



New York State Alcohol Policy Summit 2.0: Local Action, Statewide Solutions

January 23, 2025



Welcome

Karina Escamilla; Latino Commission on AIDS; Deputy Director, Latino Religious Leadership program



**Department
of Health**





Housekeeping

We ask that you mute yourself if you're not speaking

We will have designated time to address questions, but you may submit questions at any time during the session using the Q&A text box

Please raise your emoji hand to ask a question during Q&A

Please do not record (including transcription) during the meeting

Please complete the evaluation at the close of Summit 2.0

Agenda

Presentations:

- Address alcohol related harms across NYS
- Discussion on evidence-based alcohol policy
- Lessons from previous summit and regional meetings
- Policy priorities to create a prevention framework

Discussion Groups

Next steps



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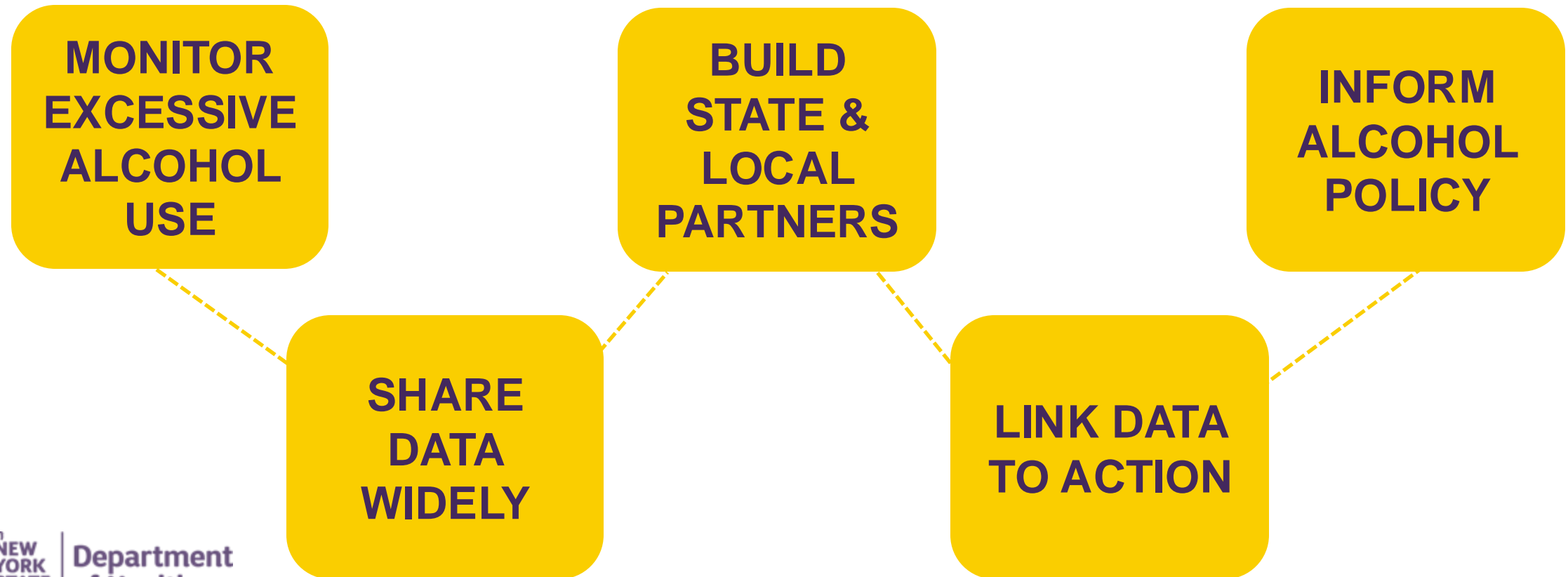
Addressing Excessive Alcohol Use in New York State

Alcohol Policy Summit II
January 14, 2024

Haven Battles, PhD
Alcohol Surveillance and Epidemiology Program
New York State Department of Health

Disclaimer: This presentation is partially supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$166,667. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

The New York State Department of Health, with funding from the CDC, has established the **New York State Alcohol Surveillance and Epidemiology Program**



DEFINITION OF EXCESSIVE ALCOHOL USE:



BINGE DRINKING*

For Men:

5 or more drinks
on one occasion

For Women:

4 or more drinks
on one occasion



HEAVY DRINKING*

For Men:

15 or more drinks
in a week

For Women:

8 or more drinks
in a week



UNDERAGE DRINKING

Any alcohol use
by those under
age 21



PREGNANT DRINKING

Any alcohol use
by pregnant
people

Source: <https://www.cdc.gov/drink-less-be-your-best/facts-about-excessive-drinking/index.html>

*Note: People assigned female at birth typically experience greater impairment after drinking less alcohol than people assigned male at birth due to differences in body water content, hormones, body size, and metabolism. Data on gender and sexual identities are becoming more readily available, however these guidelines do not yet consider the complexity of biological characteristics, sex assigned at birth, gender identity, or the interactions among these factors. Therefore, people assigned female at birth, people who are intersex, and transgender people should defer to the more conservative guidelines outlined for women.



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WHAT IS CONSIDERED A “STANDARD DRINK”?

US Standard Drink Sizes



12 ounces beer
5% ABV



8 ounces malt liquor
7% ABV



5 ounces wine
12% ABV



**1.5 ounces distilled spirits
(gin, rum, vodka, or whiskey)**
40% (80 proof) ABV

Alcohol by volume (ABV) refers to the strength of the alcoholic beverage.

www.cdc.gov/alcohol



EXCESSIVE ALCOHOL USE IS A PUBLIC HEALTH ISSUE IN NEW YORK STATE



Over **8,050 New Yorkers die each year** due to excessive alcohol use.



Nearly **1 in 5 adult New Yorkers** report excessive alcohol use, in the form of either binge or heavy drinking.



Excessive alcohol use can cause **injuries, violence, and chronic disease.**



Excessive drinking **cost New York \$16.3 billion** in 2010, or roughly \$843 in preventable costs per taxpayer.



Alcohol-related harms **disproportionately impact** under-resourced areas and people living in them.



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Source: Centers for Disease Control Addressing Excessive Alcohol Use: State Fact Sheets

UNDERAGE DRINKING AND RELATED HARMS IN NEW YORK STATE



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1 IN 7 NEW YORK YOUTH INITIATE DRINKING EARLY (BEFORE AGE 13)

New York State



United States

13.9%

% of high school students who report having their first drink before age thirteen

15.0%

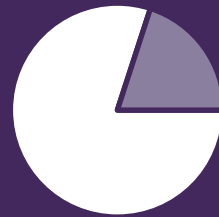
- Early initiation of drinking is concerning. People who start before the age of 15 are at a higher risk for developing alcohol use disorder later in life.
- For example, adults ages 26 and older who began drinking before age 15 are 3.5 times more likely to report having an alcohol use disorder in the past year than those who waited until age 21 or later to begin drinking.*

ALCOHOL IS A WIDELY USED SUBSTANCE AMONG NYS YOUTH

CURRENTLY DRINK

1 in 5
high school
students

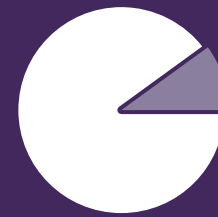
drank at least one drink
during the past 30 days



BINGE DRINK

1 in 10
high school
students

drank 4+ drinks (females)
or 5+ drinks (males) in a
row within a couple hours
during the past 30 days



UNDERAGE DRINKING CAN CAUSE IMMEDIATE AND CHRONIC HEALTH EFFECTS



Over 100 New Yorkers under the age of 21 die due to alcohol use each year. This includes deaths from causes such as motor vehicle crashes, homicides, alcohol poisoning, and suicides.



Alcohol use impairs judgment and can increase the risk of physical and sexual assault among youth.



Alcohol use can interfere with normal brain development.



