STRATEGIZER 55

Regulating Alcohol Outlet Density

An Action Guide

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

The Center on Alcohol Marketing and Youth

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Introduction

Excessive alcohol consumption is a major public health problem, which is significantly affected by the physical availability and cost of alcoholic beverages.

One of the most effective approaches for reducing excessive drinking and its many health and social consequences is to limit the physical availability of alcohol. One approach to doing so is regulating alcohol outlet density, or the concentration of retail alcohol establishments, including bars and restaurants and liquor or package stores, in a given geographic area. A high concentration of alcohol outlets leads to a variety of serious health and social consequences, including violence, alcohol-impaired driving, neighborhood disruption, and public nuisance activities. Fortunately, there are strategies proven to work to regulate the number of places that sell or serve alcohol, and many states and communities across the country are mobilizing to address this public health issue. This Action Guide provides public health departments, community coalitions, and other organizations with an introduction to the health and social problems associated with alcohol outlet density and an overview of available evidence-based community prevention strategies for addressing this environmental risk factor. State and local public health departments, in particular, have an important opportunity to demonstrate leadership in reducing the consequences resulting from alcohol outlet density and thus improve community health and well-being.

Background and Purpose

Excessive Alcohol Consumption is a Public Health Issue

Excessive alcohol consumption includes both binge drinking, defined by the National Institute on Alcohol Abuse and Alcoholism as five or more drinks on one or more occasions for men and

Case Study

Improving Community Health by Reducing Alcohol Outlet Density in Vallejo, California

In the mid-1990's the city of Vallejo, in Northern California, determined there were significant alcohol outlet-related health and safety issues occurring in the community. Vallejo at this time had a population of nearly 110,000 and just over 200 total alcohol outlets, including both on- and off-premise locations. An analysis using Geographic Information System (GIS) mapping of police calls for service data and State Alcoholic Beverage Control licensee data conducted by an outside evaluator revealed greater calls for service including fights, sexual assaults, public intoxication, drinking and driving, loitering, and other nuisance problems in areas of higher alcohol outlet density.

Adoption of new land use and nuisance abatement policies produced two significant outcomes:

- Between 1994 and 2004 the total number of alcohol outlets declined from 205 to 170 – an 18% decline.
- From March through December of 1998 there were 2373 alcohol outlet related nuisance police calls for service. From January to October of 1999, the number fell to 1139 – a 53% reduction.

(Unpublished data from Vallejo Fighting Back Partnership.)

four or more drinks on one or more occasions for women, and any drinking among underage youth or women who are pregnant. Excessive drinking causes approximately 79,000 deaths per year in the United States, making it the third-leading cause of preventable death in the nation.[1] More than half of the alcohol consumed by adults in the United States and about 90% of the alcohol consumed by youth under the age of 21 is in the form of binge drinks.[1,2] Although many think binge drinking is limited to underage youth and college students, 70% of binge drinking episodes involve adults aged 26 years and older. Binge drinking is also most common among men, whites, 18-34 year olds, and people with household incomes greater than $50,000.[1]

...alcohol outlet density is the concentration of retail alcohol establishments, including bars and restaurants and liquor or package stores, in a given geographic area.

This dangerous behavior can lead to a range of health and social problems, including unintentional injuries (e.g., automobile crashes and drowning), interpersonal violence, HIV infection, unplanned pregnancy, alcohol poisoning, and Fetal Alcohol Spectrum Disorders.[3] Over time, excessive alcohol consumption increases the risk of alcohol dependence, cancer, and high blood pressure, among other chronic conditions.[4] Underage youth who binge drink are also at additional risk of poor school performance and interrupted brain development.[5] Alcohol use at younger ages is also associated with increased risks of alcohol problems including alcohol dependence later in life.[6] However, over 80% of adult binge drinkers are not alcohol dependent.[7]

Taken together, problems resulting from excessive alcohol consumption constitute a major public health problem for individuals, families, communities, and society at large. They also create huge economic costs—the direct and indirect costs of excessive alcohol consumption in 1998 were estimated to be $184.6 billion.[8] The reduction of excessive alcohol consumption is therefore a matter of major public health and economic concern.

The Guide to Community Preventive Services (The Community Guide)

Reducing excessive alcohol consumption requires implementation of effective public health solutions. To strengthen the scientific basis for the prevention of excessive alcohol consumption, including binge drinking, the Alcohol Program in the Centers for Disease Control and Prevention (CDC) has been working with the Guide to Community Preventive Services (the Community Guide) to review systematically all available scientific evidence on the effectiveness of public health strategies for preventing excessive alcohol consumption and related harms. Several policy interventions—including increasing alcohol excise taxes, regulating alcohol outlet density, and dram shop liability—have been reviewed and were subsequently recommended by the independent, non-federal Task Force for Community Preventive Services (Table 1). Summaries of these reviews can be found on the Excessive Alcohol Consumption topic page on the Community Guide website (www.thecommunityguide.org/alcohol).

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TABLE 1:
Community Guide-Recommended Strategies for Preventing Excessive Alcohol Consumption and Related Harms, April 2011

Regulation of alcohol outlet density	RECOMMENDED
Increasing alcohol taxes	RECOMMENDED
Dram shop liability	RECOMMENDED
Maintaining minimum legal drinking age (MLDA) Laws	RECOMMENDED
Maintaining limits on hours of sale	RECOMMENDED
Maintaining limits on days of sale	RECOMMENDED
Enhanced enforcement of laws prohibiting sales to minors	RECOMMENDED
Privatization of retail alcohol sales	RECOMMENDED AGAINST

The Role of State and Local Public Health Agencies in Implementing Strategies Recommended by the Community Guide

State and local health departments are uniquely positioned to take a leadership role in implementing the Community Guide recommendations on the prevention of excessive alcohol consumption and related harms, including regulation of alcohol outlet density, the topic of this Action Guide. For example, health departments generally focus on health in populations, and are thus familiar with prevention strategies that may involve policy change. They also have specific expertise relevant to the implementation process, including:

- Expertise in public health surveillance and evaluation methods;
- Experience working on related issues (e.g., tobacco control and injury prevention);
- Ability to develop multi-sector efforts that effectively network, convene, and provide technical assistance to other organizations;
- Ability to oversee a strategic planning, implementation, and evaluation process; and
- Ability to develop and implement policy-based initiatives.

As discussed later in this Action Guide, implementing alcohol outlet density regulations requires active public health surveillance, including the systematic collection, analysis and interpretation of data documenting the number, location, and concentration of alcohol outlets; and the connection between alcohol outlet density, alcohol-related behaviors, and the health of communities and their residents. State and local health departments employ epidemiologists with expertise in public health surveillance, and a growing number of states are specifically hiring alcohol epidemiologists with the subject matter expertise to work with public health programs and community coalitions to perform these assessments.

State and local public health departments are also well-positioned to coordinate and convene state and local efforts to address excessive alcohol consumption, including strategic planning and program planning, implementation, and evaluation relative to the regulation of alcohol outlet density.

