



*A Policy Research Partnership
to Reduce Youth Substance Use*

Population Exposure to State Funded Televised Anti-Tobacco Advertising in the United States - 37 States and the District of Columbia, 1999-2003

Glen Szczypka, BA
Melanie Wakefield, PhD
Sherry Emery, PhD
Brian Flay, PhD
Frank Chaloupka, PhD
Sandy Slater, MS
Yvonne Terry-McElrath, MSA
Herny Saffer, PhD

October 2005

Research Paper Series, No. 31

ImpacTeen is part of the Bridging the Gap Initiative: Research Informing Practice for Healthy Youth Behavior, supported by The Robert Wood Johnson Foundation and administered by the University of Illinois at Chicago.

Population Exposure to State Funded Televised Anti-Tobacco Advertising in the United States – 37 States and the District of Columbia, 1999-2003

October 2005

Glen Szczyпка BA
Melanie Wakefield PhD
Sherry Emery PhD
Brian Flay PhD
Frank Chaloupka PhD
Sandy Slater MS
University of Illinois at Chicago

Yvonne Terry-McElrath MSA
University of Michigan

Henry Saffer PhD
National Bureau of Economic Research

Acknowledgements

This study was supported by funding by the National Cancer Institute State and Community Tobacco Control Initiative (CA86273-01) and The Robert Wood Johnson Foundation (032769). Melanie Wakefield was supported by a VicHealth Senior Research Fellowship.

ABSTRACT

With the development of anti-tobacco programs in all states during the 1990's, spurred by funding from the 1998 Master Settlement Agreement with the major cigarette manufacturers, most states instituted anti-tobacco media campaigns. Using media monitoring data from Nielsen Media Research for the largest 75 Designated Market Areas in the United States, this report summarizes the estimated average monthly exposure to state anti-tobacco advertising in 37 states and the District of Columbia from 1999-2003. The report uses Gross Rating Points (GRPs) for all households with televisions, and Target Rating Points (TRPs) for those aged 12 to 17 years, to estimate potential exposure to advertising. From 1999 to 2002, more states utilized televised advertising, increasing average exposure for television households from 1.30 ads per month in 1999 to 3.63 ads per month in 2002, and for adolescents aged 12-17 from 0.84 ads per month in 1999 to 1.43 ads per month in 2002. In 2003, although there was a slight increase in the number of states with paid media campaigns, average population exposure to anti-tobacco advertising campaigns declined to 3.20 ads per month among television households and 1.13 ads per month among adolescents aged 12 to 17, reflecting an overall reduction of campaign funding, which states attributed to budget crises. After 2003, additional cuts in anti-tobacco funding will more than likely further reduce the number of states with anti-tobacco media campaigns. Research indicates that televised anti-tobacco advertising can reduce smoking among adults and youth. The short term savings gained from such reductions in televised anti-tobacco advertising campaigns may likely produce longer-term costs from smoking related disease.

INTRODUCTION

There is evidence that state and nationally sponsored anti-tobacco media campaigns can reduce adult and youth smoking (1,2,3,4). California launched its anti-tobacco media campaign in 1989, followed by Massachusetts in 1993. By 2002, in the wake of the 1998 Master Settlement Agreement (MSA), 35 states had anti-tobacco programs. Starting in 2002, however, state legislators began to severely cut funding for comprehensive state tobacco control programs with paid media campaigns (5). There is concern that these cutbacks might reduce population awareness of anti-tobacco campaigns and increase youth smoking susceptibility (6).

As part of a larger research study linking commercially available media monitoring exposure estimates to variations in youth smoking behavior, we sought to describe the average exposure of US youth and adults to state-funded anti-tobacco campaigns during the period 1999 to 2003. In doing so, we made use of a unique archival dataset that enables quantification of average exposure to advertising in different communities across the United States.

METHODS

Raw ad-level exposure measures (using ratings points) were obtained from Nielsen Media Research, for anti-tobacco advertising appearing on network and cable television across the 75 largest media markets in the US. The 75 markets accounted for 78% of American

viewing households (7). The 75 markets for which ratings were obtained represent a total of 37 states as well as the District of Columbia (16 states had multiple markets). When multiple markets existed within a state, the ratings for those markets were averaged to produce state ratings data. Ratings provide an estimate of the percentage of households with televisions watching a program or advertisement in a media market over a specified time interval. It is customary for the advertising industry to sum rating points for a program over a specified time interval. The resulting sums are called Gross Ratings Points (GRPs) or Target Rating Points (TRPs).