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Data sources: Alcohol Related Disease Impact (ARDI) application, 2024. Available at www.cdc.gov/ARDI;
<https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/underage-drinking>;
<https://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm>

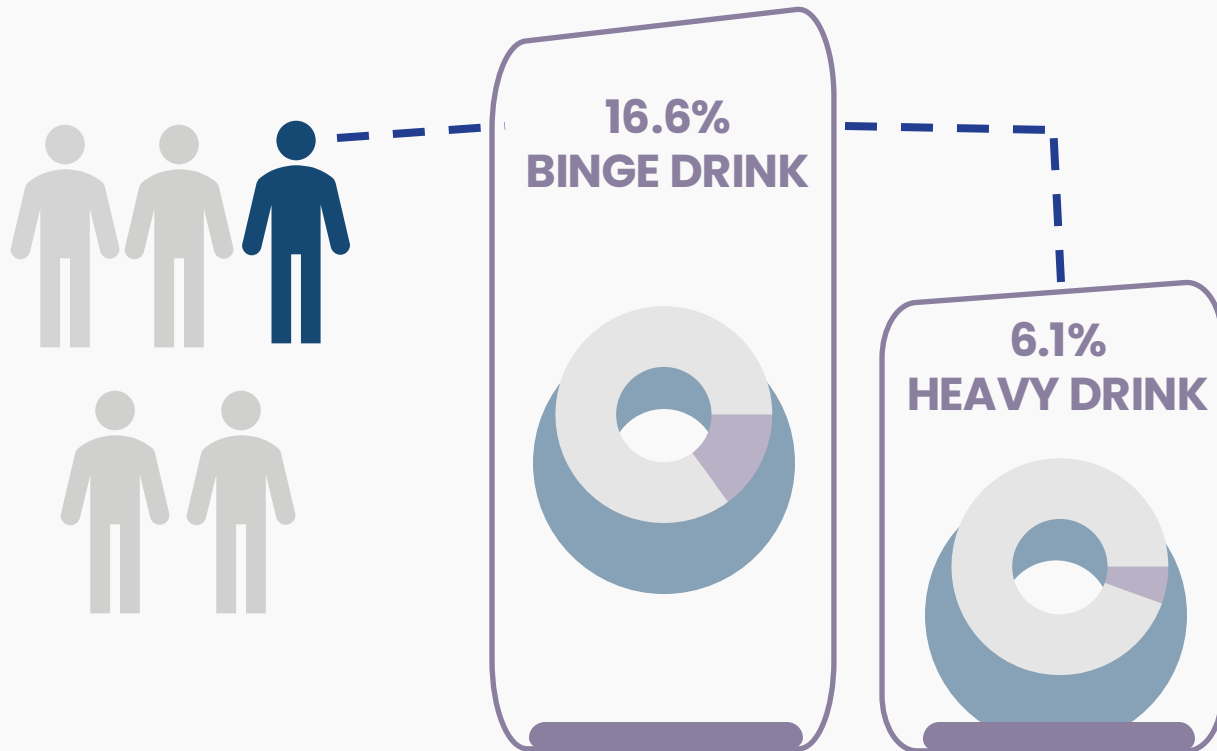
ADULT EXCESSIVE ALCOHOL USE AND RELATED HARMS IN NYS



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NEARLY 1 IN 5 ADULTS IN NEW YORK STATE (18.4%) REPORT EXCESSIVE ALCOHOL USE, IN THE FORM OF EITHER **BINGE OR HEAVY DRINKING**



Adults who are more likely to report binge or heavy drinking include:

- MALES
- WHITE, NON-HISPANIC; HISPANIC
- YOUNGER ADULTS (Ages 18-34)
- HIGHER EDUCATIONAL ATTAINMENT
- HIGHER ANNUAL HOUSEHOLD INCOME
- FREQUENT MENTAL DISTRESS
- ADULTS WHO CURRENTLY SMOKE

AMONG THE 2 MILLION NYS ADULTS WHO REPORT BINGE DRINKING

**25% do so at
least 4 TIMES
per month**



**25% consume
at least 7 DRINKS
per binge
drinking
occasion**



The risk of alcohol-related harms increases with the amount of alcohol one drinks.

However, for some conditions, like some cancers, the risk increases even at very low levels of alcohol consumption.



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Data source: NYS Behavioral Risk Factor Surveillance System, 2022; <https://www.cdc.gov/alcohol/fact-sheets/moderate-drinking.htm>

UNDER-RESOURCED COMMUNITIES EXPERIENCE GREATER HARMS RELATED TO EXCESSIVE ALCOHOL USE, DESPITE LOWER ALCOHOL USE RATES

- Greater harms include a **higher prevalence of alcohol-related diseases** including heart disease and hypertension, as well short term health effects like injury and violence.
- The **higher rates of harm among under-resourced communities** may be explained by:
 - ✓ disproportionately greater exposure to alcohol marketing and alcohol environments, and
 - ✓ the collective impact of stress, stigma, and discrimination,
 - ✓ inadequate access to substance use disorder treatment programs.

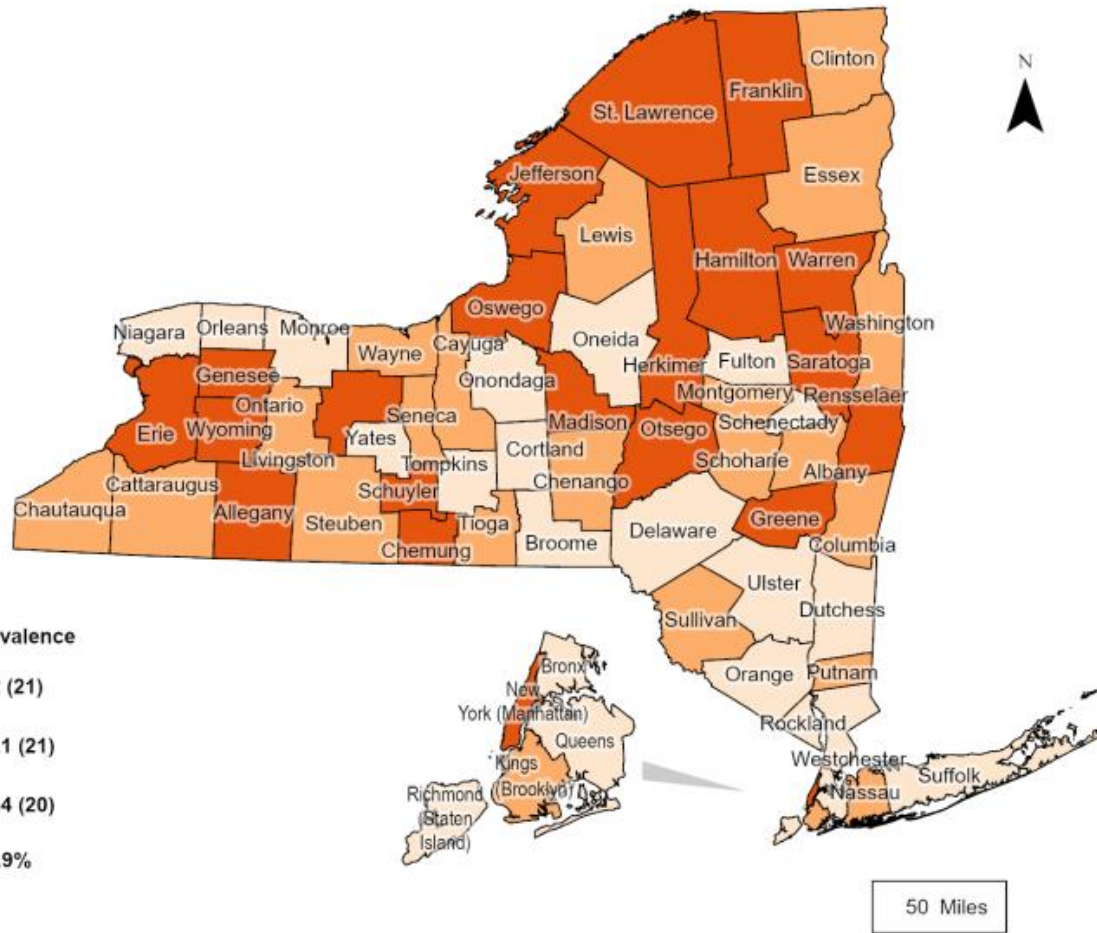


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Mulia N, Ye Y, Greenfield TK, Zemore SE. Disparities in alcohol-related problems among white, black, and Hispanic Americans. *Alcohol Clin Exp Res*. 2009 Apr;33(4):654-62. doi: 10.1111/j.1530-0277.2008.00880.x. Epub 2009 Jan 15. PMID: 19183131; PMCID: PMC2771773.