They also have experience leading other community health promotion initiatives on tobacco control and promoting healthy eating and active living, while collaborating with state and local coalitions. For example, hundreds of Healthy Community coalitions have formed across the United States, and are helping to create community environments that help people make healthy choices. The public health sector has a similar role to play in changing the environment in which people make their drinking decisions. By working with community coalitions and other partners, health departments can support the implementation of Community Guide-recommended strategies for preventing excessive alcohol consumption, including regulating alcohol outlet density, and thus help to transform communities so that excessive drinking is the exception, not the rule. This Action Guide is designed to facilitate the active engagement of health departments in this community transformation process, so that they can, in turn, help empower communities to determine the number of retail alcohol outlets that operate within their borders.

Purpose of the Action Guides and Intended Audiences

CADCA and the Center on Alcohol Marketing and Youth (CAMY) at the Johns Hopkins Bloomberg School of Public Health have developed "Action Guides" ("tools for community action") as a resource to assist state and local public health departments and communities in planning, implementing, and evaluating prevention strategies recommended by the Community Guide. In so doing, they support evidence-based public health practice and promote collaboration between state and local public health departments, community coalitions, and other key partners at the state and local levels.

This Action Guide supports community efforts to reduce the number of places that sell and serve alcohol by providing information and guidance on implementing public health and legal strategies. Although state and local public health departments are the primary audience for this Action Guide, it is also intended to support the work of community coalitions on the prevention of excessive alcohol consumption, and to help build collaboration between these coalitions and public health agencies in achieving this shared objective. There are more than 5,000 community anti-drug coalitions across the country, many of which focus on the prevention of excessive alcohol consumption, including underage drinking and binge drinking. Community coalitions primarily operate at the local level and thus can actively support regulations addressing alcohol outlet density. Furthermore, a number of community coalitions are already working closely with public health departments, applying their expertise in community organizing to support the implementation of evidence-based alcohol control strategies.

Part Two

Community Guide Findings on Alcohol Outlet Density

Based upon a systematic review of more than 88 scientific papers, the Task Force on Community Preventive Services concluded that "greater outlet density is associated with increased alcohol consumption and related harms."[9] Specific findings included:

- State and local alcohol outlet density-related policy changes that increase alcohol outlet density and alcohol availability (including allowing sales of new beverages) can significantly increase alcohol consumption and related problems;
- Privatizing alcohol sales in Control States (additional description of Control States can be found in the section on "off-premise locations" below) increases the number of retail alcohol establishments;
- Re-monopolization, or when governments regain monopoly control over the retail sale of alcohol, decreases alcohol availability by reducing the number of alcohol outlets;
- Bans on alcohol sales (e.g., studies of dry counties) can substantially reduce excessive alcohol consumption and related harms, although their effectiveness is dependent on the availability of alcohol in surrounding areas.

Based on these findings, the Task Force made the following formal recommendation:[10]

"…the Task Force found sufficient evidence of a positive association between outlet density and excessive alcohol consumption and related harms to recommend limiting alcohol outlet density through the use of regulatory authority (e.g., licensing and zoning) as a means of reducing or controlling excessive alcohol consumption and related harms."

"…the Task Force on Community Preventive Services found sufficient evidence of a positive association between outlet density and excessive alcohol consumption and related harms to recommend limiting alcohol outlet density through the use of regulatory authority (e.g., licensing and zoning) as a means of reducing or controlling excessive alcohol consumption and related harms."

LIQUOR
FAMILY
SAM ADAMS LIGHT
FAX
NOTARY
COPY
CHECKS
CASHE
GOLD SPOT CELLULAR 202
712
CHECKS CASHED
WESTERN UNION
Money Orders

Part Three

Building the Case for Regulating Alcohol Outlet Density

A. What is Alcohol Outlet Density?

The Guide to Community Preventive Services defines alcohol outlet density as "the number of physical locations in which alcoholic beverages are available for purchase either per area or per population."[9] "Alcohol outlets" includes all commercial businesses that sell and serve alcohol.

"On-premise locations," or as some states refer to them, "on-sale outlets" are establishments where the consumption occurs on the premises. They include:

- **Bars.** Establishments where alcohol may be consumed on-premises, and whose primary function is the sale of alcohol with little or no food service. Some states also allow bars to sell alcohol for consumption off-premises.
- **Restaurants.** Establishments where alcohol may be consumed on-premises, and whose primary function is the sale of food with alcohol as a secondary product.
- **Clubs.** Establishments that serve alcohol and food for consumption on-premises to members, but which are not open to the public.

Although conceptually distinct, in practice, these establishments may share some common characteristics. For example, many restaurants have free-standing bars, and in fact, may transform into a bar during late hours. Some clubs have membership rules that promote easy access to the general public.

Off-premise locations, or "off-sale outlets," sell alcohol for consumption off the premises. They include:

- **Liquor stores.** Retail outlets where alcohol is the primary product for sale. Some states refer to them as package stores.
- **Grocery stores.** Large markets that are primarily in the business of selling food, but often devote substantial floor space to selling alcohol.
- **Convenience stores/mini-marts/gas stations.** Small stores often located in or near residential areas. They have less floor space for alcohol than grocery stores, but alcohol typically accounts for a much larger share of their overall sales.
- **Big box/warehouse/discount stores.** Very large, multi-product, discount retail stores that often have substantial floor space for alcohol.

State laws will dictate which specific types of alcoholic beverages may be sold in which types of alcohol outlets, but beer and wine are usually the most widely sold alcoholic beverages. In contrast, distilled spirits are usually sold by a relatively small subset of alcohol retailers, such as bars and liquor stores.

Control States

There are 18 **Control States**, where the state itself sells alcoholic beverages in off-premises, retail or wholesale settings. All of these 18 Control States were organized after Prohibition and all originally operated off-sale retail "state stores," in some cases to the exclusion of private retailers. (No Control State operates on-sale premises.) There has been

18 states have state-run alcohol retail or wholesale operations

a gradual trend to privatize alcohol sales in these states, and privatization often leads to higher alcohol outlet density.[9, 11] Some states have entirely divested themselves of their state stores, while others have turned over at least some sales to private vendors, particularly beer and wine sales. Distilled spirits are most likely to be found in state stores. The extent to which states retain control of various aspects of the retail sale of alcohol determines, at least in part, the level of alcohol outlet density. When a state creates systems that allow private market-driven structures of retail availability, communities experience higher levels of alcohol outlet density.

States vary widely in the specific mix of alcohol outlets. All states use licensing as a means of regulating the specific mix and number of each type of alcohol outlet. The alcohol retail environment is constantly changing, and there is ongoing economic pressure to expand the types and numbers of locations where alcohol is sold and served. These economic factors, coupled with each state's licensing structure and the extent to which cities and counties may exercise local regulatory authority over on- and off-premise outlets, help shape the alcohol outlet density landscape in a given community. These governmental control mechanisms are described in more detail later in the guide.

