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Thomas L. Schlenker, MD, MPH, Director

Healthy people and places

City-County Building, Room 507 210 Martin Luther King, Jr. Boulevard Madison, WI 53703 608 266-4821 608 266-4858 fax www.publichealthmdc.com

Alcohol Outlet Density Project

Goal:

Reduce Concentrated Exposure to Alcohol in Neighborhoods

Context:

Alcohol misuse is a wide-spread and growing public health problem, and in Wisconsin, it is particularly serious. Alcohol-related deaths are the fourth leading cause in the state (behind heart disease, cancer, and stroke)ⁱ. Alcohol is far too accessible in our communities. The number of alcohol outlets in Wisconsin per capita is double the national average (one alcohol outlet for every 187 adults)ⁱⁱ.

Research supports communities to lessen the impact of alcohol misuse by restricting the places in which alcohol can be consumed or purchased through the reduction of alcohol outlet density ii iv. Nation-wide efforts to limit alcohol outlet density are happening; Madison and Racine are local communities doing this work. This intervention has expected beneficial outcomes such as:

- | binge drinking
- J.OWI
- \(\) underage drinking
- J violence

Objectives:

- 1. Determine if Dane County neighborhoods with a high density of places that sell alcohol experience higher rates of violent crime, alcohol-involved traffic crashes, and injuries.
- 2. Provide education on the relationship of alcohol outlet density and negative outcomes for community health and safety.
- 3. Work with partners to impact the environment and policies that define alcohol outlet density.
- 4. Facilitate community conversations on health disparities and unhealthy alcohol use
 - a. How opportunities for better health begin where people live, learn, work and play, and;
 - b. Too many Dane County residents don't have the same opportunities to be as healthy as others.

Activities (four project phases):

- 1. Conduct county-level assessment
 - a. Work with Applied Population Laboratory (APL) to map:
 - i. Locations of establishments licensed to sell alcohol:
 - ii. Locations of schools & other youth-related areas (e.g., after-school centers, parks, libraries, residential neighborhoods, etc.), and:
 - iii. Demographic data including socioeconomic & racial/ethnic information.
 - b. Law enforcement data to add to map:
 - i. Violent crime (including homicide, rape, assault, and robbery), and;
 - ii. Alcohol-involved traffic crashes and injuries, and:
 - iii. Places where youth-involved crimes occurred.
- 2. Identify areas of concern (places with high alcohol outlet density and crime)
- 3. Engage & provide support to community partners to address the issue
- 4. Widespread dissemination of results & recommendations

Phase One Activities:

Public Health Madison and Dane County (PHMDC) seeks partnerships with law enforcement agencies for data listed above in 1b.

The data needed for this project phase will not include names of people, only addresses and a date identifying where a crime took place – none of which will be shared beyond PHMDC and APL (See map for example of how data will be displayed).

PHMDC is legally mandated to follow strict guidelines ensuring personal confidentiality and anonymity for anyone receiving public health services and would follow similar rules with law enforcement data. APL currently aggregates the Madison Police Department's crime data for public dissemination for the Neighborhood Indicator's Project; also having experience with handling sensitive data.

If needed, PHMDC can develop written memorandums of understanding or contacts with law enforcement agencies describing the parameters of data sharing to assure confidentiality and anonymity is maintained.

For more information or comments, contact:

Jenny Lujan, RN Public Health Nurse 242-6533 ilujan@publichealthmdc.com

Wisconsin Department of Health Services, Division of Public Health, Office of Policy and Practice Alignment. Healthiest Wisconsin 2020: Everyone Living Better, Longer. A State Health Plan to Improve Health Across the Life Span, and Eliminate Health Disparities and Achieve Health Equity. P-00187. July 2010.

Wisconsin Department of Health Services, Division of Public Health, Office of Policy and Practice Alignment. Healthiest Wisconsin 2020: Everyone Living Better, Longer. A State Health Plan to Improve Health Across the Life Span, and Eliminate Health Disparities and Achieve Health Equity. P-00187. July 2010.

Booske BC, Kindig DA, Nelson H, Remington PL. What Works? Policies and Programs for a Healthier Wisconsin. University of Wisconsin Population Health Institute, July 2009.