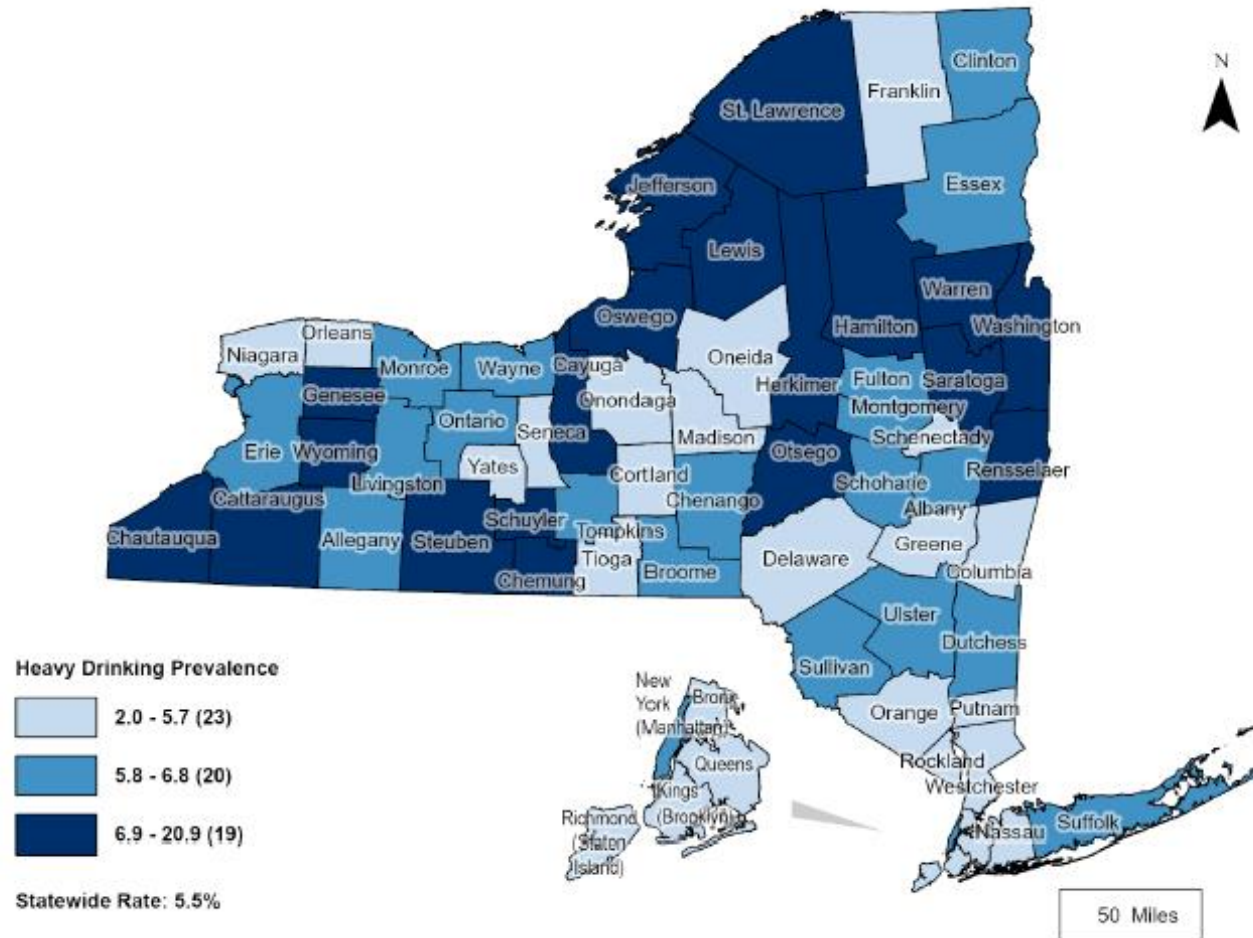
Vaeth PA, Wang-Schweig M, Caetano R. Drinking, Alcohol Use Disorder, and Treatment Access and Utilization Among U.S. Racial/Ethnic Groups. *Alcohol Clin Exp Res*. 2017 Jan;41(1):6-19. doi: 10.1111/acer.13285. Epub 2016 Dec 26. PMID: 28019654; PMCID: PMC5205547.

WITHIN NYS, ADULT BINGE DRINKING VARIES BY COUNTY FROM 8.0% TO 22.2%



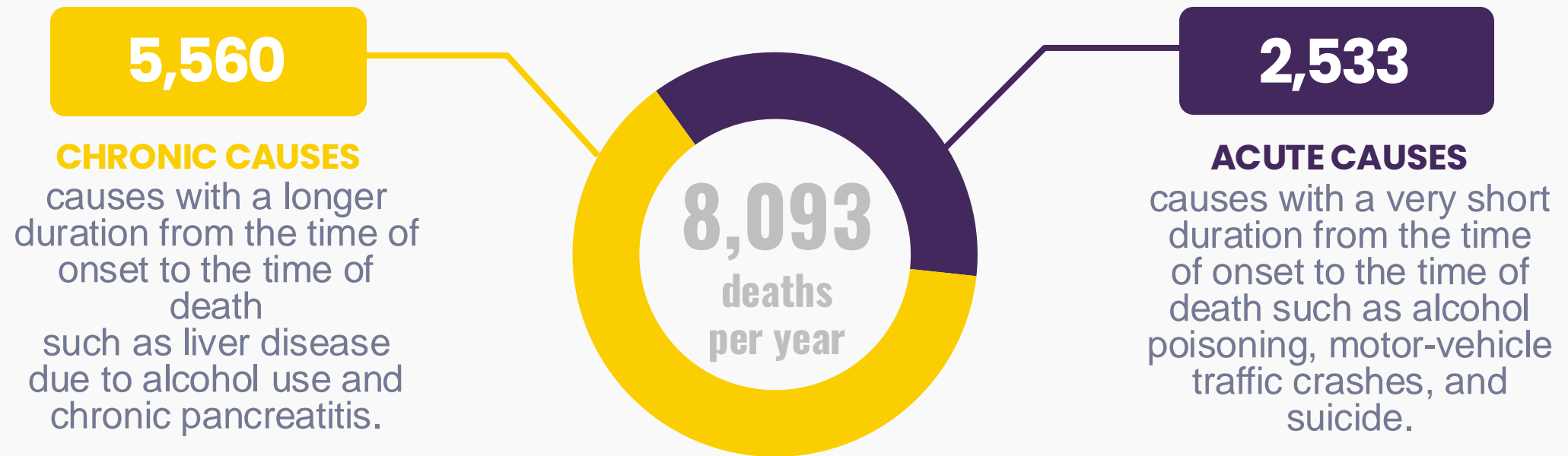
- Counties are categorized into three groups, with one third of counties in each category.
- **Lightest color** represents the 1/3 of counties with the lowest rates, **darkest color** represents the 1/3 of counties with the highest rates
- Statewide rate is 14.9%
- County rates range from 8.0% to 22.2%.

WITHIN NYS, ADULT HEAVY DRINKING VARIES BY COUNTY FROM 2.0% TO 12.5%



- Counties are categorized into three categories, with one third of counties in each category.
- **Lightest color** represents the 1/3 of counties with the lowest rates, **darkest color** represents the 1/3 of counties with the highest rates
- Statewide rate is 5.5%
- County rates range from 2.0% to 12.5%.

FROM 2020-2021, THE MAJORITY OF ANNUAL EXCESSIVE ALCOHOL USE-ATTRIBUTABLE DEATHS IN NYS WERE FROM **CHRONIC** VS **ACUTE** CAUSES



NYS YOUTH AND **ADULTS** ARE MORE LIKELY TO REPORT ALCOHOL USE THAN USE OF OTHER SUBSTANCES.

Yet, efforts to prevent excessive alcohol use and its related harms receive less resources.