B. Factors that May Affect Alcohol Outlet Density Levels and Contribute to Related Health and Social Problems

The Task Force recommendation provides a starting point for public health departments and community coalitions seeking to reduce excessive alcohol consumption and related harms by regulating alcohol outlet density. However, the Community Guide review identified at least seven factors that may influence the impact that alcohol outlet density has on alcohol consumption and harms:[9]

7 Factors That May Affect Alcohol Outlet Density

1. **Outlet size/sales volume**
2. **Clustering**
3. **Location**
4. **Neighborhood environmental factors**
5. **Size of the community**
6. **Number and types of alcohol outlets**
7. **Illegal behavior**

1. Outlet size/sales volume: The physical size of a retail premise or the volume of its sales.

2. Clustering: Geographic areas with numerous alcohol outlets located in close proximity to one another may pose greater community risks than having outlets more geographically dispersed. For example, many cities have tried to revitalize dying downtown areas by creating "entertainment districts" that include a high concentration of bars and restaurants. These may devolve into areas with high levels of alcohol-involved violence, public intoxication, and other nuisance behaviors.

3. Location: Placing alcohol outlets close to "sensitive land uses" including parks, places of worship, schools, and other locations where young people are may pose significant risks.

4. Neighborhood environmental factors: The specific characteristics of the communities where alcohol outlets are located can influence the risk of excessive alcohol consumption and related harms.

For example, college communities with high numbers of young adults and large numbers of alcohol outlets may create unusually high risks of public health problems. Low income communities often have an overconcentration of off- and on-premise outlets and a scarcity of grocery stores and other important retail businesses. Complex economic, social, and political factors contribute to this phenomenon, which may engender community crime and disruption,[13] as well as problematic alcohol consumption among residents.[14]

5. Size of the community: The physical size of a community may affect the total number of alcohol outlets and their proximity to one another. For example, in large rural areas where alcohol outlets are spaced far apart, alcohol outlet density may be better considered in terms of total outlets per population than how closely they are located to one another.

6. Number and types of alcohol outlets: As suggested in the previous section, there is an array of alcohol outlet types and they may pose differing levels of risk.[15] For example, many cities treat small restaurants without stand-alone bars differently from those with full service bars, based on their experience that the former create fewer problems than the latter.

7. Illegal behavior: Some alcohol outlets serve as magnets for crime and violence. For example, community members in inner city communities have expressed concern that high concentrations of off-premise outlets are associated with crimes such as loitering, street-level drug dealing, gambling and sales to minors.

In addition, local regulation of the hours and days when alcohol outlets may be open can also influence the degree of problems a community faces due to alcohol outlet concentration.[16]

C. Using Data to Make Your Case

State and community efforts to regulate alcohol outlet density should begin with robust public health surveillance on excessive alcohol consumption and related harms. These surveillance activities would also include measurement of alcohol outlet density in local communities. As previously noted, state and local health departments are well-positioned to lead these measurement activities because of their expertise in epidemiology, including the development of measurement tools for assessing population health status, and their expertise in assessing environmental factors, such as alcohol outlet density. A growing number of states are also specifically hiring alcohol epidemiologists with expertise in the assessment of excessive alcohol consumption and related harms, who can work with public health programs and community coalitions to measure excessive alcohol consumption and the community factors and policy environments that contribute to it, such as alcohol outlet density.

Examples of Geographic Units

- Census Tracts
- Block Groups
- Police Beats
- Zoning Districts
- ZIP Codes
- Downtowns
- Redevelopment Areas
- City/County Boundaries

Measuring Excessive Alcohol Consumption

Working in collaboration with the Council of State and Territorial Epidemiologists (CSTE) and the National Association of Chronic Disease Directors (NACDD), CDC has developed a cross-cutting set of Chronic Disease Indicators (CDIs) to help guide state and local public health surveillance on a number of chronic conditions and their risk factors, including excessive alcohol consumption, which are available at: www.cdc.gov/nccdphp/cdi. The alcohol-related measures, including binge drinking among adults and among youth, provide a good starting point for public health surveillance on excessive alcohol consumption and related harms. More specific measures of binge drinking, such as the frequency (i.e., number of binge drinking occasions) and intensity (i.e., number of drinks per binge) of binge drinking episodes, can also help define the public health problem of excessive alcohol use in states and communities. These data can be used to communicate the need for evidence-based prevention strategies, including regulating alcohol outlet density, and they provide valuable information for evaluating the effectiveness of strategies to reduce alcohol outlet density.

Measuring Alcohol Outlet Density

Although there is great diversity in the types of alcohol outlets and the products they sell, all are part of the alcohol outlet density mix. Measuring alcohol outlet density involves analyzing the number and location of the outlets, which can be expressed in terms of a reference measure that can include a land area; the population of a given area; or a linear measure, such as highway miles. Geographic units commonly used to measure alcohol outlet density include those listed in the box above. There is no standard land area in which density is measured.

There are a number of methods that can be used to assess alcohol outlet density by geographic area,

total population or by using some combination of the two. Examples of possible measures for alcohol outlet density are in the box to the right. The challenge for public health departments and others seeking to describe and analyze a alcohol community's outlet density is to select the appropriate measure for a particular geographic region. This is best done in consultation with an alcohol epidemiologist and someone with expertise in mapping and spatial analysis techniques, including the use of geographic information systems (GIS).

For example, assume that a suburban community of 15 square miles and a population of 50,000 has 150 alcohol outlets, with 30 of the outlets located in its eight-block downtown area and the remainder scattered throughout the rest of the community's geographic area. One appropriate alcohol outlet density measure in this case is the number of alcohol outlets per block group. The "per block group" measurement might be augmented with an examination of the number of alcohol outlets per police beat. Density can also be described by the number of alcohol outlets per population. In this example, the alcohol outlet density would be one outlet per 333 people. In general, this is a less precise and useful measurement. A rural community would need to develop a different set of measures from those used by a large city because population distributions in rural communities may have to take into account large unpopulated areas. A third method is to compute the number of alcohol outlets per road mile, either for the entire community as a whole, or for each sub-area within the community (e.g., for each block group). The important point is that measuring alcohol outlet density must take into account the particular circumstances of each geographic region.

Examples of Alcohol Outlet Density Measures

- Outlets per population
- Outlets per land area
- Outlets per road mile

In addition to assessing alcohol outlet density, states and communities may also want to assess alcohol-related harms that may be associated with alcohol outlet density, particularly at higher levels. These harms can include alcohol-impaired driving, alcohol-related motor vehicle crashes, and alcohol-related crash injuries as well as alcohol-related crime and violence, including, but not limited to, fights, intimate partner violence, sexual assaults, and child maltreatment. Police calls for service and place of last drink data can also be useful measures for making a case for action in a particular geographic area. Alcohol epidemiologists in health departments can also help community leaders to assess the availability of data on these alcohol-related outcomes, and identify ways to assess the potential link between alcohol outlet density and related harms.

It is also worth noting that there may be incidents of illegal alcohol sales to minors and illegal service to intoxicated patrons that are associated with "hot spots" or entertainment districts. Measurement issues related to the assessment of harms associated with illegal beverage service will be addressed in a subsequent Action Guide on Dram Shop Liability.