Campbell CA, Hahn RA, Elder R, Brewer R, Chattopadhyay S, Fielding J, Naimi TS, Toomey T, Briana Lawrence B, Middleton JC, Task Force on Community Preventive Services. The effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcohol-related harms. Am J Prev Med 2009;37(6):556-9.



Translating Science into Practice

How Alcohol Outlets Affect Neighborhood Violence

Kathryn Stewart



www.resources.prev.org

Pacific Institute for Research and Evaluation is one of the nation's preeminent independent, nonprofit organizations merging scientific knowledge and proven practice to create solutions that improve the health, safety and well-being of individuals, communities, nations, and the world.



Introduction

Neighborhoods where bars, restaurants and liquor and other stores that sell alcohol are close together suffer more frequent incidences of violence and other alcohol-related problems, according to recent research by the Prevention Research Center and others. The strong connection between alcohol and violence has been clear for a long time – but now we know that this connection also relates to the location of places that sell alcohol.

Government agencies with authority over land-use and/or liquor licenses can help fight crime and blight and improve quality of life by controlling licenses to sell alcohol and the location of licensees. Governments can make rules that set minimum distances between alcohol outlets; they can limit new licenses for areas that already have outlets too close together; they can stop issuing licenses when a particular location goes out of business; and they can permanently close outlets that repeatedly violate liquor laws.

This paper presents some of the questions and answers about alcohol sales outlets and alcohol problems – especially the relationship between outlet location and violence.

What is the relationship between outlet density and violence?

A number of studies have found that in and near neighborhoods where there is a high density of places that sell alcohol, there is a higher rate of violence. That is, when bars, liquor stores, and other businesses that sell alcohol are close together, more assaults and other violent crimes occur.

Some of the important findings about outlet density and violence are described below.

- In a study of Camden, New Jersey, neighborhoods with alcohol outlet density had more violent crime (including homicide, rape, assault, and robbery). This association was strong even when other neighborhood characteristics such as poverty and age of residents were taken into account.¹
- In a study of 74 cities in Los Angeles County, California, a higher density of alcohol outlets was associated with more violence, even when levels of unemployment, age, ethnic and racial characteristics and other community characteristics were taken into account.²
- In a six-year study of changes in numbers of alcohol outlets in 551 urban and rural zip code areas in California, an increase in the number of bars and off-premise places (e.g., liquor, convenience



and grocery stores) was related to an increase in the rate of violence. These effects were largest in poor, minority areas of the state, those areas already saturated with the greatest numbers of outlets.³

- Violence committed by youth was more common in minority neighborhoods where there are many outlets that sell alcohol for consumption off the premises (such as liquor and convenience stores).⁴ This finding makes sense because underage drinkers are more likely to purchase alcohol in a store than in a bar or restaurant.
- In neighborhoods where there are many outlets that sell high-alcohol beer and spirits, more violent assaults occur.⁵
- Large taverns and nightclubs and similar establishments that are primarily devoted to drinking have higher rates of assaults among customers.⁶

A larger number of alcohol outlets and a higher rate of violence might be expected in poorer neighborhoods or in neighborhoods with a larger population young people. But as the research described above shows, even when levels of poverty and the age and the ethnic background of residents are taken into account, a high density of outlets is strongly related to violence regardless of a neighborhood's economic, ethnic or age status.

All of the characteristics of alcohol outlet location can be important. It is easy to see that a town with many bars, restaurants, and stores that sell alcohol could be different from one that has fewer outlets. It is also easy to see that a neighborhood that has a bar on each corner and a liquor store on each block has a completely different environment than one that has few outlets or none at all. Other characteristics of the environment make a difference, too. For example, a strip of bars near a college campus presents a different environment from a similar density of bars in an upscale city center and also different from a similar density in a poor neighborhood. But in each case, some form of increased violence would be expected as compared to comparable areas with fewer alcohol outlets. A study of changes in outlet density over time as related to violence in California found that regardless of other neighborhood characteristics, an increase in outlets increased violence. In neighborhoods with a high minority population and low incomes, the effect was more than four times greater than for the statewide sample of communities.



What accounts for the relationship between outlet density and violence?

