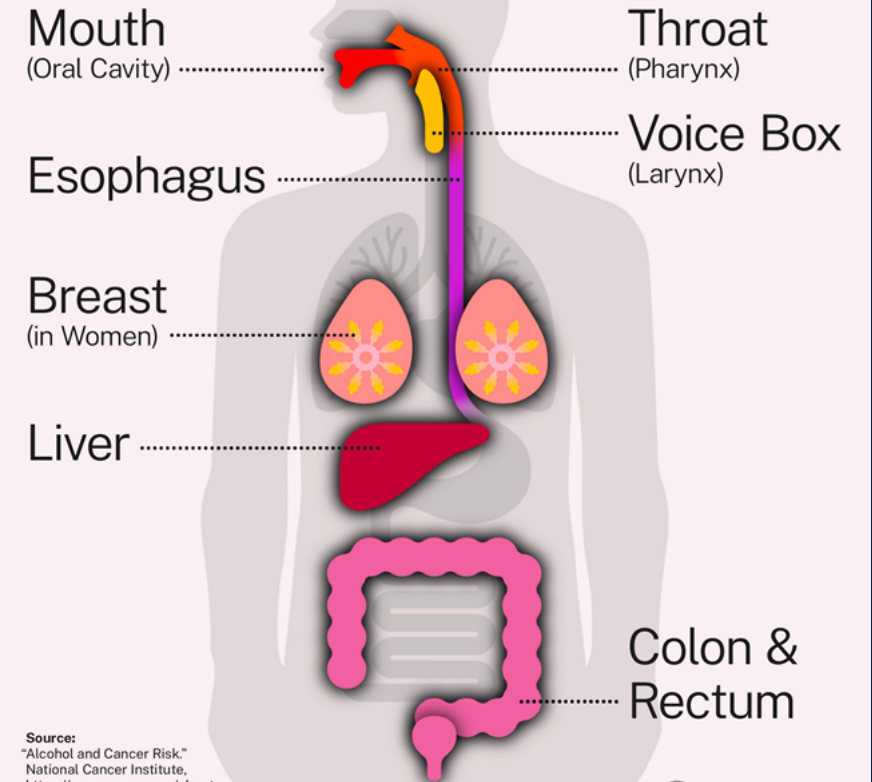
Figure from Yin et al., 2026



# Alcohol and cancer

- ☀ Increased risk of cancer from alcohol established in the late 1980s
- ☀ <50% of US adults are aware that alcohol can cause cancer
- ☀ 3<sup>rd</sup> leading modifiable cause of cancer
  - ☀ Following tobacco use and infections (globally)
  - ☀ Following tobacco use and excessive body weight (US)

**Consuming alcohol increases the risk of developing at least 7 types of cancer**



Source:  
"Alcohol and Cancer Risk,"  
National Cancer Institute,  
<https://www.cancer.gov/about-cancer/causes-prevention/risk/alcohol/alcohol-fact-sheet>