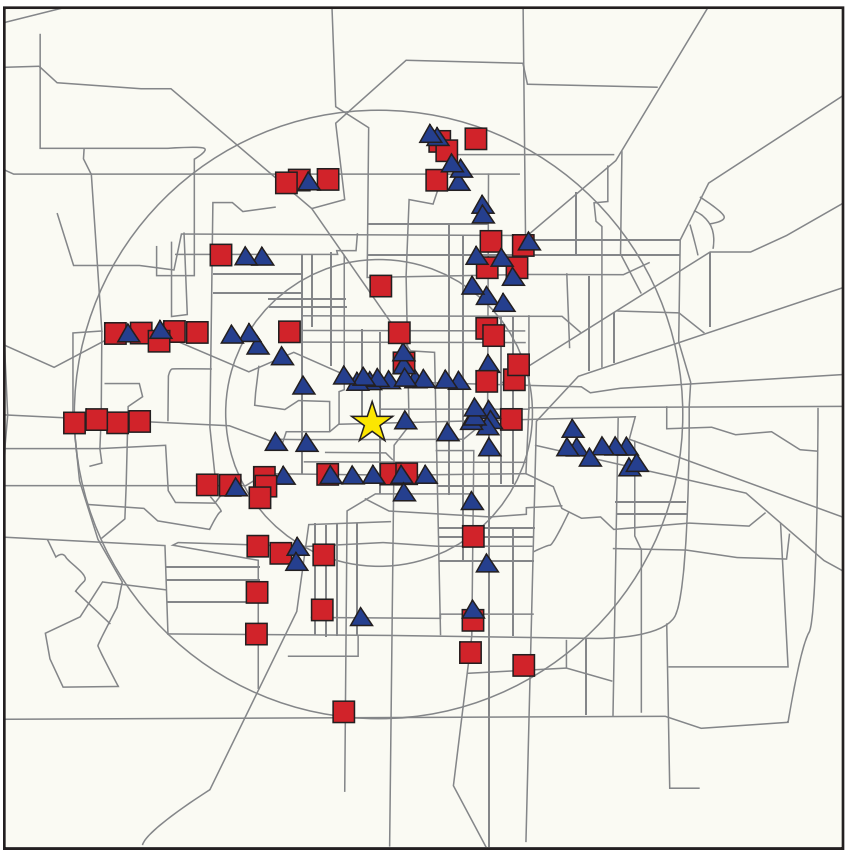
Using GIS Mapping

Geographic Information System (GIS) mapping enables researchers to understand, manage, question, interpret, and visualize data in many ways that reveal relationships, patterns, and trends. GIS maps, reports, and charts have become an indispensable

tool to tell visually the story of how alcohol outlet density is spatially connected to individual and community problems. GIS mapping is also instrumental in geocoding, that is determining the geographic coordinates, of each alcohol outlet from a list of street addresses. It is also the primary means of computing numbers of alcohol outlets per given area and calculating alcohol outlet density measures. GIS maps convey information in a manner that facilitates understanding of the connection between community environments and public health problems among community members and policy makers.

GIS mapping is a particularly useful tool in a community campaign to implement the Task Force recommendation for regulating alcohol outlet density. For example, the accompanying map shows the location of on- and off-premise outlets in proximity to a central point on a college campus.[12]

The map could be augmented by creating overlays to illustrate particular features of the alcohol outlet density problem. For example, a map can show the relationships between police calls for service and incident reports for aggravated assaults, thus illustrating the link between alcohol outlet density and crime or violence. Overlays showing the location of sensitive land uses such as schools, parks, and other youth-oriented environments, can illustrate the proximity of particularly problematic alcohol outlet locations that may expose underage youth to excessive alcohol-related availability and marketing.



Mapping Alcohol Outlet Density in a College Community

Alcohol outlets within a two-mile radius of a central location point (student union, administrative location or major intersection) on a college campus.

KEY

★ Central Location Point

▲ Both on & off site

■ off site

Reprinted from *Health & Place,* 9/1, Weitzman ER, Folkman A, Folkman KL, The relationship of alcohol outlet density to heavy and frequent drinking and drinking-related problems among college students at eight universities, Pages 1-6, 2003, with permission from Elsevier.

Using Qualitative Data

Survey and archival data do not tell the whole story about the effects of alcohol outlet density on communities.

Putting a face to the harms associated with alcohol outlet density helps deepen an understanding of the consequences and can help with advocacy efforts often required to make the case. This is accomplished through the collection of qualitative data, including the compilation of particular incidents and their effects on individual citizens. Qualitative information makes problems concrete, understandable and fuels motivation to "fix the problem."

Qualitative data can be collected systematically, through structured interviews, focus groups and case study methodologies, or more informally, by collecting individual stories that illustrate particular problems associated with alcohol outlet density. Photovoice is another tool for using photographs to tell a story. Photos can be a valuable community tool to visually reflect the local issues related to alcohol outlet density. Sources can include:

- Residents who live near alcohol outlets;
- Law enforcement personnel who respond to problems occurring at alcohol establishments;
- Emergency room staff or emergency medical services staff who respond to alcohol-related injuries, including poisoning;
- Parents, teachers, school administrators, and others who can speak to the impact of alcohol outlet density on young people;
- Young people, who themselves are a particularly powerful change agent on alcohol outlet density issues who often see the community in a way that is compelling to policy makers and can demonstrate this through the use of tools like photovoice; and
- Non-alcohol merchants adversely affected by alcohol outlet density in the vicinity of their business.

Part Four

Approaches to Regulating Alcohol Outlets

Legal Issues Related to the Regulation of Alcohol Outlet Density

The 21st Amendment to the U.S. Constitution grants the states primary responsibility for making licensing decisions that affect alcohol outlet density decisions. As noted above, all states require private alcohol retailers to obtain licenses as a condition of operation. Licenses issued by the local jurisdiction where the alcohol outlet is located are sometimes required in addition to a state license. State licensing can facilitate local control of alcohol outlet density by establishing minimum standards that apply across the states (e.g. requirements that alcohol outlets be a certain distance from sensitive locations such as schools, minimum distances between alcohol outlets, and maximum number of licenses in a given geographic area or maximum license/population ratio).

In states that grant local licensing powers, local jurisdictions can impose stricter limitations and take into account the circumstances and characteristics of particular neighborhoods and commercial sites. Local governments that do not have formal licensing authority may still be able to exercise similar powers and have a substantial say in the state's licensing decisions by using their land use and police powers, including tools known as conditional use permits. These issues will be discussed in further detail below.

State Preemption

State preemption is the legal doctrine that determines the level of local control over licensing decisions that impact alcohol outlet density decisions in a given state. Local governments have authority to regulate alcohol outlet density only to the extent that the state grants that authority. States fall into one of four categories of state preemption:

- **Exclusive or near exclusive state preemption:** Many states exclude local governments from the retail alcohol outlet licensing and regulation process. States in this category do not recognize local zoning authority, even as to land use decisions.
- **Exclusive state licensing authority, concurrent local regulatory authority:** Many states retain exclusive authority to license alcohol outlets, but allow local governments to use their local zoning and police powers to restrict certain aspects of the state's licensing decisions. States vary widely in the degree to which they recognize and defer to local authority.
- **Joint local/state licensing and regulatory powers:** In these states, alcohol retailers must obtain two licenses, one from the state and one from the municipality where they are located. In most cases, this gives the primary responsibility for determining alcohol availability to local governments, subject to minimum standards established by the state.
- **Exclusive local licensing, with state minimum standards:** The remaining states delegate licensing authority entirely to local governments and do not issue state licenses at all. Instead, the state establishes limitations on how that licensing authority is exercised.