GRPs provide estimates of audience size for all television households in general, while TRPs provide estimates for targeted populations, such as adolescents aged 12-17, within the household. GRPs and TRPs are often expressed in exposures where 100 GRPs is equal to an average of one exposure. Thus, if an ad receives 500 GRPs in one month, then an average viewer in that market saw that ad five times in a month. Because ratings are averages across the population, any given individual may have been exposed to the ad more or less than five times during the month (8). In this study, ad-level rating points were aggregated for state anti-tobacco campaigns to form mean monthly exposure measures for both total households (GRPs) and adolescents aged 12-17 (TRPs).

Total Television Households

For total households, mean monthly ad exposures to state anti-tobacco television advertising increased from 1.30 ads per month in 1999 to 3.63 ads per month in 2002, but decreased to 3.20 ads per month in 2003 (Table 1). In 1999, nine states had a mean

exposure of one or more ads per month. By 2002, this had increased steadily to 25 states, but in 2003, only one additional state had increased the total to 26. Arizona, California, Massachusetts and Utah were early leaders in 1999 and 2000. States with five or more mean exposures for both 2001 and 2002 included New York, Georgia, Minnesota, Wisconsin, Washington, Utah and California. Utah had the highest mean exposures in excess of 15 ads per month for these years. By 2003, Minnesota, Washington, Utah, and California continued to have 5 or more exposures per month and were joined by Indiana, Ohio, Arizona and Arkansas. Utah increased exposures to over 24 per month.

The 2002 withdrawal of funding for the Massachusetts Tobacco Control Program can be seen in Table 1 by the decline from 7.33 ads per month in 2001 to 2.25 ads in 2002. In 2003, other anti-tobacco programs with significant reductions in paid television media included the Florida Tobacco Control Program and the Oregon Tobacco Education and Prevention Program. In Florida, mean exposure decreased from 5.37 ads per month in 2002 to 1.51 ads per month in 2003. Oregon had a similar reduction in exposure from 7.10 ads per month to 2.94 ads per month in 2003.

Adolescents

For adolescents aged 12-17 years, the mean monthly ad exposures to state anti-tobacco television advertising increased from 0.84 ads per month in 1999 to 1.43 ads per month in 2002, but decreased to 1.13 ads in 2003 (Table 2). In 1999, six states had a mean exposure of one or more ads per month. Arizona, California, Massachusetts, Florida, Indiana and Utah had the most exposures in 1999 and 2000. More states utilized paid advertising in

2001 and 2002. There were 16 states with one or more mean exposures per month in 2002. States with two or more mean exposures for both 2001 and 2002 included Utah, Minnesota and Florida. Only one state, Utah, had mean exposures in excess of 5 ads per month for both years. By 2003, states with two or more exposures declined from ten in 2002 to just six. Utah increased exposure in 2003 to over ten ads per month.

Consistent with the decline in exposures for total households in Massachusetts, exposures for adolescents decreased from 1.83 ads per month in 2001 to 0.40 ads per month in 2002. In 2003, similar to the reduction in exposure for total television households, both Florida and Oregon had significant decreases in exposure for adolescents. In Florida, mean exposure decreased from 3.72 ads per month in 2002 to 1.07 ads in 2003. In Oregon, adolescent exposure decreased from 2.12 ads per month in 2002 to less than one ad in 2003.

DISCUSSION

The findings in this report indicate that from 1999-2002 the mean exposure to paid televised anti-tobacco advertising grew substantially for television households, as well as for adolescents aged 12-17. Much of this growth was possible due to increased funds for state level anti-tobacco programs provided by the 1998 MSA (9). Despite overall increases in exposure, several states still had no exposure for either television households or adolescents aged 12-17 by 2002. In 2003, mean exposure for television households and adolescents decreased. Some states have substantially cut or eliminated paid media campaigns, as evident in the 2002 decrease in exposure for Massachusetts and the 2003

decrease for both Florida and Oregon. Additional decreases in state anti-tobacco advertising exposure can be expected as more state legislatures cut funding to established anti-tobacco programs from 2003, including those in Indiana, Maryland, Minnesota, Nebraska, and New Jersey (10).

