



**OMAHA COALITION MEETING**  
*Wednesday, November 8, 2023*  
*9 a.m.*

**A G E N D A**

- I. Welcome and Introductions
- II. Review of the October 11, 2023 Meeting Minutes  
*(please contact PEM staff with corrections)*
- III. Redlining and Alcohol-Related Harms  
*Dr. Sean Haley, PhD, City University of New York*
- IV. Focus Area Updates
  - a. Local
    - i. Vision Zero at Omaha City Council
  - b. Policy
    - i. Prevention Letter
  - c. Enforcement
    - i. Compliance checks in December
  - d. Youth
    - i. Leadership Network Update – Next meeting: Monday, November 20<sup>th</sup> at 7-8 PM
  - e. Awareness
    - i. November Research Summary available at [www.projectextramile.org](http://www.projectextramile.org)
- V. Undesign The Redline Exhibit Tour
- VI. Adjournment and Next Meeting Date: **Holiday Meeting on December 13<sup>th</sup>, 9 a.m.**  
*UNO's Community Engagement Center, Room 231*

**IMPORTANT UPCOMING EVENTS**

Youth Leadership Network Meeting – November 20, 2023 at 7-8 PM  
Nebraska Liquor Control Commission Hearings – December 5, 2023

## PROJECT EXTRA MILE

### OMAHA METRO AREA COALITION MEETING MINUTES September 13, 2023

- I. Call to Order: Dr. Tom Safranek called the meeting to order at 9 a.m.
- II. Welcome and Introductions: Coalition members and speakers in attendance: Palistene Gray-Moore, Sharona Ernst, Ashley Pick, Maggie Ballard, Sadie Hinkel, Chris Foster, Margie Magnuson, Natalia Trinidad, Jordan Cedillo, Jim Timm, Fred Zwonechek, Diane Riibe, Alessia Wagner, and Tom Safranek. Coalition members in attendance via Zoom: Jim Boucher, Lanette Richards, Jona Beck, Zack Hicks, and Jolene Rohde. Staff members: Chris Wagner, Jenna Abbott, Beatha Kliever, and Liene Topko.
- III. Approval of Minutes: The minutes from the August 9<sup>th</sup> meeting were included in the coalition meeting packet. No additions or corrections were made.
- IV. The Importance of Community Involvement: Diane Riibe briefly discussed the history of the organization and how citizen engagement has been instrumental in the advocacy victories the organization has achieved. Riibe encouraged attendees to engage cities and counties, regulatory bodies like the Nebraska Liquor Control Commission, as well as state and federal legislative bodies. She and Chris Wagner also discussed opportunities for utilization of the City of Omaha's Good Neighbor Ordinance in response to a lack of support from the LCC in addressing problems caused by a business.
- V. Focus Area Updates
  - a. Local
    - i. Chris Wagner shared that the Throwback Arcade Lounge was before the Nebraska Liquor Control Commission (LCC) this month and despite the City of Omaha's recommendation for denial, tavern reports, and citizen protests, the liquor license was approved with conditions. Wagner and Riibe discussed that this business is the perfect opportunity for the city to utilize its Good Neighbor Ordinance to bring this business into compliance or shut it down if necessary, rather than relying on the state to solve the problem.
    - ii. Liene Topko discussed the mandatory meeting at the LCC for Rocco's Pizza & Cantina regarding its Jell-O Shot Challenge during the College World Series. The LCC brought them in to discuss staffing, security, and how the excessive jell-o shot purchases are handled. No difficult questions were asked of the business, and it was essentially a "keep up the good work" meeting.
    - iii. Chris Foster, community member in the Gifford Park neighborhood, shared that "Denim Days" in August caused alcohol-fueled chaos in the neighborhood. The police response resulted in approximately a hundred students scattering when the first citation was issued. There did not appear to be enough officers to deal with the large crowd.

b. Policy

- i. Wagner shared that the LCC plans to vote on its legislative letter in November, which will likely include items such as requiring responsible beverage server training, increasing liquor license fees, and other items. Project Extra Mile is drafting a "prevention letter" detailing alcohol-related harms in our state and evidence-based solutions that policymakers can use to address these problems. Coalitions and citizens are invited to sign onto the letter as well.
- ii. Wagner also updated the group on the LCC's Rules and Regulations hearings that were held this month. Some items the LCC is looking to change includes getting rid of double fencing requirements at SDL events; additional reporting requirements for alcohol shippers; and altering language regarding minor employees of liquor licensed businesses. Comments were submitted to the LCC on behalf of the coalition and included in the coalition packet.

c. Youth

- i. Jenna Abbott shared that Senator John Fredrickson will be speaking with the youth at the next Youth Leadership Network meeting.
- ii. The next Youth Leadership Network meeting is on Monday, September 18<sup>th</sup> at 7-8 p.m. at the UNO Community Engagement Center.

d. Awareness

- i. The September Research Summaries are available at [www.projectextramile.org/ResearchSummary](http://www.projectextramile.org/ResearchSummary)

VI. Additional Discussion/Announcements: None

VII. Adjournment and Next Meeting Date: The meeting was adjourned at 10:15 a.m.



Article

# Neighborhood Alcohol Outlet Density, Historical Redlining, and Violent Crime in NYC 2014–2018

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**Abstract:** Alcohol outlets tend to cluster in lower income neighborhoods and do so disproportionately in areas with more residents of color. This study explores the association between on- and off-premise alcohol outlet density and history of redlining with violent crime in New York City between 2014 and 2018. Alcohol outlet density was calculated using a spatial accessibility index. Multivariable linear regression models assess associations between the history of redlining, on-premise and off-premise alcohol outlet density with serious crime. Each unit increase in on- and off-premise alcohol density was associated with a significant increase in violent crime ( $\beta = 3.1$ ,  $p < 0.001$  on-premise and  $\beta = 33.5$ ,  $p < 0.001$  off premise). In stratified models (redlined vs not redlined community block groups) the association between off-premise alcohol outlet density and violent crime density was stronger in communities with a history of redlining compared to those without redlining ( $\beta = 42.4$ ,  $p < 0.001$  versus  $\beta = 30.9$ ,  $p < 0.001$ , respectively). However, on-premise alcohol outlet density was only significantly associated with violent crime in communities without a history of redlining ( $\beta = 3.6$ ,  $p < 0.001$ ). The violent crime experienced by formerly redlined communities in New York City is likely related to a legacy of racialized housing policies and may be associated with state policies that allow for high neighborhood alcohol outlet density.