In general, state preemption undermines effective alcohol outlet density decisions. Both state and local governments play important roles in the process. Ideally, the state would set basic guidelines and minimum standards (e.g., establish minimum distance requirements from sensitive locations), and localities should have primary responsibility for regulating alcohol outlets within their boundaries, building on the state's minimum standards and using their land use and policing expertise to ensure that the level of

alcohol outlet density does not create community problems and is compatible with other land uses.

State and local health departments can play a vital role in demystifying the complexities of state preemption. Clarifying the jurisdictional authority to regulate alcohol outlets goes beyond a simple review of state laws. It also requires a careful analysis of relevant court decisions and interpretation of the findings. The development of issue briefs delineating state and local powers to regulate alcohol outlet density and the corresponding policy options is needed in every state in the U.S., and public health departments are uniquely positioned to provide the legal foundation that supports community level action.

Alcohol Outlet Density Regulatory Options

Central to all alcohol outlet density regulatory tools is the goal of changing physical access to alcohol. Changing access occurs by either increasing or decreasing proximity to alcohol outlets. Decreasing alcohol outlet density creates greater separation between outlets and is expected to enhance the following community-level protective factors:[9]

- Increase the distance one has to travel to obtain alcohol, thereby decreasing ease of access and consumption rates;
- Increase the price of alcohol by decreasing competition; and
- Decrease exposure to point of purchase and exterior-facing window alcohol marketing.

There are at least four types of alcohol outlet density regulations:

Case Study

A Tale of Two Cities in Nebraska

The experiences in Omaha and Lincoln, Nebraska illustrate the interplay of state and local regulation and the importance of state preemption. Nebraska has strong state preemption language in its Alcoholic Beverage Control statutes. Local governments are expected to participate in the state licensing process by providing advisory decisions that the state licensing board must consider but may ignore. Nebraska cities with serious alcohol outlet density problems have endeavored to influence the state licensing decisions, but have found that their advice was often not followed. As a result, some cities have chosen to drop out of the process all together. Decisions by the Nebraska Supreme Court in the 1990s held that ordinances enacted by cities that included certain types of alcohol outlet density restrictions (bypassing the state process) were preempted under state law.

Under the leadership of the Lincoln City Council's Internal Liquor Commission, this issue was revisited in the late 1990's. At that time the Lincoln City Council enacted a limited zoning-based set of restrictions on the location of alcohol outlets near residential areas. The ordinance has not been challenged. Community groups in Omaha commissioned a legal analysis of the state preemption doctrine, which found that the Supreme Court decisions did not rule out many forms of local control, particularly in light of the Lincoln experience. In 2011, these groups assessed the city's alcohol availability structure and the feasibility of developing a comprehensive local land use and public nuisance abatement strategy to address alcohol outlet density problems in their city. The county health department has partnered with and provided assistance to community groups on these issues as appropriate over the years. The Preemption Legal Analysis as well as materials used as part of the Nebraska campaign can be found on the CAMY website at www.camy.org/action/outlet_density.

1. Geographic Restrictions: Limits the number of alcohol outlets per specific geographic unit (see text box on page 13). This mechanism is particularly useful in addressing the tendency for alcohol outlets to cluster and create an over-concentration in specific areas.

2. Population-Level Restrictions: Limits the number of alcohol outlets per population and, while less useful than more local-level restrictions, can establish an outer limit on the total number of alcohol outlets in a city or county.

3. Commercial Restrictions: Establishes a cap on the percentage of retail alcohol outlets per total retail businesses in a geographic area—another method to address clustering and promote retail diversity.

4. Time/Space Restrictions: Limits the location and operating hours of alcohol outlets. Location restrictions can be applied to protect sensitive land uses such as schools, parks, etc. and to address clustering by establishing minimum distance requirements between alcohol outlets. Limits on hours of operation, while not technically a feature of alcohol outlet density, can mitigate density-related problems.

As noted previously, different states allow different levels of local regulatory authority. Exercising local zoning, land use, and nuisance abatement powers are important ways that communities can implement a number of the above regulatory strategies. However, it is important that cities, counties, and other municipalities carefully assess the extent to which they have authority to implement them.

Local Zoning and Land Use Regulations to Influence Density

Overview of How Land Use Regulations Can Influence Density

Land use decisions typically involve local governments since these determinations require assessment of local conditions—ensuring, for example, that the alcohol outlet location is compatible with the surrounding area, fits with the neighborhood, and will not create crimes that require law enforcement responses. Local governments are often challenged to both restrict the proliferation of new alcohol outlets and address the problems created by the density of existing outlets. Local land use regulation is usually exercised through a permit process found in local zoning ordinances, often referred to as Conditional Use Permits (CUPs), and through public nuisance abatement ordinances, described at left. CUPs typically regulate new alcohol outlets while nuisance abatement ordinances regulate existing outlets. Together these two tools serve both to prevent over-concentration of new alcohol outlets and to reduce problems resulting from the number of outlets already in operation.

Key Local Land Use Tools to Regulate Alcohol Outlet Density

- Conditional Use Permits (CUP) Establish land use conditions that structure how, when and where new alcohol outlets can operate.
- Public Nuisance Ordinances (Deemed Approved Ordinances or DAO) Impose nuisance-related performance standards on existing alcohol outlets.

Conditional Use Permits

Local businesses, including alcohol retailers, can be required to obtain and maintain a conditional use permit (CUP) as a condition of operation. The CUP is a particularly powerful tool in regulating the overall availability of alcohol by requiring spacing or distance requirements between alcohol outlets, regulating proximity to sensitive land uses such as schools, churches, parks, and residential neighborhoods, and permitting outlets only in specific areas of the city or county. CUPs can also impose conditions on the operating practices of the retail business, for example limiting the hours of sale or the types of alcoholic beverages that can be sold, or requiring security staff or other measures to reduce crime, violence, and public nuisance activities. Retail outlets that are in operation prior to the enactment of a CUP are generally treated as "grandfathered uses" or "non-conforming uses" permitting them to operate without the new land use standards included in the CUP. The extent to which localities can impose restrictions on alcohol sales practices of existing alcohol outlets will vary by states based on the extent to which state preemption exists.