There are several limitations regarding this analysis. First, Nielsen Media Research does not track spot cable television where advertisers can target audiences in specific markets on cable networks. Because of this, exposures for television households and adolescents aged 12-17 are likely understated. Second, ratings measure the availability of an audience and do not guarantee actual viewing, nor are they measures of advertising recall. However, previous research with American teens has found a dose-response relationship between 12-17 year old TRPs and recall of anti-tobacco advertising (4). Third, the data presented per state represent average viewing within defined media markets. Only 16 of 38 states had multiple markets. Mean exposure for the state population outside of designated media markets is not captured. This limitation is minor due to the interest of state media planners to achieve similar exposures across all markets within a state. Fourth, as DMAs are defined by major metropolitan areas, there are times when DMA-specific exposure crosses state lines (for example, the Chicago DMA reaches into Indiana). Approximately 40 DMAs cross at least one state line. The primary focus of this paper is to provide an overview of the levels of state activity for anti-tobacco media campaigns. Thus, we assigned each DMA exposure level to the state in which the major metropolitan area is primarily located, and have not attempted to disaggregate exposure between states when such crossover occurs.

The leading preventable cause of death in the United States is tobacco use (11). Research indicates that televised anti-tobacco advertising can reduce smoking for both adults and youth (1,2,3,4). Thus, public health advocates should urge policy makers to consider the ramifications of both not having televised antismoking advertising, as well as cutting or reducing funding entirely for existing campaigns. The short term savings gained from such reductions in televised anti-tobacco advertising campaigns may likely produce longer term costs from smoking related disease.

REFERENCES

1. McVey D, Stapleton J. Can anti-smoking television advertising affect smoking behaviour? Controlled trial of the Health Education Authority for England's anti-smoking TV campaign. *Tob Control* 2000;9:273-282.
2. Hu T-W, Sung H-Y, Keeler TE. Reducing cigarette consumption in California: Tobacco taxes vs. an anti-smoking media campaign. *Am J Public Health* 1995;85:1218-1222.
3. Farrelly MC, Healton CG, Davis KC, Messeri P, Hersey JC, Haviland ML. Getting to the truth: evaluating national tobacco countermarketing campaigns. *Am J Public Health* 2002;92:901-7.
4. Emery S, Wakefield M, Terry-McElrath Y, Saffer H, Szczypka G, O'Malley P, Johnston LD, Chaloupka FJ, Flay B. Televised anti-tobacco advertising and youth smoking beliefs and behavior: a national study, 1999-2000. *Arch Pediatr Adolesc Med*, 2005; 159: 639-645.
5. Giantasio D. Anti-smoking ads are history as funding dries up: suspension of Massachusetts effort due to budget cuts part of a growing trend. *AdWeek East* 2002;43:5.
6. Sly D, Arheart K, Dietz N, , Trapido E, Nelson D, Rodriquez, R, McKenna J, Lee D. The outcome consequences of defunding the Minnesota youth tobacco-use prevention program. *Prev Med* 2005;41:503-510.
7. Nielsen Media Research. DMA market and demographic rank: September 2001. New York, New York: Nielsen Media Research, 2002

8. Szczypka G, Emery S, Wakefield M, Chaloupka. The adaptation and use of Nielsen Media Research commercial ratings data to measure potential exposure to televised smoking-related advertisements. Chicago, Illinois: University of Illinois at Chicago, 2003; ImpacTeen Research Paper Series no. 29. Available at http://www.impacteen.org/ab_RPNo29_2003.htm.
9. Campaign for Tobacco-Free Kids, American Lung Association, American Cancer Society, American Heart Association, Smokeless States National Tobacco Policy Initiative. Show us the money: a report on the states' allocation of the tobacco settlement dollars. Washington, DC: National Center for Tobacco-Free Kids, 2003. Available at <http://www.tobaccofreekids.org/reports/settlements/2003/fullreport.pdf>.
10. Campaign for Tobacco-Free Kids, American Lung Association, American Cancer Society, American Heart Association. A broken promise to our children: the 1998 state tobacco settlement five years later. Washington, DC: National Center for Tobacco-Free Kids, 2004. Available at <http://www.tobaccofreekids.org/reports/settlements/2004/fullreport.pdf>.
11. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA 2004;291:1238-1245.