**Keywords:** alcohol; policy; density; redlining; violent crime; policy



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## 1. Introduction

In the two decades prior to the onset of the COVID-19 pandemic, there was a significant net increase in U.S. alcohol consumption of approximately 3% per decade. Binge drinking increased during the same period by 7.5% per decade [1]. Between 2006 and 2014, there was a 62% increase in alcohol related emergency room visits [2]. Furthermore, according to the National Institute on Alcohol Abuse and Alcoholism, there was a doubling of alcohol-related deaths for those aged 16 and above from 1999 to 2017 (from 35,914 to 72,558), such that the overall age-adjusted death rate increased by 50.9% (from 16.9 to 25.5 per 100,000). Rates increased for all age groups, except for those 75 and older, and increased for all racial and ethnic groups, except among Hispanic males and non-Hispanic Blacks whose rates dipped initially then increased [3].



For over a decade, the Community Preventive Services Task Force has recommended reducing alcohol outlet density to decrease alcohol-related harms [4]. Societal harms associated with alcohol outlet density include greater youth access and underage drinking [5,6], as well as increased instances of violent crime [7]. In New York City (NYC), alcohol outlet density was associated with increased prevalence of alcohol use disorders [8], and cyclist and pedestrian death by a motor vehicle [9]. Off-premise alcohol retail store and on-premise restaurant alcohol outlet density in NYC were significantly associated with street robbery and aggravated assault while on-premise bars/taverns were not [10]. Regulating alcohol outlet density through the reduction or limitation of alcohol licenses remains an important strategy to reduce alcohol-related harms [4].

Consistent with structural frameworks of disease causation [11], alcohol outlets tend to cluster in lower income neighborhoods and do so disproportionately in high poverty areas with more Black, Indigenous, and other residents of color [12,13]. In addition, people living with lower socio-economic status experience nearly twice the mortality from alcohol-attributable causes compared to all other causes of mortality [14,15]. Previous studies found associations between alcohol outlet density and poverty [7,16], as well as associations between alcohol outlet density and the legacy of discriminatory housing practices, including ‘redlining’ [17].

As a part of the New Deal initiatives during the Great Depression, the Federal Housing Authority supervised the sale of homes constructed with federal dollars and enacted policies that prohibited their sale to ‘inharmonious racial groups’, citing a potential loss of property values, which would place these federally insured loans at risk of default [18,19]. The Home Owners’ Loan Corporation provided risk assessments to the Federal Housing Authority, including color-coded maps. ‘Undesirable’ neighborhoods were given the letter grade ‘D’ and colored in red [19,20]. Consequently, federally insured loans included ‘restrictive covenant’ clauses within mortgage contracts and deeds that prohibited sale or resale to Black families [19], effectively barring Black families from gaining or passing wealth achieved from home ownership to future generations [21]. As such, the Home Owners’ Loan Corporation maps serve as a proxy for past racialized government policies. Although outlawed in the 1960s, the laws serve as codified discriminatory policies and are separate from the indicators of the policies’ consequences, including racial concentration and economic sedimentation [22]. This study aims to: (1) explore the association of on- and off-premise alcohol outlet density and the history of redlining with violent crime in New York City between 2014 and 2018, and (2) assess whether the associations between alcohol outlet density and violent crime are modified by a history of redlining.

## 2. Materials and Methods

### 2.1. Alcohol Outlet Density at the Census Block Group (CBG) Level

Point location data for alcohol outlets were extracted from the New York State Liquor Authority database by utilizing the public license query feature [23]. To minimize the effect of licenses that were newly approved just prior to the start or the end of the study period (2014–2018), licenses with approval dates less than six months prior to the start of 2014, and approval dates within the last six months of 2018 were excluded. License location data were matched to address points using the ArcGIS World Geocoder ( $n = 11,774$ ). This included both on-premise ( $n = 6606$ ) and off-premise ( $n = 5168$ ) alcohol outlets. Wholesale ( $n = 16$ ), manufacturing ( $n = 11$ ), and seasonal ( $n = 27$ ) licenses were excluded. Alcohol outlets with incomplete, unmatched, and/or duplicate addresses were excluded ( $n = 65$ , 0.6%).

To calculate alcohol outlet density, the CDC recommends several methods, which fall into four broad categories: count-based, container-based, distance-based, and spatial access-based [24]. This study utilized a spatial accessibility index, which is better suited to assess clustering, measure exposed populations, address access potential, and evaluate harms when compared to simpler container- and distance-based approaches [25]. The spatial accessibility index was calculated by first specifying a “choice set” (the number

of outlets used to assess population exposure). The CDC recommends values between five and nine [24]. In this study, we selected nine due to the relatively high population density and concentration of outlets in most NYC boroughs. The Euclidean distance from each CBG centroid (representing population centers) and the nearest nine outlets was then determined. The spatial access score/alcohol outlet density was then calculated as the sum of the inverse distances for all nine alcohol outlets per CBG. As such, the shorter distances to the nearest outlets in a CBG result in larger alcohol outlet density scores.

## 2.2. Violent Crime

Violent crime data were obtained from the New York City Police Department for the years 2014–2018. Violent crime was defined as murder, shooting victim, rape, robbery, or aggravated assault, as these categories are more consistently reported to law enforcement agencies. In New York City, violent crime points were geocoded to the nearest intersection or the midsection of street segments [24]. The geo-coded points were then aggregated to CBG and divided by area to calculate violent crime density (crimes per mi<sup>2</sup>) to match the other datasets for analysis.

## 2.3. Redlining

Redlining data were obtained from the Mapping Inequality database and capture data produced between 1935 and 1940 [26]. Using Arc GIS, previously redlined areas were overlaid with current maps of the five boroughs of New York City to align them to current CBG boundaries. CBGs in which greater than 50% of the area was previously redlined were categorized as having a history of redlining.