Youth Substance Use



Adult Substance Use



DESPITE HEALTH HARMS, NYS ADULTS PERCEIVE ALCOHOL USE TO BE LESS SERIOUS THAN OTHER PUBLIC HEALTH SUBSTANCE USE RELATED ISSUES



92%

of adults think **prescription opioid misuse** is a serious public health problem



89%

of adults think **heroin use** is a serious public health problem



83%

of adults think **tobacco use** is a serious public health problem



85%

of adults think **e-cigarette/vaping use** is a serious public health problem



81%

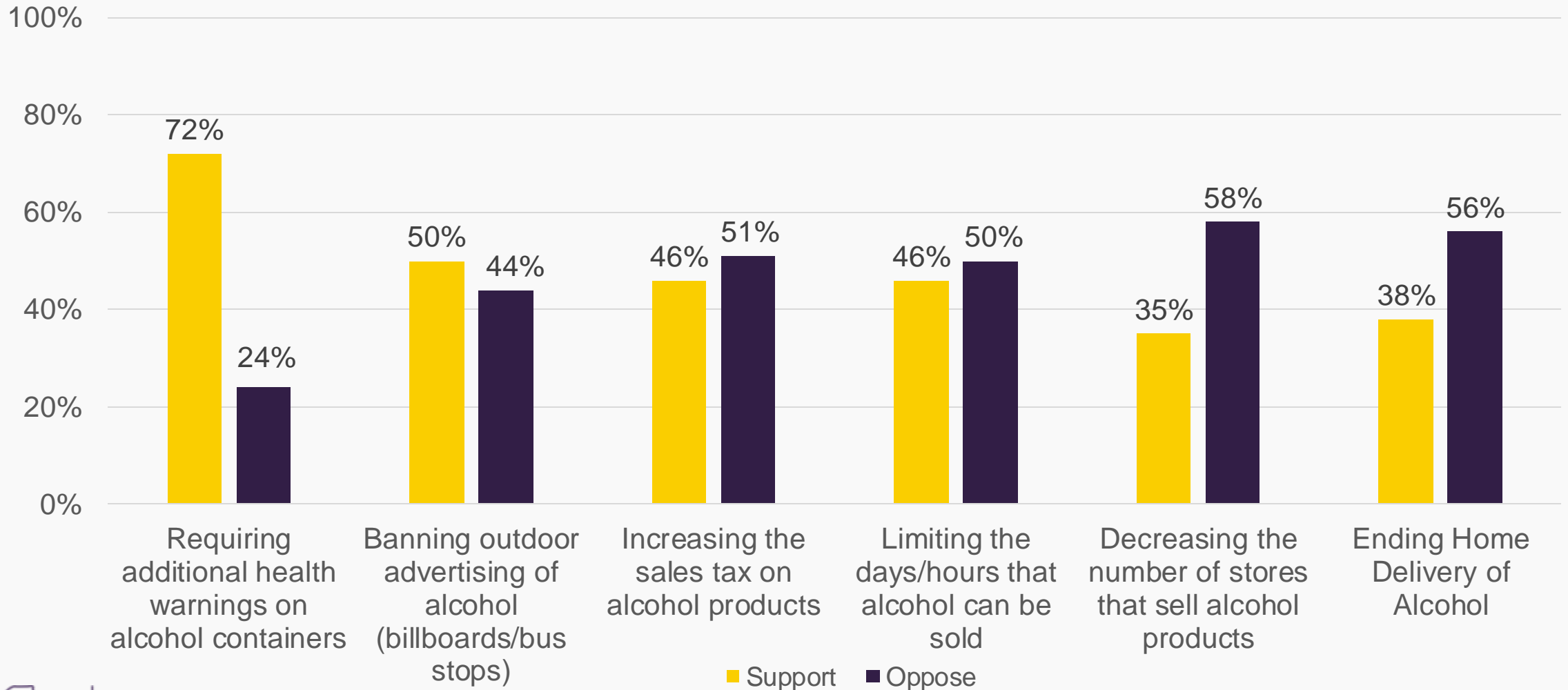
of adults think **alcohol use** is a serious public health problem



57%

of adults think **cannabis use** is a serious public health problem

NEW YORKERS' SUPPORT FOR POLICY SOLUTIONS



HOW DOES NEW YORK INTEGRATE EXCESSIVE ALCOHOL USE INTO ITS STRATEGIC PLANNING?



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NYS COMPREHENSIVE CANCER CONTROL PLAN

What is it?

- A cancer prevention and control roadmap with priority areas, measurable objectives, and suggested strategies to reduce the cancer burden in New York State

Why is it important?

- Serves as a guide for community members, policy makers, advocates, healthcare professionals and others to use as they engage in efforts in their local communities and across the state

NYS COMPREHENSIVE CANCER CONTROL PLAN 2018-2023 OBJECTIVES

Adults

- By 2023, decrease the percentage of adults who report **binge drinking** within the past 30 days by at least 10%
- By 2023, decrease the percentage of adults who report **heavy drinking** within the past 30 days by at least 10%

Adolescents

- By 2023, decrease the percentage of youth in grades 9-12 reporting the **use of alcohol on at least one day** within the past 30 days by at least 10%

Currently in the process of finalizing the 2024-2029 plan which will continue to include measurable objectives and strategies for action.

STATE HEALTH IMPROVEMENT PLAN: NEW YORK STATE PREVENTION AGENDA

What is it?

- Aimed at improving the health status of New Yorkers and reducing health disparities through a **strong emphasis on prevention**.
- Outlines key health priority areas and how they will be addressed to improve the health and wellbeing of all New Yorkers.

Why is it important?

- Tool for local public health agencies, hospitals, government agencies, community-based organizations, health care providers, advocates, educators, policymakers, and other critical partners to **promote action, maximize resources, and prioritize strategies that advance health**.

ALCOHOL IN THE NYS PREVENTION AGENDA 2019-2024 OBJECTIVES

Adults

- Reduce the percentage of adult **binge drinking** during the past month by 10%
- Reduce the percentage of adult (age 55+ and older) **binge drinking** during the past month by 10%

Adolescents

- Reduce the percentage of youth in grades 9-12 reporting the **use of alcohol on at least one day for the past 30 days** by 10%

Currently in the process of finalizing the 2025-2029 plan which will continue to include measurable objectives and strategies for action.

ALCOHOL IN THE NYS PREVENTION AGENDA

2025-2029 Prevention Agenda Overview

Domain	Priorities
Economic Stability	<p>Economic Wellbeing</p> <ul style="list-style-type: none"> <input type="checkbox"/> Poverty <input type="checkbox"/> Unemployment <input type="checkbox"/> Nutrition Security <input type="checkbox"/> Housing Stability and Affordability
Social and Community Context	<p>Mental Wellbeing and Substance Use</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anxiety and Stress <input type="checkbox"/> Suicide <input type="checkbox"/> Depression <input type="checkbox"/> Drug Misuse and Overdose Including Primary Prevention <input type="checkbox"/> Tobacco/ E-cigarette Use <input type="checkbox"/> Alcohol Use <input type="checkbox"/> Adverse Childhood Experiences <input type="checkbox"/> Healthy Eating
Neighborhood and Built Environment	<p>Safe and Healthy Communities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Opportunities For Active Transportation and Physical Activity <input type="checkbox"/> Access to Community Services and Support <input type="checkbox"/> Injuries and Violence
Health Care Access and Quality	<p>Health Insurance Coverage and Access to Care</p> <ul style="list-style-type: none"> <input type="checkbox"/> Access to and Use of Prenatal Care <input type="checkbox"/> Prevention of Infant and Maternal Mortality <input type="checkbox"/> Preventive Services for Chronic Disease Prevention and Control <input type="checkbox"/> Oral Health Care (e.g., routine preventive care, community water fluoridation, dental sealants, and access to dental services for Medicaid covered population) <p>Healthy Children</p> <ul style="list-style-type: none"> <input type="checkbox"/> Preventive Services (e.g.; immunization, hearing screening and follow up, and lead screening) <input type="checkbox"/> Early Intervention <input type="checkbox"/> Childhood Behavioral Health
Education Access and Quality	<p>PreK-12 Student Success And Educational Attainment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Health and Wellness Promoting Schools (e.g.; timely immunization, healthy school meals, social emotional learning, and counselling and mentoring including avoidance risky substances) <input type="checkbox"/> Opportunities for Continued Education (e.g.; high school completion programs, transitional and vocational programs, literacy initiatives, and reskilling and retraining programs)



FROM NYSDOH PERSPECTIVE: WHAT IS STILL NEEDED?

A comprehensive public health program to prevent **excessive alcohol use** and associated harms

THANK YOU

EMAIL US AT ALCOHOLDATA@HEALTH.NY.GOV

Why is alcohol policy important?