Office of the  
U.S. Surgeon General

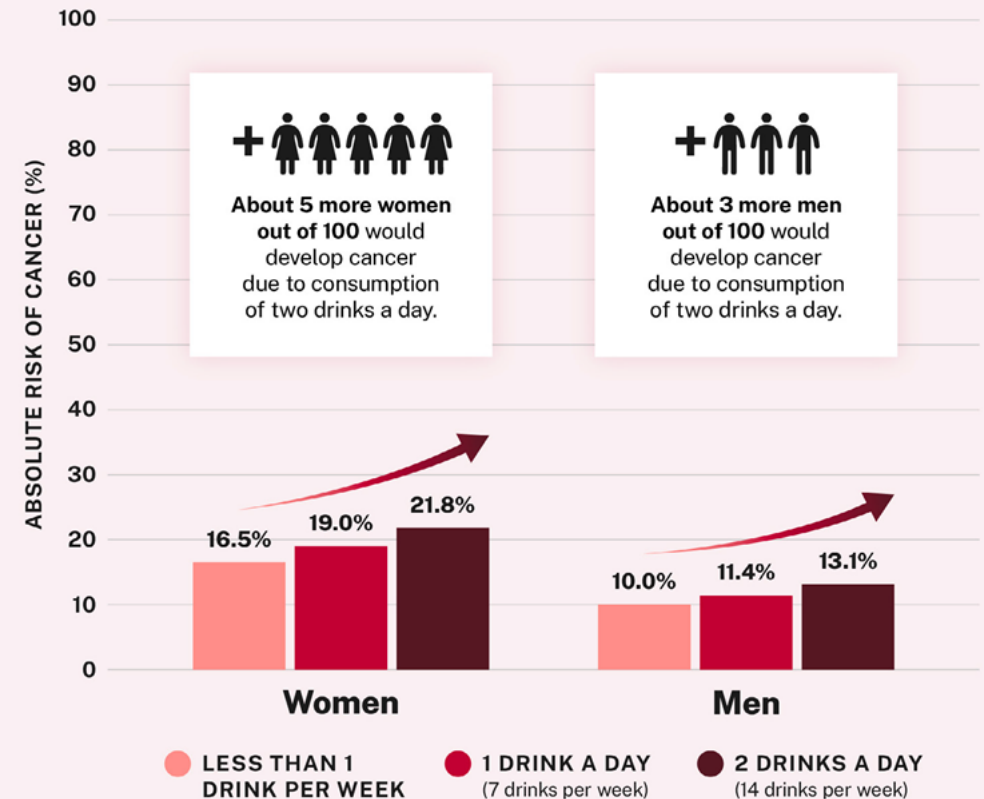


Surgeon General's Advisory on Alcohol and Cancer Risk, 2025; Fink et al., 2026;  
<https://www.cancer.org/cancer/risk-prevention/diet-physical-activity/alcohol-use-and-cancer.html>

# Drinking more increases cancer risk

- ☀️ 2025 Surgeon General's advisory
- ☀️ Cancer risk starts to increase ~1 drink/day for certain cancers (e.g., breast, mouth, and throat)

## Higher alcohol consumption increases alcohol-related cancer risk in women and men



This graph represents the cumulative absolute risk of alcohol-related cancer in women and men over the lifespan by age 80. Alcohol-related cancer includes breast, colorectum, esophagus, liver, mouth, throat, and voice box cancers.

Source: Calculated with data from Sarich, P., Canfell, K., Egger, S., Banks, E., Joshy, G., Grogan, P., & Weber, M. F. (2021). Alcohol consumption, drinking patterns and cancer incidence in an Australian cohort of 226,162 participants aged 45 years and over. British journal of cancer, 124(2), 513-523. <https://doi.org/10.1038/s41416-020-01101-2>

# Reducing alcohol use among US adults to prevent cancer deaths

- ☀ More than **20,000 cancer deaths per year from alcohol use**
  - ☀ ~14,560 deaths/year (males) and ~5,650 deaths/year (females)
- ☀ 3.4% of all cancer deaths
- ☀ If men and women have **1 drink or less per day** instead of actual drinking:
  - ☀ **17,400 fewer alcohol-attributable cancer deaths**
  - ☀ Still more than 2,700 alcohol-attributable cancer deaths per year

# Evidence-based Strategies to Address AUD and Other Alcohol-related Harm



# Comprehensive strategy to reduce alcohol-related harm

- ☀ Multifaceted, evidence-based approaches to reduce alcohol-related healthcare burden and save lives
- ☀ Alcohol policies work directly and enhance other approaches
  - ☀ Environments that support people in drinking less, not drinking, and in recovery
  - ☀ Shift social norms