## 2.4. Neighborhood Demographics

CBG population characteristics were obtained from the 2018 American Community Survey (ACS) 5-year estimates for years 2014–2018 [27]. The population is described in terms of the percent with income below the poverty federal poverty line, percent of adults  $\geq 25$  years old who did not graduate from high school, population density per mile squared, percent of the population identifying as non-Hispanic Black, percent of the population identifying as Hispanic/Latino, percent of the population that moved in since 2015, percent of housing units that were vacant, and the percent of housing units which were owner-occupied. New York City CBGs served as the unit of analysis. Ninety-six CBGs (populations of fewer than 100 residents including airports, commercial areas, and parks), were excluded from the analysis.

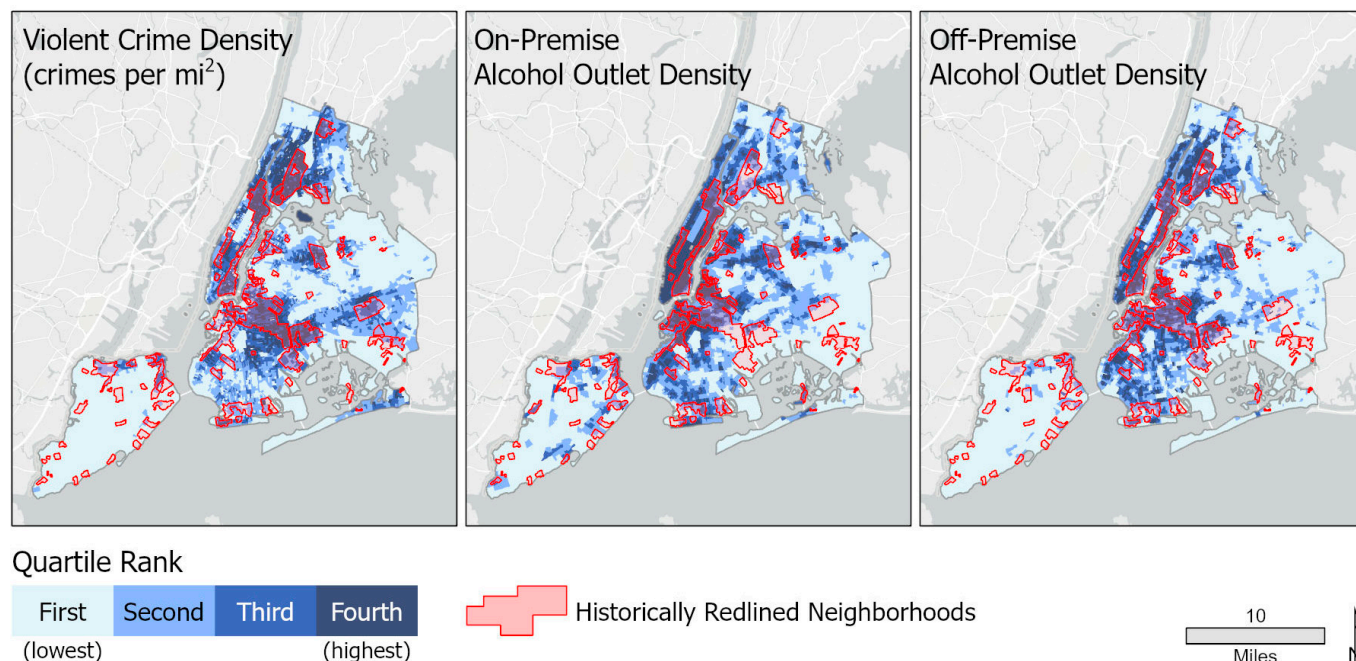
## 2.5. Statistical Analysis

We described the communities overall and stratified on whether they had a history of redlining. The statistical significance of differences in community characteristics by redlining history was assessed with a Wilcoxon rank sum test. We mapped the distribution of the variables of primary interest (density of on-premise, off-premise alcohol outlets, and crime), indicating which neighborhoods had a history of redlining in New York City using ArcGIS Pro version 2.9 [28]. We then ran crude and multivariable linear regression models to assess the crude and adjusted associations between history of redlining, on-premise alcohol outlet density, and off-premise alcohol outlet density with density of serious crime. The multivariable model included all the characteristics of the communities described above. We then added interaction terms for redlining history\*on-premise alcohol outlet density and redlining history\*off-premise alcohol outlet density to the multivariable model with the understanding that if either interaction term was significant, we would run the multivariable model stratified on redlining history to assess effect modification (i.e., how the association between on- and off-premise alcohol outlet density differs between communities with a history of redlining versus those without such a legacy). All analyses were conducted in R and significance set at  $\alpha = 0.05$  for main effects and  $\alpha = 0.1$  for effect modification, due to the lower statistical power associated with testing interaction.

### 3. Results

#### 3.1. Description of the Communities

A total of 6198 CBGs were included in the analyses. Overall, 28.2% of NYC CBGs had at least 50% of their area in historically redlined neighborhoods. The average number of violent crimes per square mile was 2012 in historically redlined CBGs compared to 1166.5 in non-redlined communities ( $p < 0.001$ ). The mean alcohol outlet density for both on- and off-premise outlets was significantly higher in redlined CBGs (14.0 versus 8.7,  $p < 0.001$  and 13.0 versus 9.6,  $p < 0.001$ , respectively) (Figure 1).



**Figure 1.** Distribution of violent crime density, on-, and off-premise alcohol outlet density/access score in redlined and non-redlined neighborhoods in New York City.

Other CBG variables, including population density, percent below the federal poverty line, percent of adults 25 years or older without a high school degree, percent of the population identifying as Hispanic/Latino or non-Hispanic Black, percent of the population that moved in since 2015, and percent of homes that were vacant, were all significantly greater in redlined communities. The percent of owner-occupied homes was significantly lower in redlined communities (24.7% versus 39.7%,  $p < 0.001$ ) (Table 1).