New York State Alcohol Policy Summit 2.0: Local Action,
Statewide Solutions

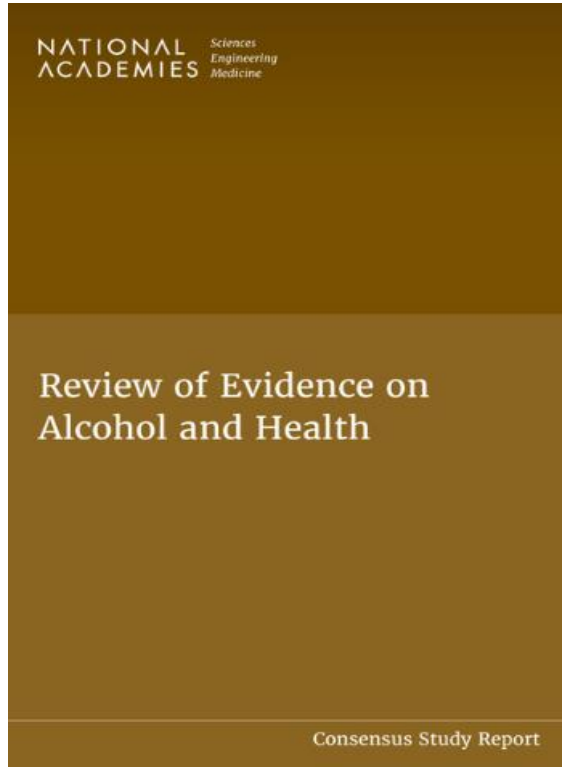
Sean J. Haley PhD, MPH

January 23, 2025

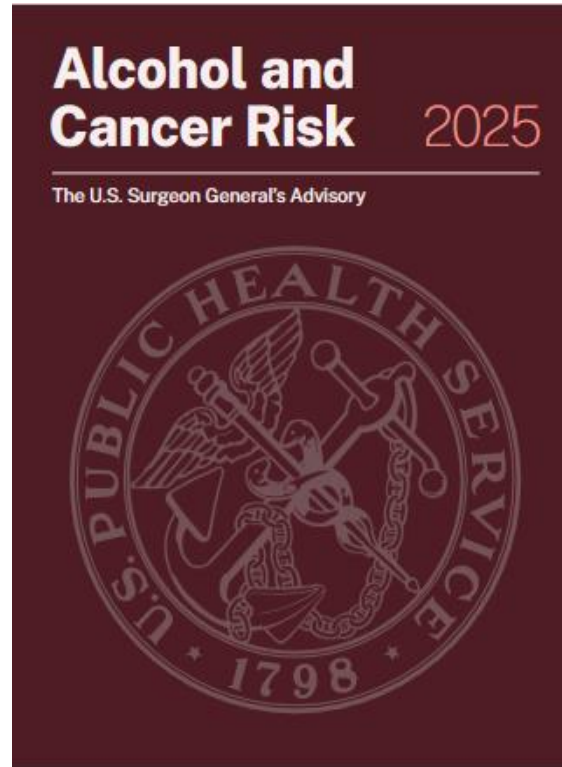


GRADUATE SCHOOL OF PUBLIC HEALTH & HEALTH POLICY

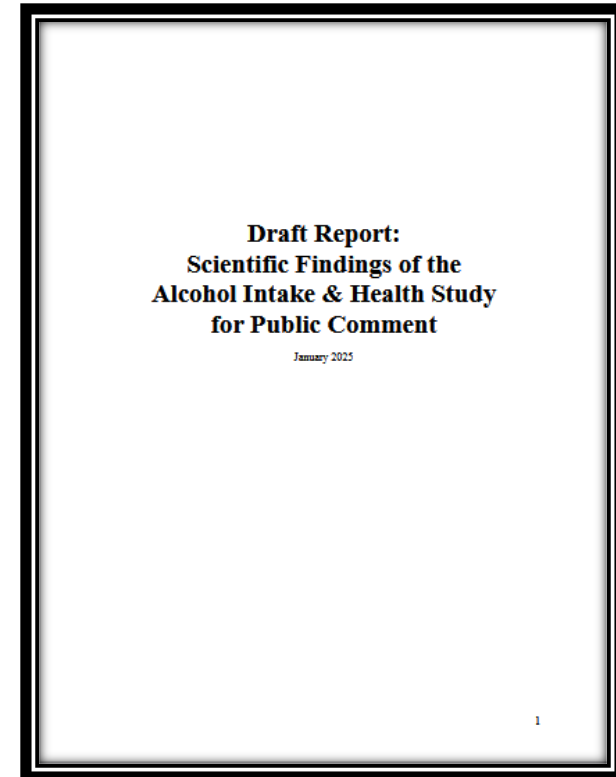
Federal Scientific Reports - Effects of Moderate Drinking on Health



National Academies
Science, Engineering &
Medicine



Surgeon General's
Report



Interagency Coordinating
Committee on the
Prevention of Underage
Drinking

In general, what do the reports suggest?

Disease	ICCPUD	NASEM	Surgeon General
Liver cirrhosis	Higher		
Cancer			
Esophageal	Higher	No conclusion	Higher
Oral	Higher	No conclusion	Higher
Liver	Higher (females)		Higher
Breast	Higher (females)	Higher	Higher
Pharyngeal		No conclusion	Higher
Colorectal		Higher	Higher
Cardiovascular			
Diabetes	Lower (females)		
Heart attack		Lower	
Stroke	Lower	Lower	
Alzheimer's/dementia		No conclusion	
Injuries	Higher		
All-cause mortality	Higher	Lower	

Why do some results differ between reports?

- Different research questions, designs, methodologies (study years, selection criteria, etc.)
- Strength of underlying studies (no randomized controlled trials, but they would have ethical issues),
- Questions about conflicts of interest related to the NASEM report (congress and the alcohol industry: see NYTs: <https://www.nytimes.com/2024/08/12/health/alcohol-cancer-heart-disease.html>)
- However, findings starting to coalesce...especially alcohol and cancer

What are the big takeaways across the 3 studies?

- Alcohol is not healthy
- Drinking less alcohol is better for health
- No disagreement about “excessive alcohol use” (e.g., heavy drinking) and harms

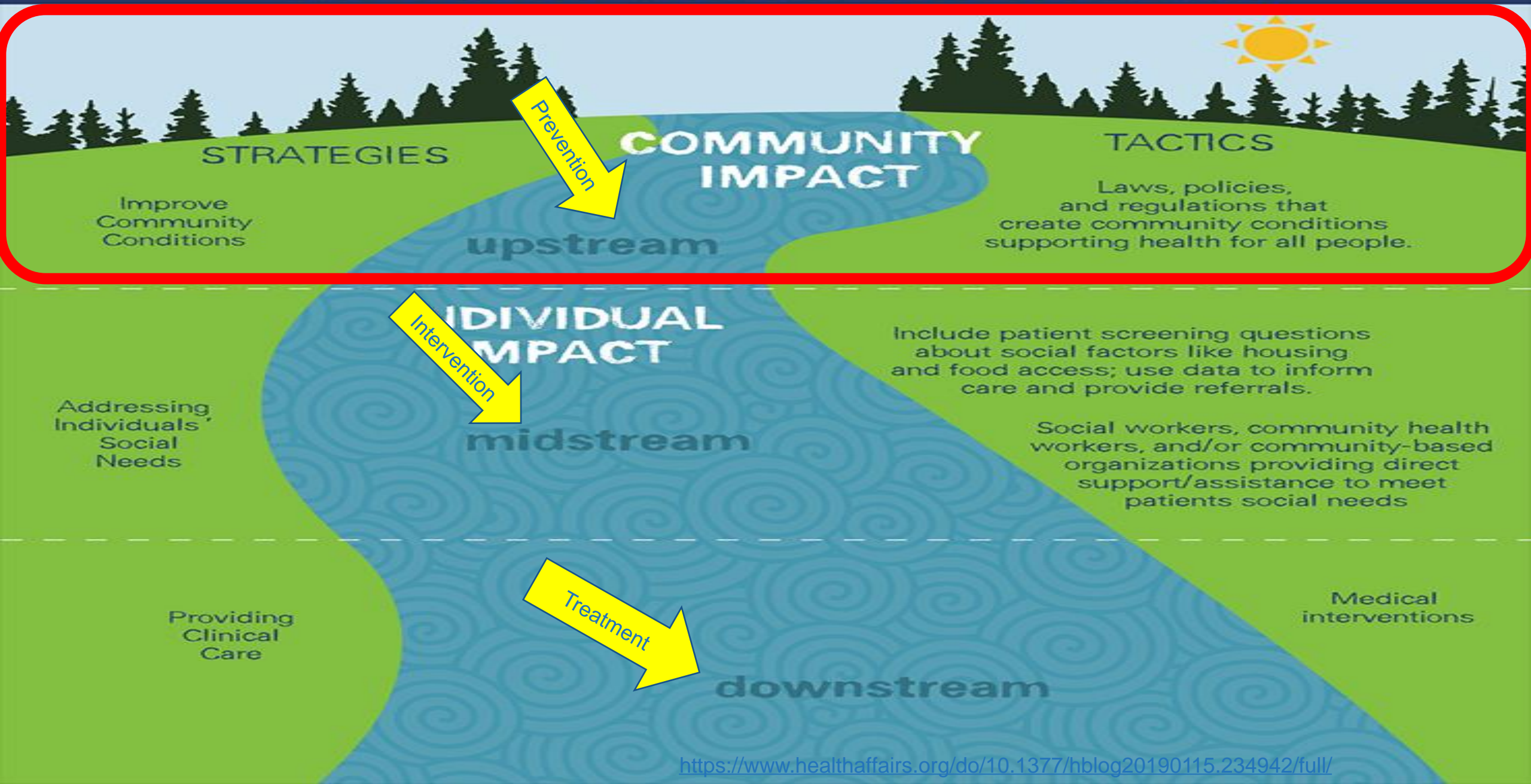
What do we know at a population level-across communities?