Table 1. Ranked States for Mean Monthly Ad Exposures to State Anti-tobacco Television Advertising (GRPs)

Rank	1999		2000		2001		2002		2003	
	State	Mean	State	Mean	State	Mean	State	Mean	State	Mean
1	AZ	14.75	UT	6.67	UT	19.32	UT	15.22	UT	24.03
2	CA	5.87	AZ	6.38	NY	10.96	GA	7.66	WA	10.10
3	MA	5.81	MA	6.00	MN	8.45	NY	7.46	MN	7.67
4	FL	4.04	OR	4.38	WI	7.68	OR	7.10	IN	7.64
5	IN	3.20	CA	3.97	MA	7.33	OH	7.01	CA	6.25
6	OR	2.51	IN	2.57	WA	7.31	IN	6.83	OH	6.09
7	OK	1.67	FL	2.37	CA	5.95	CA	6.58	AZ	5.98
8	HI	1.28	MN	2.00	NM	5.82	WI	5.75	AR	5.52
9	UT	1.09	WA	1.60	AZ	5.60	WA	5.66	WI	4.99
10	MI	0.68	HI	1.50	GA	5.07	FL	5.37	NY	4.81
11	NM	0.42	NY	1.33	OR	4.40	MN	5.35	HI	4.46
12	NY	0.19	MI	0.83	IA	3.97	HI	5.22	NM	4.29
13	MO	0.15	KS	0.69	FL	3.96	NE	4.84	NE	3.68
14	WI	0.13	TX	0.51	NE	3.60	AZ	4.78	CO	3.15
15	GA	0.13	IA	0.41	HI	2.84	MD	4.69	OR	2.94
16	IA	0.10	WI	0.07	OK	2.75	PA	3.82	VA	2.88
17	WA	0.09	MO	0.02	IN	1.65	VA	3.28	WV	2.69
18	AR	0.09	NC	0.01	CT	1.00	AL	2.91	GA	2.67
19	IL	0.07	IL	0.01	AL	0.57	CO	2.52	OK	2.20
20	KS	0.07	NE	0.01	CO	0.51	MA	2.25	IA	2.18
21	NV	0.05	OH	0.01	TX	0.50	DC	1.96	PA	2.17
22	TN	0.05	TN	0.01	MI	0.45	IL	1.84	CT	2.15
23	CO	0.04	CT	0.01	MO	0.40	IA	1.41	DC	2.01
24	TX	0.04	OK	0.00	PA	0.32	WV	1.15	MA	1.87
25	NC	0.04	NV	0.00	MD	0.25	MI	1.00	FL	1.51
26	OH	0.04	VA	0.00	DC	0.14	OK	0.94	MI	1.31
27	VA	0.04	KY	0.00	OH	0.08	TX	0.61	AL	0.70
28	LA	0.03	NM	0.00	VA	0.04	NV	0.43	TX	0.53
29	CT	0.03	AR	0.00	SC	0.01	NM	0.40	NV	0.52
30	MN	0.03	GA	0.00	KY	0.01	MO	0.21	TN	0.22
31	KY	0.03	LA	0.00	WV	0.01	NC	0.09	IL	0.06
32	PA	0.02	CO	0.00	NC	0.00	KS	0.09	MO	0.06
33	MD	0.02	PA	0.00	TN	0.00	TN	0.01	KS	0.05
34	NE	0.02	SC	0.00	AR	0.00	KY	0.01	NC	0.04
35	SC	0.01	WV	0.00	IL	0.00	SC	0.00	KY	0.04
36	WV	0.01	DC	0.00	KS	0.00	AR	0.00	MD	0.01
37	DC	0.01	AL	0.00	LA	0.00	CT	0.00	LA	0.00
38	AL	0.00	MD	0.00	NV	0.00	LA	0.00	SC	0.00
<i>Mean</i>		1.30		1.14		3.03		3.63		3.20

Notes: GRP ratings data reported for top 75 Designated Market Areas (DMAs); states not covered in the top 75 DMAs not included in rankings (AK, DE, ID, ME, MS, MT, NH, NJ, ND, RI, SD, VT, WY). For states with multiple DMAs, the mean for each market was averaged.

Table 2. Ranked States for Mean Monthly Ad Exposures to State Anti-tobacco Television Advertising (TRPs)