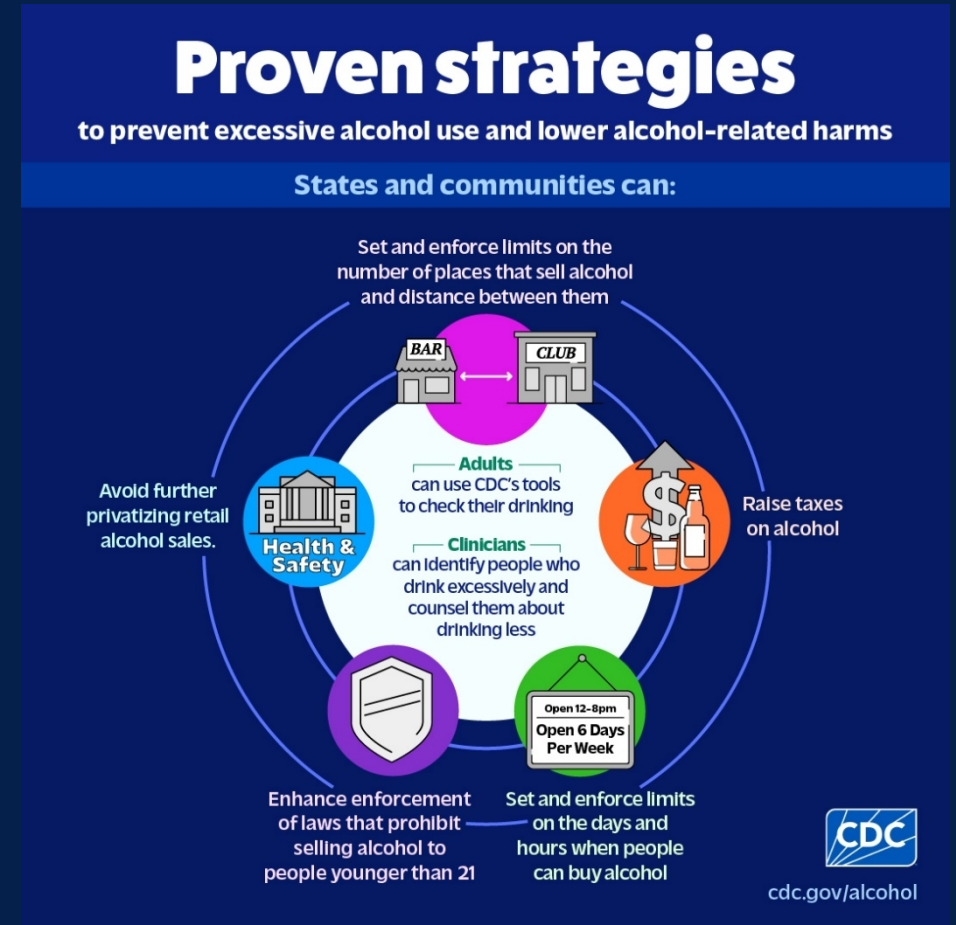
# Alcohol policies to reduce alcohol-related harm

☀️ Aspects of effective policies to decrease harms from alcohol:

☀️ Reduce availability

☀️ Reduce access

☀️ Reduce affordability



# Evidence-based alcohol policies to reduce alcohol-related harm: Pricing examples

## ☀ Increase taxes on alcohol

- ☀ Highly effective strategy for reducing alcohol-related harm and saving lives

  - ☀ Moderate public support but framing matters

  - ☀ Revenue for treatment programs, recovery support services, wellness programs

## ☀ Establish alcohol minimum pricing policies

# Evidence-based alcohol policies to reduce alcohol-related harm: Other examples

- ☀️ Reduce number and concentration of places selling alcohol
  - ☀️ For economic development, give more opportunities for other business and organizations to open and grow
  - ☀️ Address high alcohol outlet density in communities that have been historically marginalized
- ☀️ Reduce alcohol marketing
  - ☀️ Ineffectiveness of voluntary and “self-regulated” guidelines
  - ☀️ Youth exposure to alcohol marketing increases risk of drinking or drinking more, increased AUD risk with earlier alcohol use

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# The State of Alcohol Policy and Recent Alcohol Policy Wins