- Strong evidence that greater alcohol availability is associated with more harms (e.g., physical health, alcohol use disorders, violence, crime, harm to others)
- Evidence-based alcohol policies can reduce excessive alcohol use and promote safer and healthier communities.

How do we support communities to reduce alcohol related harms?

Upstream policy interventions

SOCIAL DETERMINANTS AND SOCIAL NEEDS: MOVING BEYOND MIDSTREAM



Policy evidence from the U.S. Community Preventive Services Task Force

aka “The Community Guide”

to reduce excessive alcohol consumption (and related harms)

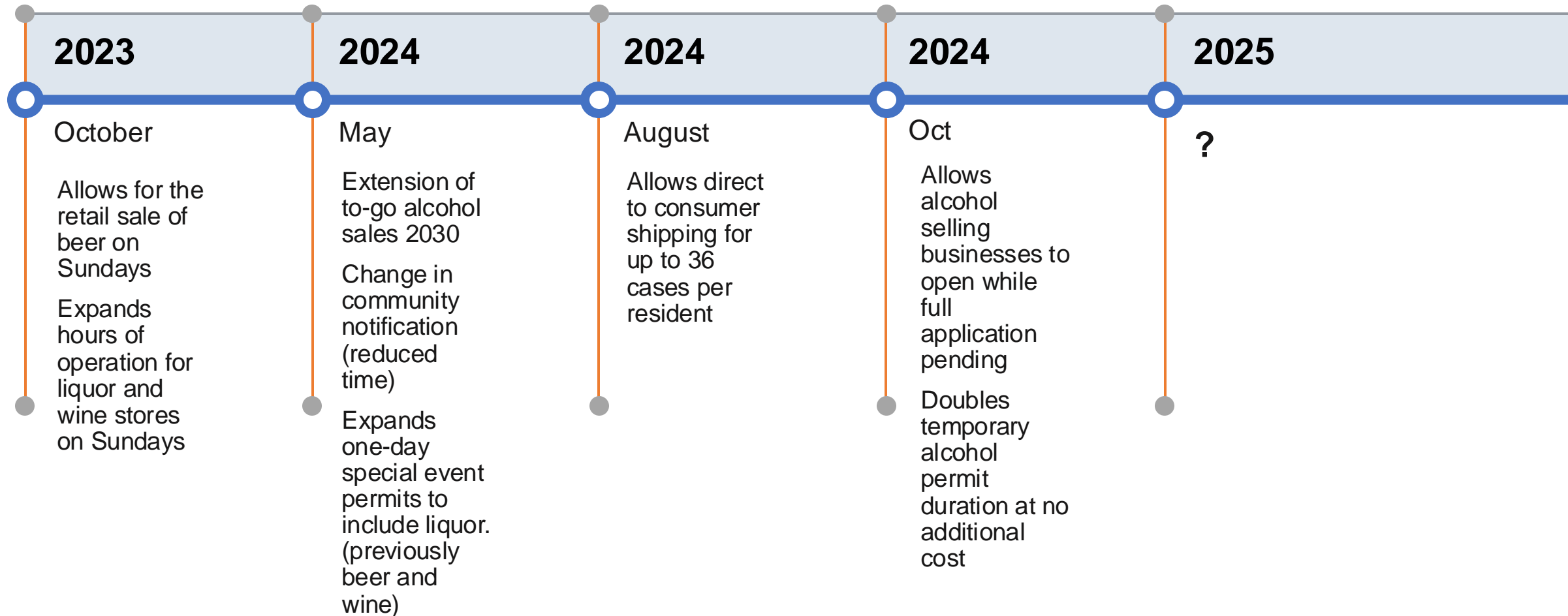
Strategies to Reduce Excessive Drinking in Communities



Some challenges to reducing alcohol related harms in NY State:

- NY State is a pre-emptive state: NYS prevents localities from passing laws that differ from the State's alcohol control policies.
- Lots of changes to long established alcohol laws – had been intended to reduce harms or to safeguard against monopolies

Recent changes to NY laws that increase alcohol availability





**“But NY State gets
lots of tax revenue
from alcohol, right?”**

TAX: Alcohol excise taxes in NYS haven't kept pace with inflation, effectively making the product cheaper for consumers.



Beer tax not increased since 1977



Wine tax not increased since 1983



Current NYS taxes on alcohol only cover approximately **7.5% of the total cost** of excessive drinking. (Blanchette et al. 2019)



Increasing alcohol taxes is an **effective method of decreasing excessive consumption** of alcohol, youth consumption, and related harms such as traffic fatalities. (Blanchette et al. 2020)



14th LOWEST beer tax
in the nation
(\$0.14/gallon)



4th LOWEST wine tax
in the nation
(\$0.30/gallon)



6th HIGHEST liquor tax
in the nation
(\$6.44/gallon)

Approximate NY State Alcohol Tax Revenue and Costs in 2023

NY STATE
ALCOHOL TAX
REVENUE:

\$282,000,000



ALCOHOL COSTS
NY STATE
GOVERNMENT:

\$12,608,000,000



Strong association between an increase in alcohol availability and harms

- NY reported more than 8,000 annual alcohol-related deaths in 2020-2021
 - (Year ending Aug 2024: 3,500 opioid overdose deaths reported)
- How many alcohol deaths will NY have in 2025?

Feedback from:
Alcohol Policy Summit 1.0
April 18, 2024
&
Regional Meetings
October – December 2024

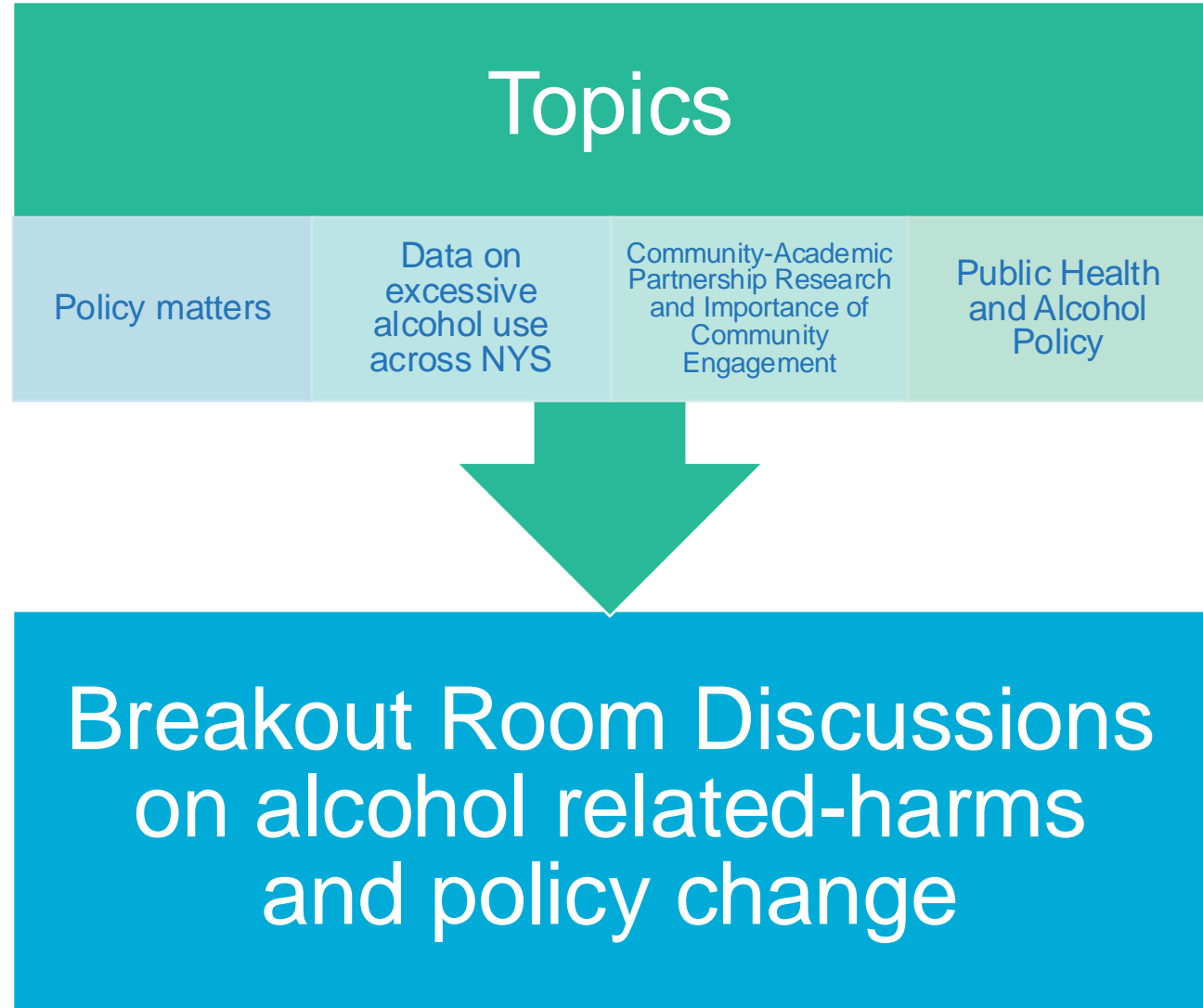
Christine Cavallucci, LCSW
Executive Director