Rank	1999		2000		2001		2002		2003	
	State	Mean	State	Mean	State	Mean	State	Mean	State	Mean
1	AZ	10.25	AZ	4.36	UT	8.73	UT	6.98	UT	10.01
2	FL	4.88	UT	3.48	MN	4.62	FL	3.72	WA	3.12
3	IN	2.70	FL	2.87	FL	4.19	OH	3.17	OH	2.99
4	MA	2.55	MA	2.11	AZ	3.76	MN	2.99	MN	2.70
5	CA	1.79	MN	1.91	NY	3.19	IN	2.79	IN	2.70
6	OR	1.00	IN	1.74	WA	3.16	VA	2.66	VA	2.31
7	HI	0.54	OR	1.20	WI	2.83	DC	2.44	DC	1.93
8	MI	0.51	CA	1.15	NE	2.19	GA	2.41	AR	1.67
9	OK	0.43	WA	1.09	IA	2.10	HI	2.37	AZ	1.42
10	UT	0.39	TX	0.55	MA	1.83	OR	2.12	WI	1.32
11	WI	0.13	NY	0.42	CA	1.57	NY	1.95	CA	1.32
12	NM	0.10	MI	0.38	HI	1.51	WI	1.94	NY	1.27
13	GA	0.07	HI	0.37	IN	1.33	NE	1.93	CO	1.11
14	MO	0.06	IA	0.29	NM	1.31	MD	1.66	FL	1.07
15	KS	0.06	KS	0.24	GA	1.31	WA	1.54	WV	1.00
16	NY	0.06	WI	0.03	OK	0.99	CA	1.51	IA	0.96
17	IL	0.05	MO	0.01	OR	0.81	IA	0.98	HI	0.91
18	NC	0.04	TN	0.01	TX	0.55	AZ	0.94	NE	0.81
19	VA	0.04	NE	0.01	MO	0.43	CO	0.81	GA	0.65
20	WA	0.04	IL	0.01	CT	0.37	AL	0.78	NM	0.60
21	OH	0.04	VA	0.01	CO	0.22	PA	0.71	OR	0.59
22	TN	0.03	OH	0.00	MD	0.21	IL	0.69	CT	0.58
23	TX	0.03	NV	0.00	AL	0.13	TX	0.58	OK	0.57
24	MD	0.03	NC	0.00	MI	0.11	MA	0.40	TX	0.49
25	CO	0.03	KY	0.00	PA	0.11	OK	0.38	PA	0.47
26	IA	0.03	OK	0.00	VA	0.04	WV	0.31	MA	0.30
27	PA	0.03	CT	0.00	OH	0.02	MI	0.24	MI	0.25
28	KY	0.03	AR	0.00	DC	0.01	MO	0.22	AL	0.09
29	AR	0.03	LA	0.00	SC	0.01	KS	0.08	TN	0.09
30	SC	0.03	CO	0.00	WV	0.00	NM	0.06	NV	0.07
31	MN	0.02	PA	0.00	KY	0.00	NV	0.04	IL	0.07
32	NV	0.02	WV	0.00	NC	0.00	NC	0.02	MO	0.04
33	CT	0.02	SC	0.00	AR	0.00	TN	0.00	KS	0.04
34	LA	0.02	NM	0.00	IL	0.00	AR	0.00	KY	0.01
35	NE	0.02	AL	0.00	KS	0.00	CT	0.00	NC	0.01
36	WV	0.01	DC	0.00	LA	0.00	KY	0.00	MD	0.00
37	DC	0.01	GA	0.00	NV	0.00	LA	0.00	LA	0.00
38	AL	0.00	MD	0.00	TN	0.00	SC	0.00	SC	0.00
<i>Mean</i>		<i>0.84</i>		<i>0.65</i>		<i>1.32</i>		<i>1.43</i>		<i>1.13</i>

Notes: TRP ratings data reported for the top 75 Designated Market Areas (DMAs); states not covered in the top 75 DMAs not included in rankings (AK, DE, ID, ME, MS, MT, NH, NJ, ND, RI, SD, VT, WY). For states with multiple DMAs, the mean for each market was averaged.