Mike Marshall, BA



# The State of Alcohol Policy

Few National Organizations Focus on Alcohol Prevention Policy

1. United States Alcohol Policy Alliance (USAPA)
2. Community Anti-Drug Coalitions of America (CADCA)
3. American Public Health Association (APHA); Tobacco and Other Drugs Section (TOD)
4. Mothers Against Drunk Driving (MADD)

# The State of Alcohol Policy

Less Than Half the States Have a Statewide Organization  
Primarily Focused on Alcohol

- California Alcohol Policy Alliance/Alcohol Justice
- Colorado Alcohol Impacts Coalition
- Georgia Alcohol Policy Alliance
- Hawaii Alcohol Policy Alliance
- Illinois Prevention First
- Iowa Alliance of Coalitions for Change (AC4C)
- Massachusetts Alcohol Policy Coalition (MAPC)
- Michigan Prevention Network
- Minnesota Prevention Alliance
- New Mexico Alcohol Harms Alleviation Coalition
- New York Coalition for Alcohol Policy
- Nebraska Project Extra Mile
- Recover Alaska
- Texans for Safe and Drug-Free Youth
- Utah Prevention Coalition Association
- Vermont Winooski Prevention
- Wisconsin Alcohol Policy Project (WisAPP)

# The State of Alcohol Policy

## “Recent Successes”

- 2011: Maryland increased alcohol sales tax from 6% to 9%.
- 2019: Utah became the first and only state to reduce the legal blood alcohol content (BAC) from 0.08% to 0.05%
- 2021: Oregon became the first and only state to implement minimum pricing on distilled spirits.
- 2025: Alaska requires bars and liquor retailers to post cancer-warning signs (not labels on containers).

# The State of Alcohol Policy

## 2026 Legislative Initiatives

### Reducing BAC

- Washington
- Illinois
- Hawaii
- Alaska
- Oklahoma
- New York
- North Carolina

### Increasing Prices

- Nebraska
- Hawaii
- New Mexico
- Vermont
- New York
- Colorado
- Michigan

### Minimum Unit Pricing (MUP)

- Iowa

### Cancer Warnings

- Hawaii
- California

# The State of Alcohol Policy

## Major Obstacles to Change

1. Broad lack of understanding of the direct and indirect costs of alcohol harms.
2. Lack of institutional funding for change.
3. The power of Big Alcohol.
4. Individual relationship with alcohol.

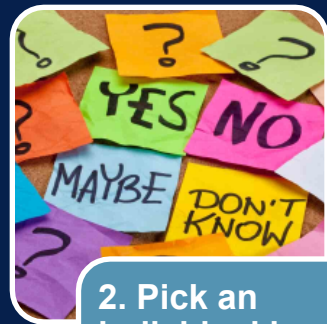
# Advancing Alcohol Prevention

## A 10-Step Approach



### 1. Collect Data

- Who is harmed by alcohol?
- Which harms cost the most?
- How popular is the problem & solutions?



### 2. Pick an individual harm

- Underage drinking
- Cancer
- Violence



### 3. Develop a Narrative

- Create a brief
- Secure polling



### 4. Recruit Coalition Partners

- Directly impacted
- Peripherally impacted

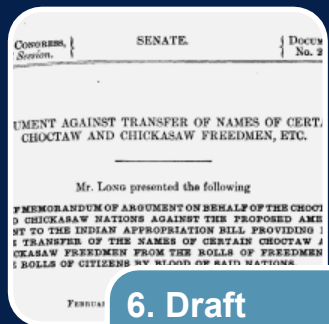


### 5. Secure a legislative sponsor

- Personal history
- Legislative record

# Advancing Alcohol Prevention

## A 10-Step Approach



### 6. Draft Legislation

- Utilize previous legislation
- Amend existing legislation
- Create 1-page



### 7. Leverage Earned Media

- Op-eds
- Press Releases
- Journalist briefings
- Create events



### 8. Expand Support

- Secure 10 organizational endorsements
- Secure 50 community leader endorsements



### 9. Secure a hearing

- Health committee
- Avoid revenue or business committee
- Recruit personal stories