Archdiocese of New York Drug Abuse Prevention Program (ADAPP)



NY Alcohol Policy Summit I: Action Priorities

Summit I Topics

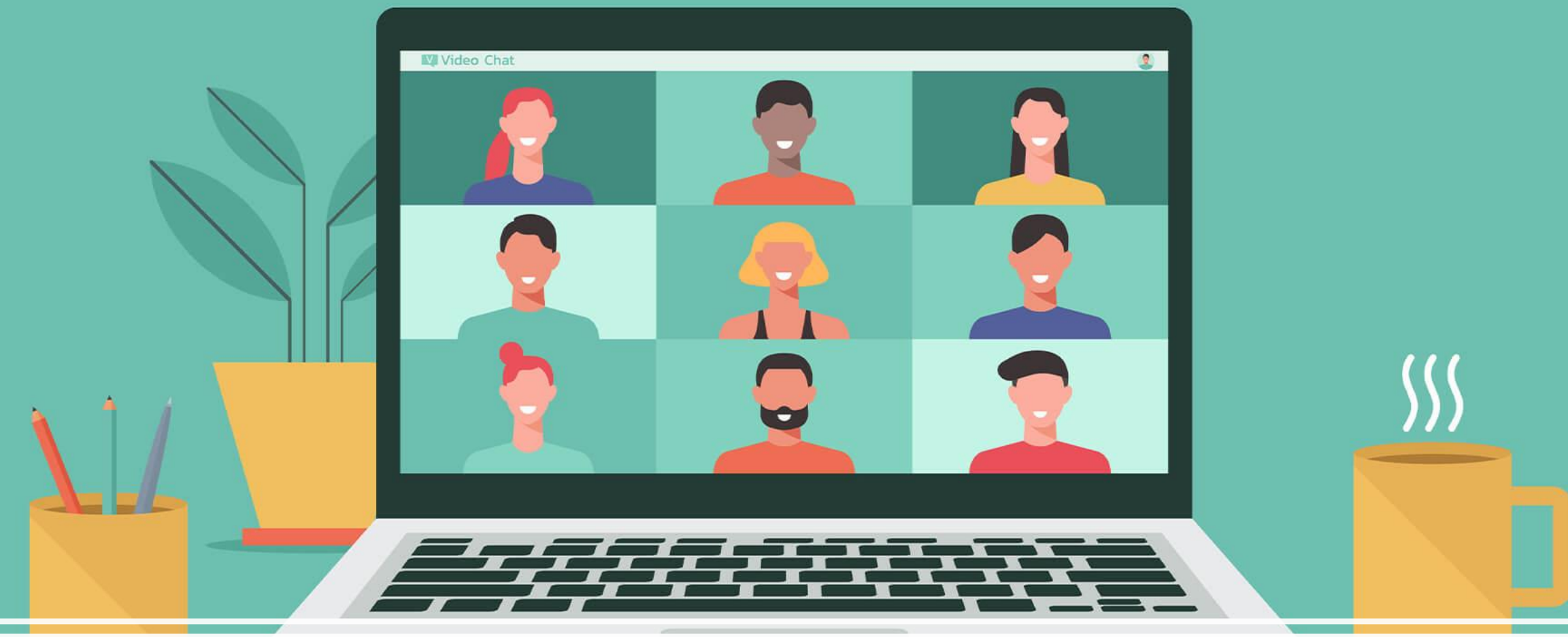


Feedback: What are the most effective policy strategies that you heard today?

- Taxation:
 - Strong support for increasing taxes, which have not been raised since the 1980s.
 - Seen as an easy revenue win and a way to curb excessive alcohol use.
- Limiting sales hours:
 - Implementing restrictions on the hours during which alcohol can be sold is viewed as an effective strategy.
 - Evidence suggests that changing sales times can directly impact negative outcomes, including violence.
- Density control:
 - Reducing the number of stores that sell alcohol is considered crucial.
 - Controlling the density of alcohol vendors can help reduce high-intensity use and negative community impacts.
 - Introducing time-based restrictions and controlling the clustering of outlets.

Feedback: What are the most effective policy strategies that you heard today?

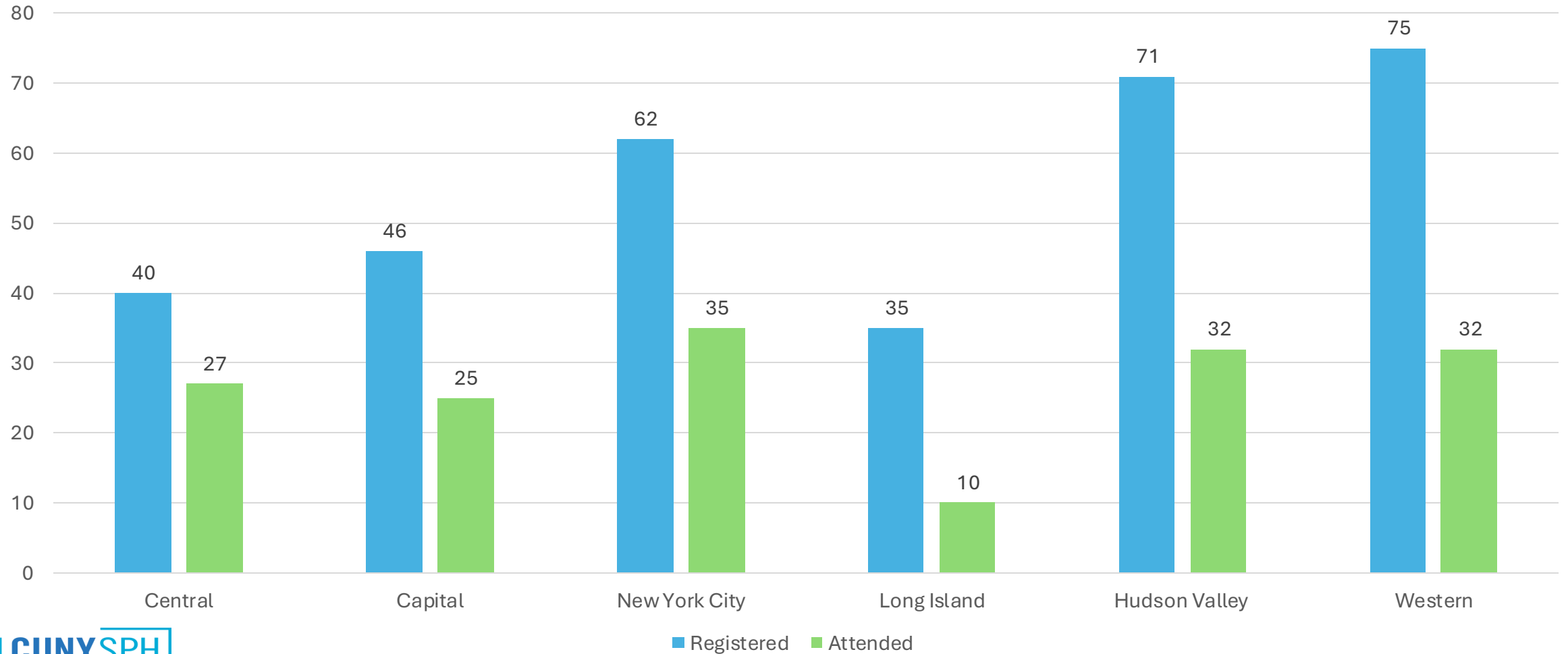
- Community and youth engagement and education:
 - Community-level efforts and campaigns by coalitions are highly effective.
 - Involvement of youth impactors and community programs is seen as beneficial.
 - Increasing public education on the harms of alcohol use.
- Enforcement:
 - Mandating Alcohol Training Awareness Program
 - Enhancing compliance checks and enforcement
 - Collaboration with small stores in policy changes.
 - Utilizing mapping projects and involving various sectors in creating change.
 - Need for more understanding of actual processes shared by SLA and how to make difference at local level.
 - Implementing voluntary server training and prohibiting underage sales through stricter enforcement.
 - Emphasizing the role of media control and public messaging