Appendix. Top 75 Designated Market Areas (DMAs) by State

<u>State</u>	<u>Market Name</u>	<u>State</u>	<u>Market Name</u>
AL	Birmingham	NY	Albany-Schenectady-Troy
AR	Little Rock		Buffalo
AZ	Phoenix		New York
CA	Fresno-Visalia		Rochester
	Los Angeles		Syracuse
	San Diego	OH	Cleveland
	San Francisco-Oakland		Cincinnati
	Sacramento-Stockton		Columbus
CO	Denver, CO		Dayton
CT	Hartford-New Haven		Toledo
DC	Washington	OK	Oklahoma City
FL	Jacksonville		Tulsa
	Miami-Fort Lauderdale	OR	Portland
	Mobile, AL - Pensacola	PA	Harrisburg-Lancaster
	Orlando-Daytona-Melbourne		Philadelphia
	Tampa-St.Petersburg-Sarasota		Pittsburgh
	West Palm Beach-Fort Pierce		Wilkes Barre-Scranton
GA	Atlanta	SC	Greenville-Spartanburg
HI	Honolulu	TN	Knoxville
IA	Des Moines		Memphis
IL	Chicago		Nashville
IN	Indianapolis	TX	Austin
KS	Wichita-Hutchinson		Dallas-Fort Worth
KY	Lexington		Houston
	Louisville		San Antonio
LA	New Orleans	UT	Salt Lake City
MA	Boston	VA	Norfolk-Portsmouth-Newport News
	Providence, RI - Bedford		Roanoke-Lynchburg
MD	Baltimore		Richmond-Petersburg
MI	Detroit	WA	Spokane
	Flint-Saginaw-Bay City		Seattle-Tacoma
	Grand Rapids-Kalamazoo-Battle Creek	WI	Green Bay-Appleton
MN	Minneapolis-St. Paul		Milwaukee
MO	Kansas City	WV	Charleston-Huntington
	St. Louis		
NC	Charlotte		
	Greensboro-High Point		
	Raleigh-Durham		
NE	Omaha, NE		
NM	Albuquerque-Sante Fe		
NV	Las Vegas		

Recent ImpactTeen and YES! Research Papers

Effects of Price and Access Laws on Teenage Smoking Initiation: A National Longitudinal Analysis, Tauras JA, O'Malley PM, Johnston LD, April 2001.

Marijuana and Youth, Pacula R, Grossman M, Chaloupka F, O'Malley P, Johnston L, Farrelly M, October 2000.

Recent ImpactTeen Research Papers

New Evidence on Youth Smoking Behavior Based on Experimental Price Increases. Ross H, Powell LM, Tauras JA, Chaloupka FJ, May 2003.

The Adaptation and Use of Nielsen Media Research Commercial Ratings Data to Measure Potential Exposure to Televised Smoking-Related Advertisements, Szczytko G, Emery S, Wakefield MA, Chaloupka FJ, May 2003.

Framing of News Coverage about the Marlene Sharp Legal Judgement: A Tipping Point for Smoke-Free Public Places in Australia? Wakefield M, Clegg Smith K, Chapman S, May 2003.

Marijuana Decriminalization: What does it Mean in the United States? Pacula R, Chriqui JF, King J, May 2003.

Exploring the Relationship Between Cigarette Smoking Among Adolescents and Adults in the United States, Tworek C, Giovino GA, Yang J, Wakefield M, Cummings MK, Chaloupka FJ, April 2003.

Parental Influences, Public Policy, and Youth Smoking Behavior, Powell LM, Chaloupka F, April 2003.

Peer Effects, Tobacco Control Policies, and Youth Smoking Behavior, Powell LM, Tauras JA, Ross H, February 2003.

Assessment of Youth Responses to Anti-Smoking Ads: Description of a Research Protocol, Wakefield M, Balch GI, Terry-McElrath Y, Szczytko G, Clegg Smith K, Ruel E, Flay B, Emery S, July 2002.

Projected Smoking-Related Deaths Among U.S. Youth: A 2000 Update, Hahn EJ, Rayens MK, Chaloupka FJ, Okoli CTC, Yan J, May 2002.

Coding the News: The Development of a Methodological Framework for Coding and Analyzing Newspaper Coverage on Tobacco Issues, Clegg Smith K, Wakefield M, Siebel C, Szczytko G, Slater S, Terry-McElrath Y, Emery S, Chaloupka F, May 2002.

Binge Drinking and Violence among College Students: Sensitivity to Correlation in the Unobservables, Powell LM, Ciecierski C, Chaloupka FJ, Wechsler H, February 2002.

Study Habits and the Level of Alcohol Use Among College Students, Powell LM, Williams J, Wechsler H, February 2002.

ImpacTeen

Coordinating Center
University of Illinois at Chicago
Frank Chaloupka, PhD
www.impacteen.org

Institute for Health Research and Policy
1747 West Roosevelt Road
Room 558 (M/C 275)
Chicago, Illinois 60608

312.413.0475 phone
312.355.2801 fax

State Alcohol Research

University of Illinois at Chicago
Frank Chaloupka, PhD
www.impacteen.org

State Tobacco Research

Roswell Park Cancer Institute
Gary Giovino, PhD
www.roswellpark.org

State Illicit Drug Research

Andrews University
Duane McBride, PhD
www.andrews.edu