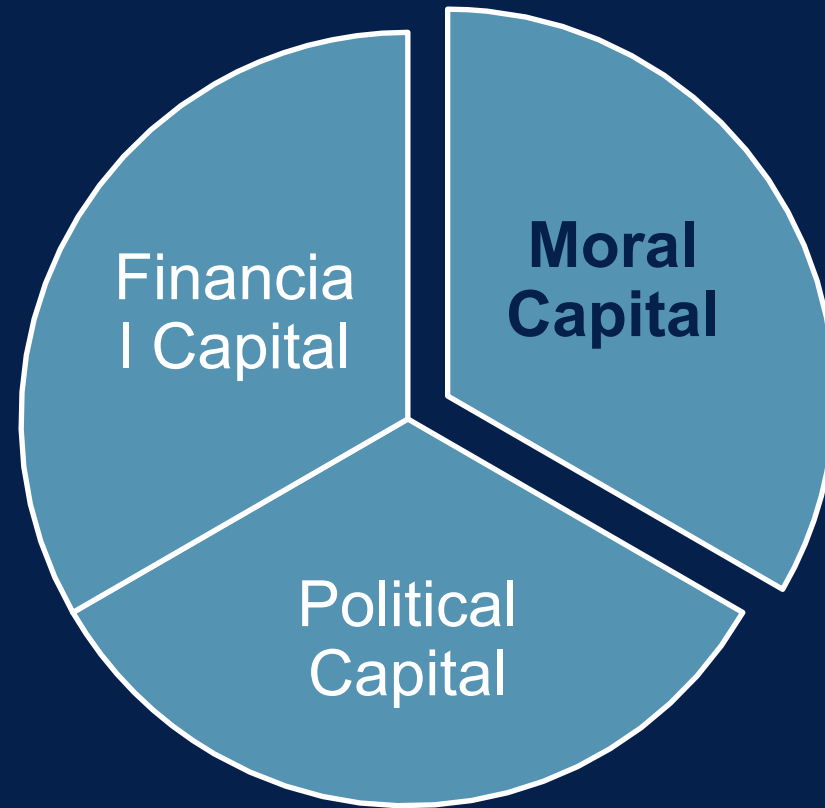


### 10. Lobby Decision Makers

- Prepare
- Bring constituents
- Meet with everyone

# Advancing Alcohol Prevention

## The Commodities of Power



# Advancing Alcohol Prevention

If at first you don't succeed,  
try, try again!



# From Research to Rhetoric

Marlene Lira, MPH, DrPH (cand.)



# Why messaging matters: Bridging the evidence-to-action gap

## ☀️ **The problem:**

- ☀️ Strong evidence base for alcohol policies exists, but policies remain underused
- ☀️ Research findings often don't reach or resonate with policymakers
- ☀️ Industry messaging often drowns out public health voices

## ☀️ **The opportunity:**

- ☀️ Surgeon General's Advisory on Alcohol and Cancer (2025)
- ☀️ Growing public awareness: >50% of U.S. adults support stronger alcohol policies
- ☀️ Updated Dietary Guidelines
- ☀️ Clinicians are trusted messengers — your voice carries weight

*Grummon et al., 2025*



# Principles of effective policy messaging

## ☀️ Know your audience

- ☀️ Legislators, journalists, and the public need different messages

## ☀️ Make it local and personal

- ☀️ State-specific data, patient stories (with consent), community impact

## ☀️ Frame solutions, not just problems

- ☀️ Pair every problem with a concrete, evidence-based policy ask

## ☀️ Anticipate counter-arguments

- ☀️ Industry talking points are predictable — prepare your responses

# Social math: making numbers matter

## ☀ What is social math?

- ☀ Making large numbers compelling by placing them in a social context
- ☀ Uses comparisons so audiences intuitively understand scale
- ☀ Invokes emotional responses and establishes messenger credibility