Feedback from the 6 Regional Alcohol Policy Meetings

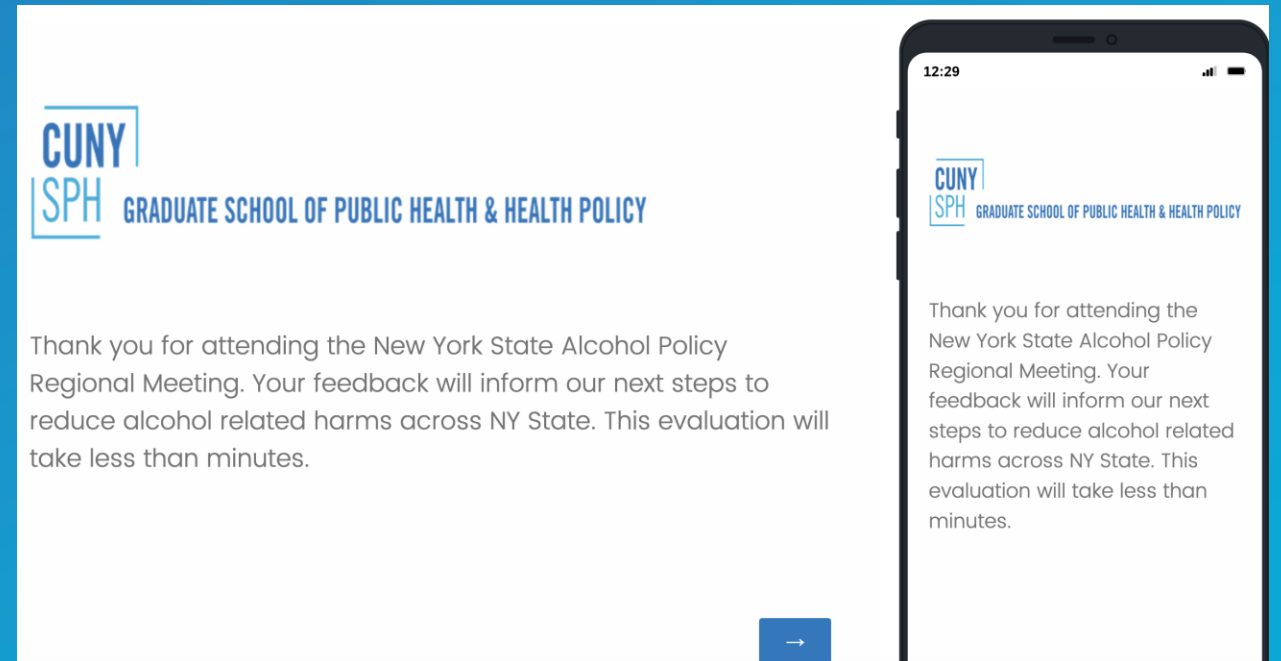
Regional Meetings: Registration and Attendance

October-December 2024



Attendees of Regional Meetings Prioritized Actions and Evidence-Based Strategies

N = 79



Actions

Rank	Immediate Actions to Reduce Alcohol-Related Harms
	Place a moratorium on any NYS laws that expand alcohol availability
	Create a NYS Public Health and Safety Alcohol Commission (public health and safety version of SLA Commission).
	Establish a statewide alcohol public health program (similar to what exists for tobacco)
	Secure a commitment from a NY based foundation
	Educate county and district level elected officials
	Add a public health liaison to the NY SLA

Evidence-based Policies

Rank	Evidence-Based Policy Change to Reduce Alcohol-Related Harms
	Increase alcohol taxes
	Make alcohol training program mandatory for servers and outlets
	Restrict alcohol marketing and branding to reduce all youth exposure, especially within already oversaturated BIPOC communities
	Reduce alcohol outlet density in residential communities with disproportionate burden
	Reduce hours of alcohol availability
	Increase the number of alcohol compliance officers
	Lower NYS's legal blood alcohol limit from 0.08 to 0.05

Stretch

Results of Ranked Priorities

Bonnie Peck, MS

Director and Project Coordinator

Glove City Coalition and Year 6 Drug Free Communities Grantee

Ranking Results

Immediate Actions to Reduce Alcohol Related Harms and to Establish Infrastructure

1

Establish a statewide alcohol public health program

2

Educate county and district level elected officials about health and economic costs of excess alcohol use

3

Secure a commitment from a NY based foundations and agencies to make reducing excessive alcohol use a funding priority

Evidence-Based Policy Changes to Reduce Alcohol-Related Harms

1

Increase alcohol taxes

2

Restrict alcohol marketing and branding to reduce youth exposure, especially within already oversaturated BIPOC communities

3

Make alcohol awareness training program mandatory for servers and outlets

Qualtrics



Name, Affiliation

Choose which priorities resonate with you the most (can select multiple):

- i. Establish a statewide alcohol public health program
- ii. Educate county and district level elected officials about health and economic costs of excess alcohol use
- iii. Secure a commitment from a NY based foundations and agencies to make reducing excessive alcohol use a funding priority
- iv. Increase alcohol taxes
- v. Restrict alcohol marketing and branding to reduce youth exposure, especially within already oversaturated BIPOC communities
- vi. Make alcohol awareness training program mandatory for servers and outlets



Nyrie Smith, Coalition
Coordinator & Supervisor,
CAMBA, Brooklyn YAS Coalition

Small Group Discussions: Community Experiences, Policy Needs and Priorities

Choose from the following breakout rooms:

Breakout 1 & 2: *Establish a statewide alcohol public health program*

Facilitators: Jennifer Ocasio and Aviva Grasso

Breakout 3 & 4: *Educate county and district level elected officials about health and economic costs of excess alcohol use*

Facilitators: Nyrie Smith and Christopher McLaughlin

Breakout 5 & 6: *Secure a commitment from NY based foundations and agencies to make reducing excessive alcohol use a funding priority*

Facilitators: Ravi Kumar Balu and Judi Vining

Breakout 7 & 8: *Increase alcohol taxes*

Facilitators: Karina Escamilla and Ronni Katz

Breakout 9 & 10: *Restrict alcohol marketing and branding to reduce youth exposure, especially within already oversaturated BIPOC communities*

Facilitators: Milo Ward and Chevar Francis

Breakout 11 & 12: *Make alcohol awareness training program mandatory for servers and outlets*

Facilitators: Arielsela and Jeff

Report Back

Next Steps: Planning and Support for Action

Thank You

- Anna Caffarelli
- Ashley Nelson
- Aviva Grasso
- Bernard O'Brien
- Bonnie Peck
- Christine Cavallucci
- Christopher McLaughlin
- Danielle Greene
- Erin Lafarge
- Ellenie Tuazon
- Felecia Pullen
- Haven Battles
- Ira Memaj
- Jennifer Faringer
- Jeffery Sauer
- Jenn Ocasio
- Judi Vining
- Karina Escamilla
- Michael Mclaughlin
- Monika Khan
- Muntasir Masum
- Nyrie Smith
- Rachel Neglia
- Ravi Kumar Balu
- Rebecca Tillou
- Sara Robinson
- Valeria Rosales

Thank you

for questions, please write to:
Ira.Memaj@sph.cuny.edu