**Table 1.** Description of the Communities overall and by history of redlining.

Variable	Overall	Redline Neighborhood	Non-Redlined Neighborhood	Wilcoxon Rank Sum p-Value
Census block groups, n (%)	6198 (100.00)	1750 (28.23)	4448 (71.77)	NA
Density of violent crime per mile <sup>2</sup>				<0.001
Mean (SD)	1405.28 (1759.80)	2012.25 (1912.20)	1166.47 (1635.68)	
Median (min, max)	728.85 [0.00, 19720.90]	1462.80 [0.00, 16527.10]	542.85 [0.00, 19720.90]	
On-premises alcohol outlet density				<0.001
Mean (SD)	10.17 (17.11)	14.00 (20.47)	8.67 (15.33)	
Median (min, max)	6.39 [0.78, 786.60]	9.07 [0.97, 454.70]	5.80 [0.78, 786.60]	
Off-premise alcohol outlet density				<0.001
Mean (SD)	10.55 (7.20)	12.98 (7.02)	9.60 (7.05)	
Median (min, max)	9.41 [0.95, 217.55]	12.23 [1.30, 119.34]	8.21 [0.95, 217.55]	
Percent of the population living below the federal poverty line				<0.001
Mean (SD)	18.26 (15.09)	22.42 (17.14)	16.62 (13.87)	
Median (min, max)	14.10 [0.00, 93.50]	18.80 [0.00, 93.50]	12.90 [0.00, 91.60]	

Table 1. Cont.

Variable	Overall	Redline Neighborhood	Non-Redlined Neighborhood	Wilcoxon Rank Sum <i>p</i> -Value
Percent of the population without a high school degree				0.003
Mean (SD)	18.48 (13.80)	19.87 (15.52)	17.93 (13.03)	
Median (min, max)	16.00 [0.00, 80.60]	17.55 [0.00, 80.60]	15.40 [0.00, 76.30]	
Population density per mile <sup>2</sup>				<0.001
Mean (SD)	65596.56 (52965.28)	79200.29 (54825.55)	60244.37 (51240.69)	
Median (min, max)	50829.50 [79.40, 518070.40]	65695.85 [659.10, 490690.70]	45193.00 [79.40, 518070.40]	
Percent of the population identifying as non-Hispanic Black				<0.001
Mean (SD)	21.89 (28.35)	27.61 (29.09)	19.64 (27.73)	
Median (min, max)	6.50 [0.00, 100.00]	15.70 [0.00, 100.00]	5.00 [0.00, 100.00]	
Percent of the population identifying as Hispanic/Latino				0.005
Mean (SD)	27.88 (25.01)	29.35 (25.50)	27.31 (24.79)	
Median (min, max)	19.10 [0.00, 100.00]	21.05 [0.00, 98.30]	18.30 [0.00, 100.00]	
Percent of the population that moved in since 2015				<0.001
Mean (SD)	13.20 (9.22)	14.93 (9.90)	12.52 (8.85)	
Median (min, max)	11.97 [0.00, 81.25]	13.84 [0.00, 59.22]	11.32 [0.00, 81.25]	
Percent of the housing that is vacant				<0.001
Mean (SD)	8.61 (8.13)	9.51 (8.37)	8.26 (8.01)	
Median (min, max)	7.00 [0.00, 67.10]	7.70 [0.00, 51.90]	6.80 [0.00, 67.10]	
Percent of homes owned by the residents				<0.001
Mean (SD)	35.43 (28.07)	24.66 (22.82)	39.67 (28.81)	
Median (min, max)	30.81 [0.00, 100.00]	19.05 [0.00, 100.00]	36.97 [0.00, 100.00]	

### 3.2. Linear Regression Results

In the crude models, CBGs with a history of redlining had on average 845.8 more violent crimes per square mile than neighborhoods without a history of redlining ( $p < 0.001$ ). Each unit increase in the number of on-premise alcohol outlets per square mile was associated with an increase of 6.9 violent crimes per square mile ( $p < 0.001$ ), and each unit increase in the number of off-premise alcohol outlets per square mile was associated with an increase of 88.6 crimes per square mile ( $p < 0.001$ ) (Table 2).

**Table 2.** Linear regression models examining the association of redlining, on-premise and off-premise alcohol outlet density, and covariates with crime.

Variable	Crude Models (n = 6198 for All Models)			Multivariable Model (n = 6198)			<i>p</i> -Value for Interaction W/Redlining Added to Multivariable Model
	Beta	95% Confidence Interval	<i>p</i> -Value	Beta	95% Confidence Interval	<i>p</i> -Value	
History of redlining	845.77	750.73, 940.82	<0.001	205.77	128.68, 282.85	<0.001	
On-premise alcohol outlet density	6.92	4.36, 9.47	<0.001	3.08	0.97, 5.18	<0.001	0.090
Off-premise alcohol outlet density	88.62	82.95, 94.29	<0.001	33.50	28.08, 38.92	<0.001	<0.001
Percent of the population below the federal poverty line				15.82	12.83, 18.8	<0.001	
Percent of the population without a high school degree				7.96	4.57, 11.35	<0.001	
Population density per mile <sup>2</sup>				0.01	0.01, 0.01	<0.001	
Percent of the population identifying as non-Hispanic Black				15.31	14.08, 16.55	<0.001	
Percent of the population identifying as Hispanic/Latino				16.61	14.85, 18.38	<0.001	
Percent of the population that moved in since 2015				−2.40	−6.36, 1.55	0.230	
Percent of the housing that is vacant				6.34	2.14, 10.55	<0.001	
Percent of homes owned by the resident				−7.45	−9.19, −5.71	<0.001	

After adjusting for community characteristics in the multivariate model, the associations were attenuated but remained significant. Communities with a history of redlining experienced 205.8 more crimes per square mile, on average, than communities without a history of redlining ( $p < 0.001$ ). Each unit increase in on- and off-premise alcohol density was associated with a significant increase in violent crime, although association was stronger for off-premise density ( $\beta = 3.1$ ,  $p < 0.001$  and  $\beta = 33.5$ ,  $p < 0.001$ , respectively) (Table 2). In a test for collinearity, the variable inflation factor (VIF) for the redlining variable was just over 1.1 and VIFs for all the other variables had values below 2.2, well below recommended thresholds.