## ☀ Alcohol-specific examples:

- ☀ By time: “488 people die every day from excessive alcohol use”
- ☀ By place or rank: “New Mexicans die of alcohol at nearly 2x the national rate, and has had the highest rate of alcohol-related mortality since 1997”
- ☀ By comparison: “Alcohol kills more Americans each year than fentanyl, heroin, and meth combined”
- ☀ By irony: “The alcohol industry’s marketing budget for one day is equivalent to what the federal government’s flagship alcohol prevention program (the STOP Act) receives in a year”

*Adapted from Horwitz JD. Social Math. Johns Hopkins Bloomberg School of Public Health.*



# Before and after: research language vs. advocacy language

## ☀ Research language:

- ☀ “Alcohol-attributable fractions were used to estimate that 178,000 deaths per year were caused by excessive alcohol use during 2020–2021, representing a 29.3% increase.”

## ☀ Advocacy language - policymaker:

- ☀ “Alcohol is killing 488 people every single day in this country — that’s more than car crashes and gun deaths combined. We have evidence-based policies that can save lives, and your vote on [bill] can make a difference.”

## ☀ Advocacy language - journalist:

- ☀ “Alcohol is now the third leading preventable cause of cancer, yet fewer than half of Americans know this. The Surgeon General issued an advisory in 2025, but most states have yet to act.”

*Key: lead with impact, make it local, include a solution*

# Framing alcohol policy: choosing your narrative

- ☀ **Frame = the big picture lens your audience sees the issue through**
- ☀ **Industry frame: “personal choice”**
  - ☀ “Responsible drinking is an individual decision”
  - ☀ “Regulations hurt small businesses and personal freedom”
- ☀ **Public health frame: “community well-being”**
  - ☀ “Everyone deserves to live in a community where they and their families are safe from alcohol-related harm”
  - ☀ “Evidence-based alcohol policies protect health, reduce healthcare costs, and save lives”
- ☀ **Values that resonate: health, safety, fairness, protecting families, saving taxpayer dollars**

*Adapted from Horwitz JD. Communication Training. Johns Hopkins Bloomberg School of Public Health.*

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# Advocacy Toolkit



# Your advocacy toolkit: ways to make an impact

- ✦ **Elevator pitch / flash talk — 60 seconds to make your case**
  - ✦ For meetings with legislators, conferences, media encounters
- ✦ **Expert testimony — communicate evidence to policymakers**
  - ✦ Written testimony for the record + oral testimony (2–5 min)
- ✦ **Op-eds and letters to the editor — shape public opinion**
  - ✦ 500–750 words, lead with your ask, use social math
- ✦ **Legislator meetings — build relationships**
  - ✦ Before: research their record. During: tell your story + make your ask. After: follow up
- ✦ **Earned media — get your message amplified**
  - ✦ Press releases, media interviews, podcasts, social media quotes
- ✦ **Coalition building — you don't have to do this alone**
  - ✦ Connect with state and national alcohol policy organizations (see handout)

# The elevator pitch: a framework

A brief, persuasive speech (30–60 seconds) to spark interest and action

## ☀ Who are you?

- ☀ Your name, credentials, role — key labels matter (doctor, researcher, parent)

## ☀ Who/what do you represent?

- ☀ Your organization or affiliation; one-liner mission

## ☀ Why are you here?

- ☀ The hook: tell your story, ask a question, reference a recent event, use social math to describe relevant data

## ☀ What do you want?

- ☀ A specific, concrete ask: vote for a bill, schedule a meeting, fund a program
- ☀ Always exchange contact info — get their card, not just give yours!

*Adapted from Horwitz JD. Social Math. Johns Hopkins Bloomberg School of Public Health.*



# Elevator pitch example: alcohol and cancer

Who: “My name is [Name]. I’m an addiction medicine physician at [Hospital]. ”

What: “I treat patients every day whose lives have been devastated by alcohol. I’m here on behalf of my patients and the medical community.”

Why: “Did you know that alcohol is the third leading preventable cause of cancer? The Surgeon General issued an advisory in 2025, yet fewer than half of Americans know about this risk. In our state alone, alcohol causes [X] deaths per year.”