Public Nuisance Ordinances (Deemed Approved Ordinances)

Communities often have concerns about the nuisance problems created by existing on- and off-premise alcohol outlets. Public Nuisance Ordinances (referred to here as Deemed Approved Ordinances or DAOs) are another tool used by many local governments to limit the risks associated with alcohol outlet density by imposing conditions of operation on existing alcohol retail outlets (those not subject to CUP requirements). DAOs change the legal status of existing alcohol outlets, granting them "Deemed Approved" status, permitting them to operate as usual, under specific "performance standards." The standards focus on preventing and abating public nuisances (e.g. loitering, increased police calls, noise, graffiti, drug sales, etc.), adhering to state or local laws, and avoiding any adverse effects to the health and safety of those residing and working in the surrounding area. Violations of the ordinance are handled at the city or county level. Law enforcement and administrative costs associated with the DAO are sometimes funded by an annual fee collected from alcohol outlet businesses. Community anti-drug coalitions can play a vital role in assisting in the adoption of DAOs as well as monitoring the implementation of the ordinance.

The use of CUPs and DAOs to regulate alcohol outlet density and other operational characteristics is growing nationally. As discussed previously, the authority granting local municipalities to use the CUP for regulating alcohol outlets is a function of the delicate power balance between state and local entities – state preemption may limit or prohibit their application to alcohol outlets. Nevertheless, municipalities are seeking and finding ways to navigate the legal restrictions imposed by State law. Examples of model policies are provided on the CAMY website at www.camy.org/action/outlet_density.

Part Five

Influencing Policy to Regulate Alcohol Outlet Density

A. Action Steps for Local and State-Level Policy Advocacy

The steps associated with moving policy to reduce alcohol outlet density are similar to other policy campaigns that involve calling for significant social change. The process outlined here in nine steps draws significantly from the lessons learned in tobacco control and other successful public health policy initiatives.[17] Differing emphases may apply depending on whether the campaign involves a state rather than a local-level policy initiative.

It should be noted that health departments are limited in their ability to use state and federal funds to engage in the lobbying activities associated with moving the adoption of state and local laws to reduce outlet density. But health departments have a significant role to play in moving policy by providing the following:

- Data that describes the alcohol outlet density problem;
- GIS maps that draw relationships between alcohol outlet density and community problems;
- Community planning support to address alcohol outlet density; and
- Assistance in identifying and tracking outcome measures.

Community coalitions are skilled at mobilizing grassroots community members to engage in the advocacy process. The membership base usually includes broad representation from parents, non-profit organization leaders and volunteers, city/county officials, health department staff, law enforcement officials, and health care providers, all of whom can bring community pressure to bear on decision makers to move density policy forward. It is the

Nine Action Steps for Local and State-Level Policy Advocacy

Step 1
Assess resources needed for policy advocacy

Step 2
Clarify the policy goal

Step 3
Make your case and frame your issue

Step 4
Seek in-kind support from an attorney with expertise in municipal or state law

Step 5
Conduct media advocacy campaigns

Step 6
Organize and mobilize grassroots and grass-tops support

Step 7
Convince the policy making body to adopt the proposed regulatory proposal

Step 8
Plan for implementation and enforcement

Step 9
Overcome challenges and pitfalls

synergy between these two systems that increases the likelihood of adoption and enforcement of alcohol outlet density policies at the community level. When reviewing the nine Action Steps, keep in mind the core functions of health departments and community coalitions and seek to maximize the ways in which each can engage with the other and with the policy process.

Step 1:
Assess resources needed for policy advocacy

This assessment addresses the capacity of the coalition undertaking the policy campaign. The resources needed for state-level policy change do not differ much from those needed at the local level. Health departments and community coalitions together can generally provide many of them. They include:

Human resources

- Enough people with strong connections to people with the ability to influence decision makers and to other constituencies that can be mobilized to act.
- People with a wide range of skills to lend to the advocacy effort, such as writing, data analysis, media relations, etc.
- Strong coalition leadership, including an individual or group of people who can drive the work forward.
- Someone who can liaise with a state or municipal attorney to carry out the legal aspects of the work, including interpreting relevant laws and regulations to the coalition (see Step 4 on following page).

Data resources

- Access to good data from many sources that shed light on alcohol outlet density and related harms, ability to maintain access to these data over time, and resources to analyze and report findings (see discussion below).

Financial resources

- Sufficient resources to cover costs of the policy-advocacy efforts, including travel, administrative and professional staff, and consultants, etc. will be required. For local campaigns, in-kind contributions and donations can cover most or all expenses. State-level campaigns often require more financial resources because of the complexity of the policy process and the costs associated with organizing on a statewide basis. Restrictions on the use of funds obtained through grants and contracts, particularly awards obtained from government sources, should be strictly adhered to, and program expenditures should be well-documented.
- In general, health departments can participate in the majority of activities associated with regulating alcohol outlet density; however, health department staff are encouraged to inquire about organizational policies and practices that dictate their participation in these activities and to contact their Project Officer or other staff who are administering their funding if they have any questions about restrictions on their ability to participate in advocacy activities.
- Community coalitions generally have greater leeway when it comes to participating in policy advocacy, but they need to be clear on their funding restrictions as well. Additional information on the involvement of community coalitions in advocacy activities can be found

in CADCA Strategizer #31: *Guidelines for Advocacy: Changing Policies and Laws to Create Safer Environments for Youth* on the CAMY website at: www.camy.org/action/outlet_density or on CADCA's website at www.cadca.org.

Technical assistance resources

- Policy advocacy campaigns can be time consuming and complex in nature. The coalition may be unfamiliar with implementing a campaign and should seek technical assistance support on unfamiliar aspects of the work. Assistance can take many forms, including support with some of the policy advocacy steps. For example, community coalitions could turn to public health departments for technical assistance in collecting, analyzing, and reporting data on alcohol outlet density and alcohol-related behavior problems. Coalitions may also require TA on media advocacy, planning community organizing strategy or making the case for the policy to the public and decision makers. National organizations such as CADCA and CAMY may be further sources of assistance in these areas.

The assessment stage illustrates the importance of building strong collaborations across diverse interest groups, with public health departments and community coalitions playing key leadership roles.

Step 2:
Clarify the policy goal

The key mechanism for clarifying the policy goal is to develop a policy action statement – a condensed (approximately 25 word) statement that includes:

- The problem to be addressed;
- The policy solution;
- What the policy will do – its positive impacts;
- Who will benefit from the policy – who will be positively affected; and
- Names of the policy makers that can make it happen – the "targets" who ultimately adopt the policy.

Sample Policy Action Statement

City Council enacts a CUP ordinance restricting new alcohol outlets in the downtown area thereby reducing violence and public nuisances and protecting adjacent residential neighborhoods.

Step 3:
Make your case and frame your issue

Developing an issue brief provides the justification for the policy statement, describing the problem and the policy solution from the coalition's perspective. It "frames" the issue and the solution in a manner that maximizes the likelihood of support from key policymakers and community leaders. Much of the data that provides the foundation for the "case" are available to health departments. Examples of issue briefs may be found on the CAMY website at www.camy.org/action/outlet_density.