### 3.3. Effect Modification of the Association between On- and Off-Premise Alcohol Outlet Density and Violent Crime Density by History of Redlining

When interaction terms for history of redlining\*alcohol outlet density were added to the multivariate model, both redlining\*off-premise alcohol outlet density and redlining\*on-premise outlet density were statistically significant at our a priori  $\alpha = 0.1$  (interaction term  $p < 0.001$  and  $p = 0.090$ , respectively). We ran the multivariable model stratified on the history of redlining and found that the strength of the association between alcohol outlet density and violent crime density varied by history of redlining, but the direction of the variation differed for on-versus off-premise outlets. As hypothesized, the association between off-premise alcohol outlet density and violent crime density was stronger in communities with a history of redlining compared to those without ( $\beta = 42.4$ ,  $p < 0.001$  versus  $\beta = 30.9$ ,  $p < 0.001$ , respectively). However, on-premise alcohol outlet density was not associated with violent crime in formerly redlined neighborhoods. Rather, the association between on-premise alcohol outlet density and violent crime density was only significant in communities without a history of redlining compared to those with such a legacy ( $\beta = 3.6$ ,  $p < 0.001$ . versus  $\beta = 2.8$ ,  $p = 0.170$ , respectively) (Table 3).

**Table 3.** Multivariable linear regression model stratified on history of redlining.

Variable	Redlined Neighborhoods (n = 1750)			Non-Redlined Neighborhoods (n = 4448)		
	Beta	95% Confidence Interval	p-Value	Beta	95% Confidence Interval	p-Value
On-premises alcohol outlet density	2.81	−1.17, 6.79	0.170	3.63	1.14, 6.11	<0.001
Off-premise alcohol outlet density	42.36	30.87, 53.85	<0.001	30.94	24.94, 36.94	<0.001
Percent of the population living below the federal poverty line	15.21	9.36, 21.06	<0.001	14.31	10.86, 17.76	<0.001
Percent of the population without a high school degree	4.98	−2.07, 12.02	0.170	8.49	4.71, 12.27	<0.001
Population density per mile <sup>2</sup>	0.01	0.01, 0.01	<0.001	0.01	0.01, 0.01	<0.001
Percent of the population identifying as non-Hispanic Black	20.85	18.03, 23.67	<0.001	13.49	12.15, 14.83	<0.001
Percent of the population identifying as Hispanic/Latino	19.08	15.24, 22.92	<0.001	15.87	13.93, 17.82	<0.001
Percent of the population that moved in since 2015	−4.54	−12.84, 3.77	0.280	−0.20	−4.6, 4.2	0.930
Percent of the housing that is vacant	7.35	−1.54, 16.25	0.110	6.57	1.91, 11.24	0.010
Percent of homes owned by the residents	−16.12	−20.17, −12.06	<0.001	−5.15	−7.02, −3.28	<0.001

## 4. Discussion

We found that the distribution of on- and off-premise alcohol outlets and of violent crime was denser in communities with a history of redlining. Furthermore, there was a positive association between density of both on- and off-premise alcohol outlets and violent crime. Importantly, the structural effects of redlining are maintained when current socioeconomic indicators are adjusted for, suggesting that formerly redlined areas continue to be associated with crime independent of the current SES indicators that were added to the model. In addition, in the stratified model separating historically redlined neighborhoods from other neighborhoods, we found that the association between off-premise (but not



on-premise) alcohol outlet density and violent crime density was significantly stronger in communities with a history of redlining compared to those without this history.

Previous studies found similar associations between alcohol outlet density and violent crime [7,10,14], and alcohol density and redlining [15]. Gorman et al. (2001) assessed the association between alcohol outlet density (measured as total outlets per 100 population) and violent crime in Camden, New Jersey, controlling for poverty and other population characteristics [16]. The study found that total (on-premise + off-premise) alcohol outlet density contributed significantly to violent crime within block groups [16]. Trangenstein et al. (2018) explored the association between access to alcohol outlets and violent crime in Baltimore MD, with attention to outlet characteristics and types of crime [7]. Using a spatial accessibility index, the Trangenstein study found a positive relationship between alcohol outlet density and violent crime. Specifically, the authors found that each 10% increase in alcohol outlet access was associated with a 4.2% increase in violent crime exposure. The authors also identified differential effects, such that a 10% increase in access to off-premise outlets and combined off- and on-premise outlets had a greater association with violent crime than on-premise outlets [7]. In a subsequent Baltimore study, Trangenstein et al. (2020) examined the association between CBG characteristics and alcohol outlet clusters by type of alcohol outlet. The authors found that CBGs that were redlined had 7.3 times the odds of being in an off-premise cluster, 8.1 times the odds of being in an on-premise cluster, and 8.6 times the odds of being in a combined (on- and off-premise) cluster [17].

Feng et al. also used spatial adjustment to assess the association between alcohol outlets and street robberies and aggravated assaults in NYC. They found that among nine categories of alcohol outlets, two on-premise (eateries and restaurants) and two off-premise alcohol outlets (grocery stores and alcohol retail stores) were associated with aggravated assault. In addition, three on-premise (e.g., eateries, bars/taverns, and restaurants) and three off-premise alcohol outlets (e.g., grocery stores, alcohol retail stores, and drug stores) were associated with street robberies. While grocery stores were associated with robberies and assault in all five boroughs, three on-premise venues (e.g., night clubs, hotels, and other eateries) were not associated with robberies or assaults in any borough [10].

Interestingly, while we found that the association between density of off-premise alcohol outlets and violent crime was modified by redlining, the direction of the effect modification for on-premise alcohol outlets was such that the association between on-premise alcohol outlet density and violent crime density was only modified in communities without historical redlining. Our finding may be related to neighborhood variations in economic composition, including rapid neighborhood gentrification in NYC, or to variation in the types of on-premise outlets (hotels vs. nightclubs) within those neighborhoods [15]. Still, although outlawed in the 1960s, redlining codified discriminatory housing policies and continues to be associated with a myriad of health conditions in NYC and elsewhere, suggesting that it has long-lasting impacts [22].

In NY State, Chapter 478 of the Laws of 1934 created the State Liquor Authority and the Division of Alcoholic Beverage Control. According to the law, the State Liquor Authority was established to “regulate and control the manufacture and distribution within the state of alcoholic beverages for the purpose of fostering and promoting temperance in their consumption and respect for and obedience to law; for the primary purpose of promoting health, welfare and safety of the people of the state, and, to the extent possible, supporting economic growth . . . ” The statute also authorizes the State Liquor Authority to “determine whether public convenience and advantage will be promoted by the issuance of licenses to traffic in alcoholic beverages . . . and to carry out the increase or decrease in the number thereof and the location of premises licensed . . . in the public interest” [29]. In keeping with its health mandate, results from this paper suggest that the State Liquor Authority might consider limiting the number or licenses in neighborhoods with high outlet density.