Ask: “I’m asking you to support [bill number] to require cancer-risk warnings on alcohol products. The evidence is clear, and your constituents deserve to make informed choices. Can we set up a meeting to discuss this further?”

***Use the worksheet handout to draft your own!***



# Exercise:

## Craft your elevator pitch

### ☀ In groups of 3–5 (10 minutes):

Using the worksheet handout, draft a 60-second elevator pitch for an alcohol policy issue you care about.

### ☀ Step 1: Choose your topic and audience

- ☀ An alcohol policy issue in your state, community, or area of work

### ☀ Step 2: Fill in the four sections of the worksheet

- ☀ Problem → Solution → Urgency → Ask

### ☀ Step 3: Practice delivering it to your group

- ☀ Keep it under 60 seconds. Get feedback from your group

*Tips: Use social math. Lead with your “why.” End with a concrete ask.*

# Tips for expert testimony

## ☀ Before testifying:

- ☀ Research committee members and their interests/voting records
- ☀ Prepare both written testimony (detailed, with citations) and oral remarks (concise, 2–5 min)
- ☀ Coordinate with allies — avoid duplicating messages, show breadth of support

## ☀ During oral testimony:

- ☀ Establish your credibility: name, title, expertise
- ☀ State your position clearly: “I support / oppose [bill]”
- ☀ Use social math, not jargon. Summarize to 3 key points
- ☀ Be prepared for tough questions — give friendly legislators your best questions in advance
- ☀ Speak clearly, make eye contact, stay positive about solutions

*Adapted from Horwitz JD. Strategies and Tips for Preparing Testimony and Testifying. Johns Hopkins Bloomberg School of Public Health.*



# Anticipating industry counter-arguments

## ☀️ **“Taxes hurt small businesses and craft brewers”**

- ☀️ Most proposals include tiered rates that protect small producers. Revenue can fund treatment and prevention.

## ☀️ **“This is a nanny state overreach”**

- ☀️ We regulate tobacco, food safety, and seatbelts. Alcohol policy is about informed choices and community safety.

## ☀️ **“Moderate drinking is healthy”**

- ☀️ The Surgeon General’s 2025 Advisory confirms no safe level for cancer risk. Earlier studies showing benefits had methodological flaws.

## ☀️ **“Prohibition didn’t work”**

- ☀️ No one is proposing prohibition. Evidence-based policies like taxes, pricing, and outlet density reduce harm while keeping alcohol legal and available.

## ☀️ ***Key: acknowledge the concern, then pivot to evidence and values***

# References

1. Horwitz JD. Social Math [lecture]. Johns Hopkins Bloomberg School of Public Health.
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6. Stockwell T, Zhao J, Panwar S, Roemer A, Naimi T, Chikritzhs T. Do “moderate” drinkers have reduced mortality risk? A systematic review and meta-analysis of alcohol consumption and all-cause mortality. *J Stud Alcohol Drugs*. 2016;77(2):185-198.

# Closing reflections

## What we covered today:

- ✦ The scope of alcohol harms — 488 deaths per day, rising hospitalizations
- ✦ Evidence-based policies that work — taxes, pricing, outlet density, marketing
- ✦ State-level wins that show change is possible
- ✦ How to translate research into compelling advocacy messages
- ✦ Practical tools: elevator pitches, op-eds, testimony, media engagement

## Key takeaway:

- ✦ Policy change is a long game — but every voice and every action matters
- ✦ You don't need to be a policy expert to make a difference

# Exercise:

## Your one concrete next step

### Turn to the person next to you (5 minutes):

Think about one specific action you can take in the next 30 days to advance alcohol policy in your community or state.

### Ideas to get started:

- ✦ Connect with a state or national alcohol policy organization
- ✦ Write a letter to the editor or op-ed about alcohol-related harm
- ✦ Contact a state legislator about a pending alcohol bill
- ✦ Offer expert testimony on a local alcohol issue
- ✦ Educate colleagues or patients about alcohol and cancer risk
- ✦ Start a conversation at your institution about alcohol policy

*Share your next step with your partner.*



# Thank You

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