The research that has been done so far cannot pinpoint exactly why having more outlets in a small area seems to result in more violence. Various explanations have been proposed. One is that alcohol outlets can be a source of social disorder. A liquor store parking lot full of people drinking in their cars or on the curb and broken bottles littering the area outside a bar may send a message that this is a neighborhood in which normal rules about orderly behavior are not enforced. Another possible explanation is that a neighborhood with a large number of outlets acts as a magnet for people who are more inclined to be violent or more vulnerable to being assaulted. It is also possible that a high number of outlets results in a large number of people under the influence of alcohol — which makes them both more likely to be violent and less able to defend themselves.⁷ It is most probable that all of these factors come into play.

What is the relationship of outlet density to other alcohol problems?

The density of alcohol outlets has also been found to be related to other alcohol problems such as drinking and driving, higher rates of motor vehicle-related pedestrian injuries, and child abuse and neglect.⁸⁹

How do governments regulate outlet density?

States and communities can regulate the number of bars, restaurants, and stores that sell alcohol in a given area. Sometimes the number and location of alcohol outlets is not limited at all. In some jurisdictions, the number of alcohol outlets is limited based on the population of the area — only so many outlets per thousand residents, for example. In other cases, the location of outlets is regulated — for example, some states or communities set minimum distances from schools or churches. Research increasingly finds, however, that geographic density is the key aspect of outlet location — that is, the distance between outlets. Where over-concentrations of outlets occur, greater problems arise.

Governments can use their regulatory powers to reduce violence by:

- Making rules that set minimum distances between alcohol outlets;
- Limiting new licenses for areas that already have outlets too close together;
- Not issuing a new license when a particular location goes out of business;
- Permanently closing outlets that repeatedly violate liquor laws (such as by selling alcohol to minors or to intoxicated persons or allowing illicit drug sales or prostitution on the premises).



What implications do these findings have for state and local licensing policies?

The research strongly suggests that limits on outlet density may be an effective means of reducing alcohol problems, especially violence. States and communities can use controls on the number and location of alcohol outlets as a tool for reducing violence, creating a safer and healthier alcohol environment, and improving the quality of life of a community.

What other alcohol policies are important?

Alcohol is a legal and widely consumed commodity; but it is also a commodity that can create a variety of serious health and social problems. Alcohol policies are an important tool for preventing these problems. Every day, states and communities make decisions about the sale of alcohol: who can sell it, when and where it can be sold, who it can be sold to. State and local laws and policies control many aspects of the system by which alcohol is manufactured, marketed, sold, purchased, and consumed.

Regulations serve a variety of purposes, for example, they help ensure that tax revenues are collected. But the regulation of the business of selling alcohol goes beyond economic concerns. Each element of the regulatory system provides opportunities for creating a healthier social environment with respect to alcohol. For example, regulations can prevent unsafe sales practices — such as prohibiting all-you-candrink specials that encourage intoxication. Regulations can control advertising and promotion that appeals to minors and establish the minimum age and training qualifications for people who sell and serve alcohol. Each type of regulation has the potential to ensure that alcohol is consumed in a safe and healthy manner.

What aspects of alcohol availability can be regulated?

The regulation of alcohol sales can have an impact on the availability of alcohol – that is, how easy and convenient it is to buy. Some states and communities try to make alcohol less available by selling it only in limited places – for example, state liquor stores. Other communities sell it more freely – making it available in grocery stores, convenience stores, gas stations, laundromats, drive-through windows, and so forth. States and communities can also limit the hours and days of sale, and other aspects of the conditions of sale. The regulation of availability is important because research generally shows that when alcohol is more easily available, people drink more and more alcohol problems occur.