Alcohol license applicants in NY State must notify their respective municipalities 30 days in advance of submitting the application. In NYC, the city notifies the appropriate community board. Even though communities can submit a recommendation opposing the

alcohol license application, the recommendations are not binding. In 2022 it was revealed that the State Liquor Authority receives 75,000 applications every year and that the average review time is 26 weeks [30,31]. Rather than calling for a review of alcohol outlet density in the face of increasing alcohol related harms, in 2022, Governor Hochul proposed increasing the agency's budget by 2 million dollars to expedite alcohol application processing [31]. Given the results of this and other studies that suggest strong associations between alcohol outlet density and violent crime in NY [7,10,14], the governor's budget request does not appear to align with the NY State Liquor Authority's stated mission of promoting health and safety.

This study has limitations. The analyses used data aggregated to the CBG, and thus the results can only be interpreted as applying to the CBG and not to the individuals living within these communities (i.e., the ecological fallacy whereby population-level correlations are assumed to parallel individual-level correlations) [32]. Although we used a spatial accessibility index as recommended [23], and our analysis relied on Euclidean distances, it is possible that the use of network distances potentially produced slightly different results. As other researchers suggested, there is tremendous variation within categories of on- and off-premise alcohol outlets related to outlet size, capacity, how alcohol is consumed, and whether alcohol consumption by those in the neighborhood is directly related to the violence committed in the defined geographic areas [33]. In addition, the analyses relied on the most recent violent crime data available to the researchers at the time of the study, and the analyses were cross-sectional, such that we cannot determine causation. Furthermore, it is possible that we failed to adjust for all confounders, for example, we did not control for sociodemographic variables in the year 1940 that reflected neighborhood composition to control for differences that pre-dated redlining maps [34]. We might also point out that this analysis was conducted with data from New York City before the COVID-19 pandemic, and it is unclear whether similar associations would be found following the pandemic or in other locations.

Findings from this study add to the growing literature related to the persistent negative health consequences of structural racial discrimination. Although there are a myriad of potential pathways, the effects of legally codified discrimination appear to have sedimentary health effects on the populations who remain [22]. Our findings suggest that the persistent health effects of redlining will not be easily reversed, but that reducing the density of alcohol outlets may serve to ameliorate at least one set of health consequences.

## 5. Conclusions

Our results suggest that high concentrations of alcohol outlets are associated with violent crimes within low-income neighborhoods. In addition, racialized housing practices appear to have a persistent negative impact on neighborhoods long after such practices are formally abolished. Reducing the concentration of alcohol outlets may be one strategy to reduce violent crime in NYC neighborhoods, the effects of which may be stronger within formerly redlined communities. As such, initiatives addressing neighborhood planning, zoning, and licensing remain the effective approaches to reduce socioeconomic inequalities for alcohol-attributable outcomes [35].

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# YOUTH LEADERSHIP NETWORK

COMMUNITY ENGAGEMENT. ADVOCACY. AWARENESS. ACTION

## READY TO MAKE A DIFFERENCE IN YOUR COMMUNITY?



Youth in grades 8-12 in the Omaha Metro Area are invited to join Project Extra Mile's Youth Leadership Network. Members will learn about the harms of excessive alcohol use in our community, develop the leadership skills needed to make real change, and put those skills into action!

## FOCUSING ON EVERYTHING YOU NEED TO LEAD



Project Extra Mile has been creating community change for over 25 years and we are passionate about reducing alcohol-related harms in our community. In the Youth Leadership Network, we focus on teaching and practicing the skills needed to create change. Youth will receive expert guidance on projects that will utilize media literacy, public speaking, advocacy, problem-solving, and community organizing skills that they'll develop from this initiative.

## A YOUTH-LED APPROACH



We're serious about youth leadership, which is why all projects are planned and developed by the youth themselves. Youth projects over the last couple years have included hosting a town hall, meeting with state senators, creating media campaigns to raise awareness, and more!

**MEET AND LEARN FROM LOCAL AND STATE POLICYMAKERS**

**CREATE YOUR OWN MEDIA CAMPAIGNS**

**LEARN HOW TO USE YOUR INDIVIDUAL LEADERSHIP STYLE**

**MEET NEW FRIENDS AND DEVELOP SKILLS TO LAST A LIFETIME**

**COLLEGE SCHOLARSHIP OPPORTUNITY AVAILABLE FOR SPRING 2024!**







**GROW YOUR LEADERSHIP SKILLS AND MAKE FRIENDSHIPS THAT LAST A LIFETIME**

## YOUTH LEADERSHIP NETWORK SPRING MEETING SCHEDULE

**JANUARY 22, 2024**  
7-8 P.M.  
UNO CEC

**FEBRUARY 12, 2024**  
7-8 P.M.  
UNO CEC

**MARCH 18, 2024**  
7-8 P.M.  
UNO CEC

**APRIL 15, 2024**  
7-8 P.M.  
UNO CEC

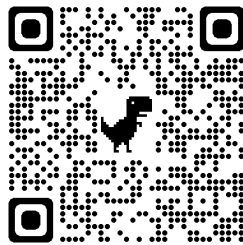
**EXTRA MEETINGS  
AS NEEDED**

**YOUTH ADVOCACY DAY  
AT THE STATE CAPITOL  
SPRING 2024**

**YOUTH LEADERSHIP  
TRAINING  
JUNE 2024**

## HOW TO JOIN

The Youth Leadership Network is open to all Omaha-area youth in grades 8 through 12 who want to grow as leaders and are interested in preventing alcohol-related harms in our community with the skills they develop. To indicate your interest in joining us for our next meeting, please fill out the form using the QR code below. YLN is completely free to join!



**Register here!**

## WHERE WE MEET

The Youth Leadership Network meetings are held once a month at the Barbara Weitz Community Engagement Center (CEC) on the University of Nebraska-Omaha campus at 6400 Dodge Street, Omaha, NE. Parking is free and food and drinks are provided at each meeting (must register for food).

