



## STATEMENT OF POLICY

### **Reducing the Public Health Impacts of Alcohol Use**

**Mission:** The mission of NYSPHA is to promote and protect the public's health through professional development, networking, advocacy, and education.

**Vision:** Strengthening public health and taking action to make New York the healthiest state.

#### **Problem Statement**

Alcohol use causes over 4,000 deaths annually in New York with an average of 28 years of potential life lost per death. Alcohol-related illnesses also have economic costs amounting to an estimated \$16.3 billion in 2010, or approximately \$2.28 per drink. Economic costs due to excessive drinking include losses in workplace productivity, health care expenses, criminal justice expenses, and motor vehicle crash costs.

There is a need to implement preventive policy measures in New York to reduce alcohol-related morbidity and mortality. It is also important to consider specific populations such as youth, pregnant persons and persons with mental illness or substance use through a health equity lens when designing and implementing comprehensive and effective preventative policies and programs.

#### **Position Statement**

NYSPHA, as an advocate of public health, supports the interprofessional collaboration with members and partners in both the health care and public health sector as well as engagement with communities to address this public health issue in the state.

NYSPHA recommends specifically:

1. The Governor and Legislature should appoint experts with expertise in public health, substance use prevention and treatment, public safety, and emergency medicine to the Governor's Alcohol Policy Reform Commission. This would aid in defining and promoting the state's authority role in balancing health and economic interest (InformNNY).
2. New York State and New York City (NYC) should increase beer, wine, and liquor taxes. As with cigarettes, increasing alcohol taxes will reduce consumption, especially in price-sensitive populations, such as youth. These taxes are moderate

or low compared to other states, have not been increased in a number of years and have not been adjusted for inflation (see below for more details).

3. The Governor and the legislature should require that the New York State liquor authority exercise its health mandate within their programs and licensees as per their founding charter (New York State Liquor Authority).
4. The Governor and legislature should restrict alcohol-use-related advertising and marketing including digital media, especially those that are geared towards underage individuals and minority communities.
5. Screening, Brief Intervention, Referral and Treatment (SBIRT) for alcohol and drug use should be incorporated into the curriculum for training physicians, nurse practitioners and other medical professionals, should be incorporated into routine medical practice, should be monitored as a quality measure, and adequately reimbursed.
6. NYSPHA and partners should advocate for a minimum unit price approach to alcohol sales.
7. State and local government should limit hours and days alcohol retail outlets are able to sell alcohol products. Research has shown that increasing service hours by two hours or more, and increasing the number of days of service, especially being open on Sundays and holidays, is associated with increased rates of alcohol use, motor vehicle accidents, crime, and injuries (Sanchez-Ramirez & Voaklander, 2018).
8. The state should set caps and reduce the concentration of alcohol retail outlets in communities with the highest alcohol related harms through statutory initiatives, like licensing or local zoning regulations (Campbell et al., 2009; Mosher & Treffers, 2013).

## **Justification**

**Health impacts of alcohol use.** According to the Centers for Disease Control and Prevention (CDC), between 95,000 and 140,000 people in the United States die each year from alcohol-related causes, making alcohol use the third leading cause of preventable deaths (CDC, 2022d). According to a New York State Department of Health (NYSDOH) report in 2016, alcohol use causes over 4,000 deaths annually in New York with an average of 28 years of potential life lost per death (CDC, 2013). Alcohol-related illnesses also have economic costs amounting to an estimated \$16.3 billion in 2010, or approximately \$2.28 per drink (Sacks et al., 2015). Economic costs due to excessive drinking include losses in workplace productivity, health care expenses, criminal justice expenses, and motor vehicle crash costs (NYSDOH, 2016).

During COVID-19, alcohol consumption and sales dramatically increased as well as the number of deaths involving alcohol. Specifically, from 2019 to 2020, there was a 26% increase in the number of deaths, totaling to 99,107 deaths (National Institute on Alcohol Abuse and Alcoholism ([NIAAA], 2022).

In New York State, from 2017 to 2019, 28.9 individuals per 100,000 persons had been injured or died in a motor vehicle due to alcohol (NYSDOH, 2022). Other short-term effects include injuries from falls and other accidents, inability to function during daily tasks, including during

one's job, violence, such as sexual assault, and risky sexual behaviors, including unprotected sex. Long-term effects include co-occurring alcohol and drug use, high blood pressure, stroke, weakening of the immune system, neurological and organ damage, and learning and memory problems (CDC, 2022b; NIAAA, 2008). In addition, alcohol has a major impact on mental health, particularly suicide. Finally, six potential kinds of cancers that could arise include mouth and throat cancer, voice box (larynx), esophagus cancer, colon and rectum, liver, and breast cancer (CDC, 2022a).