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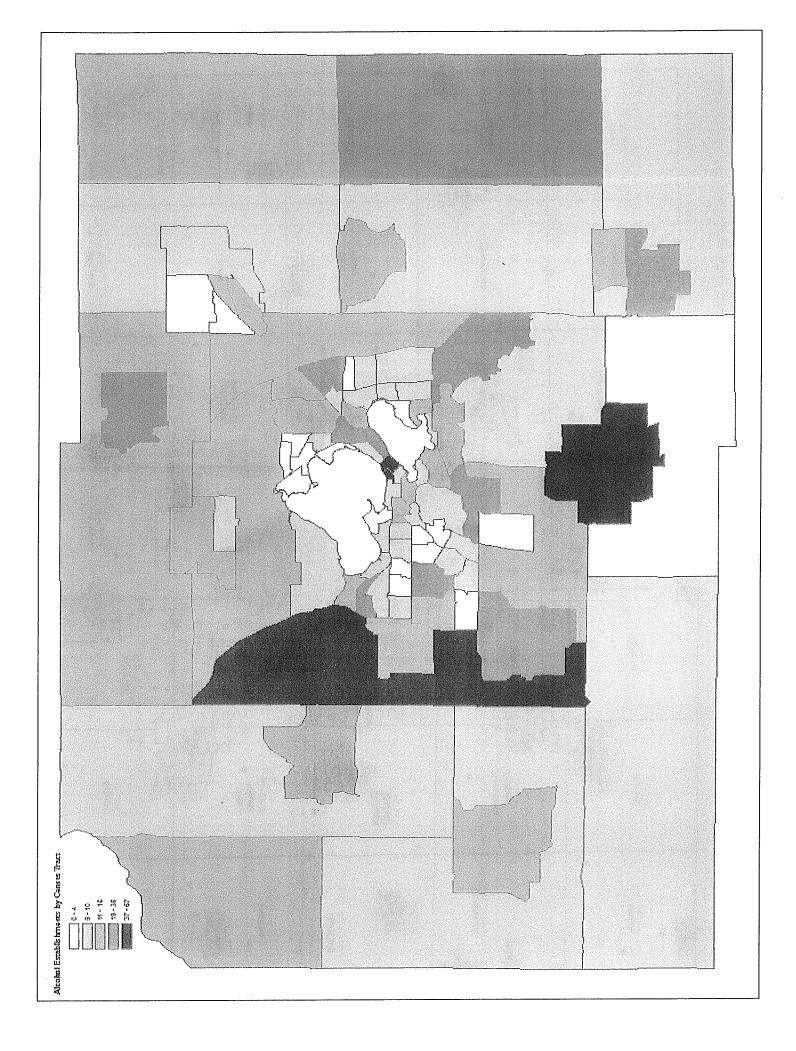
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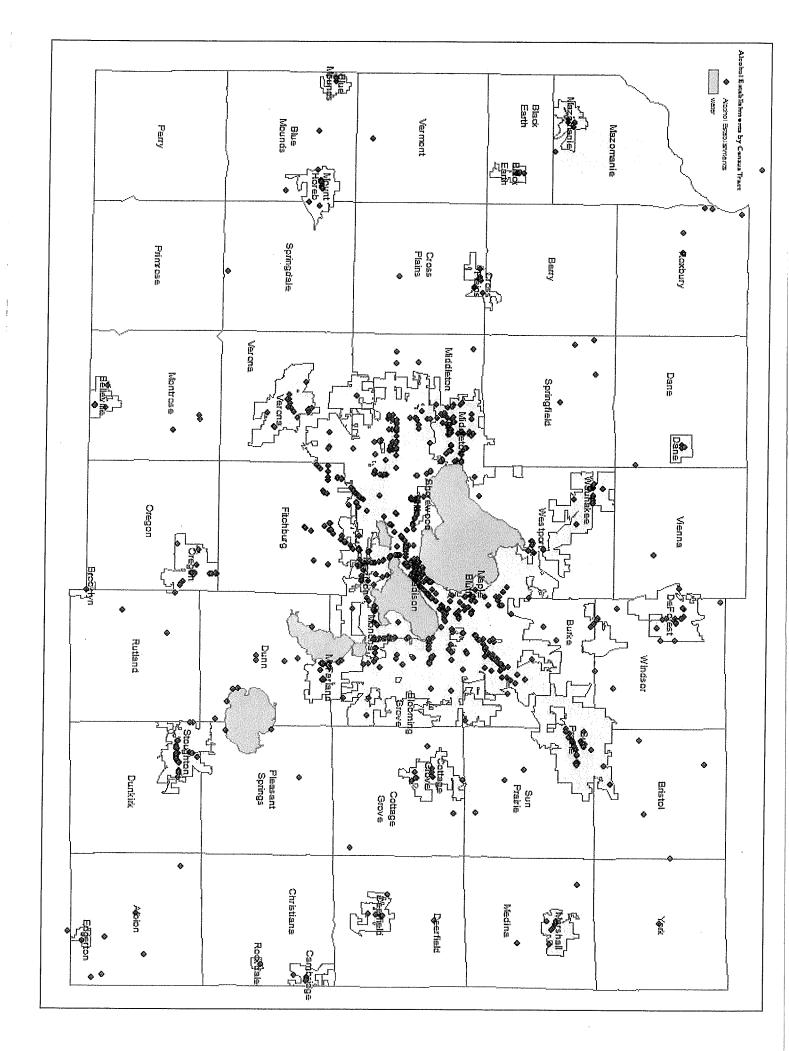
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Date: Jan. 19, 2011

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

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Alcohol more dangerous than heroin, cocaine: study

By Monique Ross

Updated Tue Nov 2, 2010 12:42pm AEDT

Alcohol is more dangerous than illegal drugs like heroin and crack cocaine, a study by British researchers has found.