Step 4:
Seek in-kind support from an attorney with expertise in municipal or state law

As noted above, alcohol outlet density regulation may involve complex legal provisions and court opinions that put the extent of local authority in question. An attorney who supports the policy goal with expertise in this aspect of state and local law is an indispensable player to a successful policy campaign. He/she can ensure that the proposed intervention will

withstand a legal challenge and can serve as an invaluable ally in negotiating specific legal provisions with the city attorney or county counsel. At the state level, the attorney can help draft the legislation and negotiate with the legislative counsel's office.

Step 5:
Conduct media advocacy campaigns

This step is a powerful tool for a policy campaign and is distinct from the more traditional uses of media in the public health field, including social marketing. Social marketing focuses on providing health information to the public and promoting individual changes in behavior. Media advocacy, by contrast, uses media to influence the policy process by setting the agenda, framing the debate, and advancing specific solutions or policies. For example, suppose in our hypothetical suburban community most weekend nights the streets fill with many intoxicated young adults emptying into the streets as the bars and restaurants close resulting in nuisance behavior and violence. A social marketing campaign might focus on the risks of binge drinking and encourage citizens to moderate their drinking. A coalition advancing alcohol outlet density regulations would reach out to reporters with data and personal stories (e.g., from neighbors) that would link the event to the alcohol outlet density issue as one step in advancing a CUP or DAO.

Media advocacy is both an art and a skill, involving several key steps and attention to timing and opportunities for placing stories. Health departments have a history of using media advocacy to move health policy. While this is a less developed skill of community coalitions, media work is an area where a partnership between a health department and community coalition can effectively leverage the resources each

brings to the campaign including relationships with media sources that can provide free or "earned" media on the alcohol outlet density issue. In communities where these skills may not exist, there are many effective training programs and handbooks available to help public health departments and community coalitions build their media advocacy capacity.[18,19]

Step 6:
Organize and mobilize grassroots and grass-tops support

This step is at the heart of the entire campaign and provides a foundation for all the other steps. It involves two key activities:

1) Building a grassroots base for the policy campaign – to establish "bottom up" support; and

2) Influencing key decision makers to support the policy – to establish "top down" support.

Building a grassroots base

Community organizing is critical because a campaign to change alcohol outlet density regulation policy involves shifting a community's public health and economic agenda. A strong coalition of public and private agencies and organizations coupled with a powerful resident base can effectively move local polices to reduce alcohol outlet density and problems it creates. Groups such as Mothers Against Drunk Driving, state and local health departments, local law enforcement, the non-profit sector, faith-based groups, schools and universities, neighborhood associations, small businesses, and other stakeholders all have a role to play in an effective campaign. However, opposition can be expected from sectors of the community that have influence with decision makers. It is not uncommon to find the local chamber of commerce, downtown association, and business-oriented service clubs initially opposed to the idea of creating more regulations on alcohol outlets. But this opposition can sometimes be turned to support or at least minimized with careful messaging and an emphasis on community mobilization. Studies on the economic impacts of alcohol outlet-related problems compared to the community costs associated with addressing the problems can fuel a compelling argument for business leaders. The more localized the cost data, the greater the potential there will be to move business interests from opposed to support.

To be successful, the citizen voice of the community must be organized. It represents democracy in action and relies on one of the core tenets of our country's political system, that elected officials are accountable to those who elected them. Unless the citizen voice is heard, more traditional constituencies with economic clout and with the ear of decision makers are more likely to be able to sway policy decisions, even when their proposals

Local groups in Omaha launched a campaign to propose a new zoning ordinance to give Omaha authority to make its own alcohol licensing decisions

Roles in The Policy Adoption Process

Health Departments

- Capitalize on existing relationships health department staff have with decision makers to educate about them the policy impacts before the public hearing;
- Respond to requests for written information, as part of a staff report, on a proposed policy;
- Respond to questions from decision makers during testimony in public hearings, in the context of their role as staff, on general impacts of a proposed policy;
- When requested by the governmental body, provide testimony on the health impacts of the proposed policy during public hearing; and
- When the formal position of the health department is in support of the proposed policy, testify on the benefits of the policy during public hearings.

Community Coalitions

- Ensure there is a call to action in the media in support of the policy just prior to the public hearing;
- Capitalize on their broad membership base to mobilize a large turnout at the public hearing on the proposed policy;
- Identify and train speakers to testify about the impact alcohol outlets have on their personal lives, the lives of their families, and the broader community, using data from the suggestions on pages 13 - 16;
- Carefully plan the flow of the presentation to decision makers, including testimony from law enforcement, community representatives, and others required to make the case for the proposed policy, making sure to ask for support for the policy; and
- Ensure the supporters in the audience understand their defined role throughout the hearing.

are detrimental to large sectors of the community. Community organizing and mobilization go hand in hand with media advocacy and also involve both art and skill. Community coalitions play a key role in a policy campaign by serving as the public face on the campaign and focusing the opposition on the group as a whole as opposed to individual coalition members. But health departments also have an important role to play by virtue of their position inside local and state governments and ability to influence key internal stakeholders. More detailed discussion of this process is available in sources included in the references to this Action Guide.[20, 21]

Influencing key decision makers

An effective campaign must augment its grassroots efforts with a "top down" strategy—influencing the decision makers by having those they listen to become supporters of and advocates for the policy campaign. Central to the process is assessing how decisions are made in the spheres you are trying to influence. A tool to facilitate unpacking the decision making process is called the power analysis, which concretely identifies who has the authority to make the desired policy change, who needs to be approached to convince the decision makers, and

who is in a position to make that approach. A power analysis template can be found at www.camy.org/action/outlet_density.

The combined strategy of 1) building a grassroots base of support coupled with 2) strategic pressure exerted on key decision makers, which is complemented by 3) powerful media advocacy can move a decision making body from opposed to supportive. Given the wide range of activities associated with organizing at the grassroots and influencing decision makers, this is a natural place for partnering to occur. However, clearly differentiating the partner roles in the outreach to decision makers is essential. For example, it is appropriate for health department personnel to use their regular contacts with decision makers to educate them about the health impacts of the policy, while coalition members should proactively meet with decision makers to educate and seek support for the policy. Understanding the capacity of each partner to organize support will ensure that comprehensive advocacy takes place.

Step 7:
Convince the policy making body to adopt the proposed regulatory proposal

In a successful campaign, the previous six steps lead here, to adoption of the proposed alcohol outlet density regulation by the relevant decision making body. The policy analysis will identify what decision-making body has the necessary authority. This may be an elected body or a person or group that determines an institution's policies. Public hearings are often involved, and the supporters of the policy must be ready to make their case powerfully and convincingly. Preparation is needed to determine the specific decision-making process involved and the opportunities for communication with the policy makers. Most likely, the presentation to decision makers will require a strategic mix of resident, health department, and law enforcement testimony on behalf of the proposed policy. Partner organizations will have differing roles in this step.

Accomplishing this step is dependent on all the work involved in the previous steps. The coalition should have a good idea of how each decision maker plans to vote on the policy before the actual vote occurs. If the votes are not there, then the campaign should delay this step and continue to build support within the community using the steps previously described.