## LEARN MORE!

To learn more about the Youth Leadership Network, please visit [www.projectextramile.org/youth](http://www.projectextramile.org/youth) or contact us at [youth@projectextramile.org](mailto:youth@projectextramile.org) or (402) 963-9047

Find us on:





**RESEARCH SUMMARY**  
Date Compiled: November 2023

**Key takeaways from included research:**

- Previous research has shown that transgender and non-binary individuals may be at greater risk for alcohol harms. A new study explored the relationship between risk of alcohol dependence, experience of alcohol harms, drinking motives, dysmorphia, and discrimination in the United Kingdom. Researchers found that higher risk of dependence and more harms were reported among individuals experiencing higher levels of discrimination. Interventions must target enhancement motives, coping motives, and gender dysmorphia.
- A study was conducted to examine potential geographic disparities in documentation of alcohol-related problems in primary care electronic health records which may lead to lack of treatment for alcohol use disorder (AUD). Researchers found that individuals with higher practice-levels of Social Deprivation Index (SDI) were associated with lower odds of alcohol-related problem documentation. They expressed that practices located in areas with higher levels of need may require more specialized training, resources, and practical evidence-based tools to ensure proper care of individuals who may present with AUD.
- This study examined the influence of parental alcohol use on youth's early onset of use in Taiwan. They found that parent-youth relationships are protective factors for youth whose parents do not drink alcohol and increases the likelihood of alcohol use among youth whose parents drink among junior high school students. One additional point of parental alcohol use increased the likelihood of youth use by 68%. Researchers suggest needing to better guide youth in their decision-making process when it comes to alcohol use, despite parental behavior to reduce early onset of alcohol use.

## **Authorities identify juveniles killed in rural Douglas County crash**

Written by WOWT Staff

OMAHA, Neb. (WOWT) - The Douglas County Sheriff's Office has released the identities of the two children killed in a fatal single-vehicle accident last week.

Ray L. Htoo and Eh Ywa Htoo, both 16 years old, were named as the two individuals who died in the fiery crash in north Douglas County near the Washington County line.

Three other juveniles were in the vehicle and all three sustained injuries, according to investigators.

After a thorough search of the vehicle's burned remains, investigators confirmed the car had been stolen from Omaha on the same day as the crash. The owner has been notified.

Investigators consider speed, drugs, alcohol, and reckless driving as "probable" factors in the crash, which happened when the vehicle struck a tree head-on while traveling northbound on N. River Drive.

Authorities also believe some of the juveniles in the crash may have affiliations with a local street gang known for stealing Kia vehicles in the Omaha area.

Ray Htoo, who was driving the vehicle, was under juvenile court supervision at the time of the crash, having been arrested multiple times on charges of firearm possession, theft, and felony flight from arrest.

The Douglas County Sheriff's Office urges anyone with more information regarding this incident to contact its tipline at 402-444-6000.

## **Cancer warnings could be coming to wine bottle and beer can labels**

Written by Aisha Dow

Bottles of wine and beer cans could soon be slapped with health warning labels similar to cigarette packets if the government heeds calls from national health groups.

The federal government is seeking advice on options to raise public awareness about alcohol harm after doctors' groups launched a bid for cancer and other health warnings to be placed on all alcoholic beverages.

The Australian Medical Association (AMA), the Royal Australian College of General Practitioners (RACGP), and the Foundation for Alcohol Research and Education (FARE) are calling for alcohol producers to be forced to print labels on bottles, cans and casks warning of the risk of liver disease, cancer, heart disease, poor mental health, injury and alcohol poisoning.

In comments that are likely to worry the alcohol industry, the federal minister responsible for food and beverage labelling, Ged Kearney, said that she had sought advice from her department on options for raising consumer awareness about the harms associated with alcohol.

It is expected the advice will canvass new warning labels.

"The Australian government recognises the importance of labelling to raise consumer awareness of, and seek to prevent, alcohol-related harms," said Kearney, the assistant minister for health and aged care.

The warning label campaign is supported by NSW woman Rachel Allen, whose son Dylan died last year at the age of 26, from alcohol-induced hepatitis, an inflammation of the liver.

The young man, an animal lover who was described by his mother as clever and informed about international politics, had been drinking up to five litres of cask wine a day.

Allen said in a statement provided by FARE that her son said before he died that if he could leave any legacy, it would be health warning labels on alcohol.

She wants products to carry labels that include photographs showing the harm alcohol can cause.

"I hope that a day will come when I could even volunteer to share pictures of Dylan before his death, when he was jaundiced... This would show the devastating impact that alcohol can have."

Alcohol has long been a celebrated and intractable part of the nation's culture. Last year, new prime minister Anthony Albanese was cheered on by revellers as he skolloed a beer at a concert.

However, alcohol is also linked to more deaths in Australia than every illicit drug combined, attributed to about 6500 deaths each year, including hundreds of cases of breast, bowel and liver cancer.

"Alcohol has been so embedded in our culture, and the risks are underestimated significantly," said RACGP president Dr Nicole Higgins.

"[It causes] cancer. The impact on mental health... it's a huge risk factor for heart disease. And many of our injuries that happen, especially with our young people, are alcohol-related."

FARE has argued warning labels would be overwhelmingly supported by Australians, citing its commissioned poll of 1004 Australians showing 78 per cent in favour of the measure. Among those Australians who backed the warnings, support was highest for labels about liver disease, at 91.2 per cent, and lowest for cancer warnings, at 54.5 per cent.

Alcohol was estimated to cause 1800 liver, bowel, breast and oesophageal cancer deaths each year, and more than 400 chronic liver disease deaths in an 2018 analysis by the Australian Institute of Health and Welfare.

“We know the harm alcohol does to people’s health. Self-regulation and voluntary codes aren’t working,” said AMA president Professor Steve Robson.

The call to mandate alcohol warning labels comes soon after Ireland enacted laws requiring alcoholic drinks be labelled with health warnings and information, including calorie content and the risk of cancer and liver disease, from 2026.

It also follows Australia’s introduction of mandatory pregnancy warning labels in August, following more than two decades of campaigning and a three-year transition period.

A spokeswoman for Alcohol Beverages Australia, which represents drinks manufacturers, argued against the further health warning labels, saying “the issue of health data is complex and can’t be reduced to a label”.

“Warning labels on alcohol products is not government policy – instead safe drinking guidelines are issued for the community. Long-term trend reductions in consumption and moderation is well established in Australia including among youth,” she said.

“There are decades of research showing improvements in cardiovascular health, type 2 diabetes and dementia through light to moderate consumption.”