The research, by the Independent Scientific Committee on Drugs (ISCD), examined the harm caused by substances including alcohol, tobacco, heroin, crack cocaine and cannabis.

Researchers examined how much each drug harmed an individual and also considered the dangers posed by the drug to wider society, such as economic costs and the impact on crime levels.

Drugs were scored with points out of 100, with 100 assigned to the most harmful drug on a specific criterion.

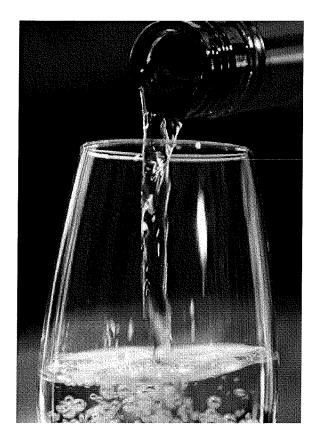
Heroin, crack cocaine and methamphetamine were found to pose the most danger to an individual, with scores of 34, 37 and 32 respectively.

But when the wider social effects were factored in, alcohol, with an overall score of 72, was judged to be most harmful, followed by heroin at 55, and crack cocaine with a score of 54.

The vice-president of the Australian Medical Association, Dr Steve Hambleton, says the conclusions of the study sound "reasonable".

He says though alcohol has some social benefits, it can have a range of damaging implications for both the individual and society.

"There are medical issues like liver disease, but before that there's relationship breakdown, violence, injury, there's all sorts of social disconnection that impacts on family," he said.



The study ranked alcohol as the most dangerous substance, with a score of 72 (AFP: Greg Wood)

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Dr Hambleton says you only have to look as far as today's Melbourne Cup to see the role alcohol plays in Australian society.

"Alcohol is built into our society - it's embarrassingly built into our society. It's part of our social fabric. We don't seem to be able to have a social gathering without having the alcohol come out," he said.

"At the Melbourne Cup, you see all sorts of embarrassing things ... people start drinking at lunchtime and by the evening they're intoxicated and making bad decisions."

The ISCD believes the findings, published online in British medical journal The Lancet, should guide government policy on drugs.

"The findings correlate poorly with present UK drug classification, which is not based simply on considerations of harm," the study said.

"They also accord with the conclusions of previous expert reports, that aggressively targeting alcohol ... is a valid and necessary public health strategy."

Dr Hambleton agrees more can be done to tackle the "binge-drinking culture" through policy.

"One is the volumetric pricing of alcohol for a start, so that each standard drink costs the same and there's not this perverse intention to buy cask wine or cask port, which has a very high level of standard drinks for a cheap price," he said.

"And things like the alcopop legislation didn't go far enough. This harm-minimisation, in some quarters, is too late because the harm is done."

But Dr Hambleton says Australia is starting to build some "anti-alcohol sentiment" back into society.

"Aboriginal Australians are leading the way, in some ways, having alcohol management programs in their communities.

"And I think that's showing leadership from the Aboriginal community that the rest of Australia should have a look at."

Tags: <u>health</u>, <u>drug-use</u>, <u>addictive-drugs</u>, <u>ecstasy</u>, <u>heroin</u>, <u>cocaine</u>, <u>medical-research</u>, <u>alcohol</u>, <u>australia</u>, <u>united-kingdom</u>, <u>england</u>

First posted Tue Nov 2, 2010 12:17pm AEDT

Comments (3)

Comments for this story are closed, but you can still have your say.

ABC (Moderator):

02 Nov 2010 2:49:55pm

What do you think of the research findings?

Agree (0) Alert moderator

o ng:

02 Nov 2010 3:18:48pm

Anyone involved in the health industry knows that alcohol (probably second only to time) is one of the biggest causes of disease burden in society.