**Alcohol taxes as a tool to reduce consumption.** New York State and New York City (NYC) beer, wine and liquor taxes include beer: 14¢/gal. State plus NYC 12¢/gal.; still and sparkling wine 30¢/gal.; and liquor: State \$6.44/gal. Additional taxes apply for liquor under 24% alcohol content – State \$2.54/gallon and NYC \$1.00/gallon in New York City. New York's taxes for beer are ranked 38<sup>th</sup> in the nation, for wine are 40<sup>th</sup> in the nation, and for liquor are 5<sup>th</sup> in the nation. (New York Sales Tax Handbook, 2022). The tax has also not been increased in a number of years, and has not been adjusted for inflation. As with cigarettes, increased taxes reduce harmful consumption and reduce the physical and financial costs of overuse. Research has shown that increasing the alcohol sales tax by double can reduce alcohol-related mortality by 35%, automobile accident deaths by 11%, violence by 2%, and crime by 1.4% (Wagenaar et al., 2010).

**Screening to detect alcohol use.** According to the New York State Office of Addiction Services and Supports, "Screening, Brief Intervention, Referral and Treatment (SBIRT) is an evidence-based approach to identifying patients who use alcohol and other drugs at risky levels. The goal of SBIRT is to reduce and prevent related health consequences, disease, accidents and injuries. Risky substance use is a health issue that often goes undetected, by incorporating this evidence-based tool that are demonstrated to be valid and reliable in identifying individuals with problem use or at risk for a substance use disorder (SUD) must be used.

SBIRT can be performed in a variety of settings. Screening does not have to be performed by a physician. SBIRT incorporates screening for all types of substance use with brief, tailored feedback and advice. Simple feedback on risky behavior can be one of the most important influences on changing patient behavior." (NYS OASAS, 2023).

**Alcohol use in pregnancy.** Alcohol use is a significant concern for pregnant persons. According to the CDC, "There is no known safe amount of alcohol use during pregnancy or while trying to get pregnant. There is also no safe time for alcohol use during pregnancy. All types of alcohol are equally harmful, including all wines and beer" (CDC, 2021). This statement emphasizes that any type of alcohol use can cause health problems for pregnant persons, and most importantly, their infants. Specifically, alcohol use increases the risk of miscarriage, stillbirth, premature delivery, and Sudden Infant Death Syndrome (CDC, 2021). Alcohol use also increases the risk for Fetal Alcohol Spectrum Disorders (CDC, 2021).

**Underage drinking.** An important age group that is affected by alcohol use is those who are underage. In New York, in 2019, those ages 18 to 24 were one of the highest age brackets for heavy or binge drinking (NYSDOH, 2021). Drinking, especially at a young age, has unique health effects, which can include increased risk for alcohol use disorders, academic and behavioral difficulties in school, unplanned and unwanted sexual activity, physical violence,

disruption in normal growth, increased suicide, motor vehicle accidents, and memory-loss (CDC, 2022c; NIAAA, 1997).

One societal factor that aids in underage drinking is the social promotion of underage drinking through marketing and advertisements within media sources, like the television and social application outlets. These include pro-alcohol messages and images toward the youth (Moreno & Whitehill, 2014). Research has shown that there is a causal connection between underage drinking and these marketing schemes (Sargent & Babor, 2020).

Another risk factor for underage drinking is parental alcohol use. That is, children of parents with an alcohol use disorder (AUD) are between four and 10 times more likely to develop an AUD than children with no close relative with an AUD (NIAAA, 2021). These children are more likely to begin drinking earlier, and develop alcohol problems more quickly (NIAAA, 2021).

Sexual and gender minority youth are also more likely to drink alcohol when compared to their cisgender heterosexual counterparts (Watson et al., 2019). This is likely due to proximal and distal factors related to sexual identity stressors, like stigma, violence, and internalized homophobia (Watson et al., 2019). As assumed, increased alcohol use results in the likely health risks related to youth, as stated above, such as developmental, psychological, social, behavioral, and physical issues.

**Conclusion.** Essentially, it is evident that an abundance of issues arise due to alcohol use, especially among various vulnerable subgroups. Therefore, NYSPHA supports the recognition of alcohol use as a public health concern and the implementation of effective plans and policies to ensure individuals' health and wellbeing are being promoted and protected, and imminent deaths are prevented.

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11/09/22 – Adopted by the NYSPHA Policy and Advocacy Committee (PAC)

12/21/22 – Approved by NYSPHA Board of Directors