Step 8:
Plan for implementation and enforcement

This crucial step is too often neglected and it can ultimately undermine the entire campaign. A law on the books designed to reduce alcohol outlet density is of little value if it is not enforced, a situation that is all too common at both the state and the local level. A common misperception is that a policy campaign is complete once the policy is adopted and that the tasks of enforcement and implementation will occur as a matter of course by those responsible for these activities. This, unfortunately, is not always the case. As discussed below, the coalition needs to monitor the administration of the new ordinance. This post-adoption agenda can be greatly facilitated if planning for it occurs at earlier stages of the campaign. Specifically:

- When developing the proposed policy intervention, engage the relevant agencies in a discussion about what is needed for effective administration and enforcement.
- To the extent possible, integrate implementation and enforcement steps into the policy itself. For example, if internal training of law enforcement

personnel is needed at regular intervals, establish a timetable for this activity in the ordinance.

- Identify data from health departments, law enforcement, and other organizations (e.g., hospital data) needed to monitor changing conditions that will influence implementation.
- Set up a mechanism for ongoing communication between the relevant city/state agencies and the coalition to promote cooperation and to establish a monitoring procedure.
- Use coalition media contacts to publicize enforcement and administrative efforts regularly.

Step 9:
Overcome challenges and pitfalls

The policy has been enacted and implementation and enforcement have begun. The coalition should expect that problems will arise and pressures will develop to return to the status quo. Any policy to address alcohol outlet density will by definition impact the number of new on- and off-premise outlets that can operate in a specific geographic area. The practices of existing alcohol outlets may also be affected. When the provisions of a new ordinance begin taking effect, exceptions and demands for partial or even full repeal are likely to be proposed and ordinance enforcement resources are likely to be targeted for reduction. The health department-community coalition partnership is as important to protecting the policy as it was to getting it adopted. Communities should anticipate these continuing challenges and plan for them through regular and on-going monitoring of the community environment.

B. Tracking Progress and Planning for Outcomes

Tracking the impact of the ordinance on community health and safety is also important for defending the ordinance once it is in place, testing whether the ordinance as written is actually effective, and making the case for similar alcohol control policies either in that community or in neighboring or similar jurisdictions. Public health departments are uniquely suited to this task because of their expertise in collecting and analyzing data. An epidemiologist or program evaluation specialist should be on board at the start of the campaign and he/she should design and implement a data collection plan. The first step is to identify indicators that can serve as a baseline for measuring change. These should include both process variables (e.g., is the policy being effectively enforced?) and outcomes (e.g., changes in the number of alcohol-related assaults and frequency and intensity of binge drinking). The indicators described in the section "Using Data to Make Your Case" provide a starting point for developing a system for tracking changes resulting from the policy adoption. The importance of this function is reflected by its inclusion in the first step of the policy campaign process.

Developing and implementing a good data collection plan is only one step in the process – its findings must be effectively disseminated. Reports of findings need to reach policy makers and should become part of the coalition's media advocacy activities. If problems arise in the implementation process (see step 9) then the reports can provide a means to promote more effective enforcement and administration. Reports that show that the policy is having its intended effect will make it more difficult to overturn or chip away at the policy over time.

Part Six

Conclusion

The development of partnerships between health departments and community coalitions can significantly enhance the ability of both entities to adopt and enforce state and local policies to reduce alcohol outlet density. To be successful both must share a commitment to developing a deeper understanding of the assets each organizational entity brings to the table and establish a willingness to collaborate in their effective use.

There are many tasks that lend themselves to collaborative action prior to actual policy adoption. Assessing both the nature and extent of alcohol outlet density and its related health and safety impacts requires a deep analysis of state and local data. Health departments and community coalitions have access to much of the data that can describe alcohol outlet density and paint a picture of the resulting community problems, but understanding alcohol outlet density in a community must occur in the context of the state preemption laws. Establishing what legal options are available to regulate alcohol outlet density must precede the development of policy options. This legal analysis is best conducted by an attorney specializing in land-use and sharing a concern about alcohol outlet-related problems.

Once the data have been collected and analyzed, the case has been made for reducing alcohol outlet density, and the legal policy options have been identified and crafted, the stage is set for advocacy and community mobilization. It is here where the partnership will pay significant dividends. While health departments may have to tread lightly on engaging in advocacy on behalf of local and state

"As an epidemiologist working in a state health department, the work on alcohol outlet density is important to our mission. Communities need quality data to effectively reduce density at the local level. Epidemiologists can meaningfully contribute to local campaigns by assisting with the provision of solid information that strengthens the local case about the impacts of outlet density. I find this work both professionally and personally rewarding. It's good to know that this work can make a difference."

— Jim Roeber, New Mexico Department of Health

policy change, their expert testimony about the science of alcohol outlet density and explanation of local data related to health and safety effects carries tremendous weight with policy makers. Community coalitions can complement this work by bringing people to the policy campaign process. The power of common action will be reflected in the enhanced capacity both to carry out the tasks required to produce public policies and to resist efforts to repeal and/or diminish their effectiveness.

However, as noted in the action steps on the previous pages, policy adoption alone does not guarantee robust implementation of the activities required to improve local conditions. Communities will need ongoing technical assistance that health departments can provide. Regulating alcohol outlet density is complex, requiring sophisticated analytical and community organizing capacity. Community coalitions need to enhance their ability to collect and analyze data, employ GIS mapping technology, and establish evaluation measures. These are the very skills at which state and local health departments excel. The technical assistance infrastructure for supporting coalitions resides in health departments across the country. The dissemination of these skills forms the foundation for enhanced partnerships between community coalitions and public health departments.

Finally, a comprehensive approach to reducing excessive drinking and related health consequences requires action on the multiple Task Force recommendations to prevent excessive drinking. This Action Guide introduces one important path for state and local action to improve health and safety.

Additional information on other evidence-based strategies for preventing excessive alcohol consumption can be found on the Excessive Alcohol Consumption topic page on the Community Guide website: www.thecommunityguide.org/alcohol.

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About CADCA

CADCA (Community Anti-Drug Coalitions of America) is a national membership organization representing over 5,000 coalitions and their affiliates working to make America's communities safe, healthy and drug-free. CADCA's mission is to strengthen the capacity of community coalitions by providing technical assistance and training, public policy and advocacy, media strategies and marketing programs, conferences, and special events.

About CAMY

The Center on Alcohol Marketing and Youth (CAMY) at the Johns Hopkins Bloomberg School of Public Health monitors the marketing practices of the alcohol industry to focus attention and action on industry practices that jeopardize the health and safety of America's youth. Reducing high rates of underage alcohol consumption and the suffering caused by alcohol-related injuries and deaths among young people requires using the public health strategies of limiting the access to and the appeal of alcohol to underage persons.

This publication is part of CADCA's *Strategizer* series. *Strategizers* offer concise, proven solutions to issues facing coalitions. Designed to provide step-by-step guidance, *Strategizers* range in topics from how to start a coalition, advocacy, getting the faith community involved, youth programs, conducting evaluations to reducing underage drinking, prescription drug abuse prevention, the myths of marijuana, effective prevention strategies, and community mobilization. To order copies, visit www.cadca.org or send an e-mail to editor@cadca.org.

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