The World Health Organisation, however, said there was no safe amount of alcohol, or proven benefits that weren’t offset by harms.

FARE chief executive Caterina Giorgi said she expected alcohol companies to do all they could to delay any further reform. She said a common tactic was to first introduce voluntary labelling, which was unclear and not widely applied, or to argue that any changes would be too difficult.

“Now that we’ve seen them implement pregnancy health warnings, we know that that argument is just incorrect,” she said.

“We also see alcohol companies change their labels all the time. The outcome of a football game can prompt alcohol companies to change their labels overnight.”



## The Sobering Facts About Alcohol and Cancer

Written by Megan Brooks

There is an urgent need to raise global awareness about the direct link between alcohol consumption and cancer risk.

That message was delivered by Isabelle Soerjomataram, PhD, with the International Agency for Research on Cancer (IARC), Lyon, France, at a session devoted to alcohol and cancer at the European Society for Medical Oncology (ESMO) Annual Meeting 2023.

"Global awareness about the link between alcohol and cancer continues to be very low," Soerjomataram told the audience. "Health professionals — oncologists, nurses, medical doctors, GPs — have an important role in increasing awareness and bringing this knowledge to people, which may lead to reduced consumption."

Session chair Gilberto Morgan, MD, medical oncologist, Skåne University Hospital, Lund, Sweden, agreed.

Morgan noted that healthcare professionals tend to downplay their influence over patients' drinking habits and often don't address these behaviors.

But that needs to change.

"We have absolutely no problem asking patients if they take supplements or vitamins or if they're eating [healthy]," Morgan said. "So, what is the difference? Why not recommend that they cut down their alcohol intake and leave it up to everybody's personal choice to do it or not?"

In the session, Soerjomataram highlighted the global statistics on alcohol use. IARC data show, for instance, that nearly half (46%) of the world's population consumes alcohol, with rates higher in men (54%) than women (38%).

How much are people drinking?

Globally, on average, the amount comes to about six liters of pure ethanol per year per drinker, or about one wine bottle per week. However, consumption patterns vary widely by country. In France, people consume about 12 liters per year or about two wine bottles per week.

Soerjomataram stressed the link between alcohol consumption and cancer.

According to IARC data, heavy drinking — defined as more than 60 g/day or about six daily drinks — accounts for 47% of the alcohol-attributable cancers. Risky drinking — between 20 and 60 g/day — accounts for 29%, she explained, while moderate drinking — less than 20 g/day or about two daily drinks — accounts for roughly 14% of cases of alcohol-attributable cancers.

Globally, alcohol intake accounted for 4% of all cancers diagnosed in 2020, according to a 2021 analysis by IARC.

In the UK alone, "alcohol drinking caused nearly 17,000 cases of cancer in 2020," Soerjomataram said, and breast cancer made up almost one in four of those new cases.



In addition to breast cancer, six other cancer types — oral cavity, pharyngeal, laryngeal, esophageal, colorectal, and liver cancer — can be attributed to alcohol consumption, and emerging evidence suggests stomach and pancreatic cancer may be as well.

The good news, said Soerjomataram, is that long-term trends show declines in alcohol drinking in many countries, including the high wine-producing countries of France and Italy, where large reductions in consumption have been noted since the peak of intake in the 1920s.

"If it's possible in these countries, I can imagine it's possible elsewhere," said Soerjomataram.

Soerjomataram and Morgan report no relevant financial relationships.

European Society for Medical Oncology (ESMO) Congress 2023. Presented October 23, 2023.

## Omaha woman receives maximum sentence for role in deadly crash

Written by Joe Harris

OMAHA, Neb. (WOWT) - An Omaha woman found guilty of motor vehicle homicide in August learned her sentence Tuesday.

Lorena Lara-Diaz will serve a maximum of three years in prison for her role in the death of 45-year-old Gary Mangiameli.

Before the judge handed down his decision, Lara-Diaz's defense attorney asked the judge for a sentence of time served, saying his client is a mother of seven, and that she is very remorseful about what happened.

Meanwhile, the prosecution pushed for the maximum sentence. They said investigators found she had four to five drinks at a bar before she hit Mangiameli while he was riding his motorcycle in March.

Lara-Diaz's defense attorney said he wasn't surprised by the sentence.

He also weighed in on his client's refusal to submit to the field sobriety test.

"There was some discussion about, had a warrant had been done and we would've known exactly what my client's blood alcohol content was if that would have changed something," Cody Miltenberger said. "But the facts of the case are that simply we don't know. The facts of the case are she failed to yield to the right of way. Unfortunately, it turned out the way that it did."

Mangiameli's uncle Richard spoke to the court on behalf of the family, saying they believe Lara-Diaz deserves a 20-year sentence.

He said his nephew has left behind several kids.

"He's got the two babies that are 5 years old and 6 years old yet, and so they're not going to have a dad," he said. "They aren't going to have a dad that they can go to. Those four kids, they've got moms, you know? But it's not the same."

He also shared frustration over investigators not getting Lara-Diaz's blood alcohol content. Lara-Diaz will have 241 days taken off of her sentence for time served. On top of her sentence, the 38-year-old will also be under supervision for 18 months after her release.

## **Wisconsin man charged with DUI in Omaha crash that seriously injured pedestrian, passenger**

Written by Jake Anderson

OMAHA, Neb. — A Wisconsin man was allegedly speeding and driving drunk at the time of a crash in Omaha that injured two people, according to court documents.

The crash occurred when a car reportedly hit a pedestrian late Wednesday night near 97th and Maple streets, according to authorities.

Omaha police told KETV NewsWatch 7 that the car lost control and rolled after hitting the person.

According to court documents, the driver, identified as 21-year-old Cory Miller, was traveling at approximately 90 mph at the time of the crash.

The car hit a pedestrian crossing the street at N 96th Street, then lost control and collided with a guard rail and a tree, before spinning and flipping on its top, near N 98th Street, according to court documents.

During the crash, the passenger in the vehicle suffered a serious injury "of their arm being amputated," court documents state.

The pedestrian was also injured, suffering an "obvious deformity to his right leg," according to court documents.

Officers conducted sobriety tests on Miller, who tested above the legal limit, according to court documents.

Miller was charged with two counts of DUI resulting in serious bodily injury and held on \$50,000 bond during an appearance in Douglas County court Friday.