



Location Matters: Access, Availability, and Density of Substance Retailers

Policies that limit youth access to substances foster healthier environments for healthier youth.

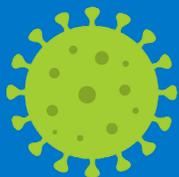
Why It Matters?

Youths' substance use increases when they are more able to obtain alcohol, commercial tobacco, and cannabis. The earlier youth initiate use, the more likely they will experience neurological problems and/or develop a substance misuse disorder as an adult.

Washington can help delay youth substance use initiation by limiting access, availability, and density of substances.

Most Vulnerable Are Most At Risk

Access and proximity don't work the same for everyone. Those at greatest risk (e.g., youth from lower income families)ⁱ and those most vulnerable (e.g., youth of color) are more likely to increase use as substances become more available.ⁱⁱ



COVID-19 prompted relaxation of some alcohol regulations, allowing curbside pick-up and home delivery, including use of app technology to obtain alcohol. ID checks are not consistently practiced for home deliveries.

Access, Availability, and Density Increase Youth Use and Related Harms

Accessibility: proximity to the nearest outlet

Availability: the number of outlets

Density: the number of physical locations available for purchase either per area or per population

The number of licensed outlets for cannabis and commercial tobacco is increasing in Washington State.ⁱⁱⁱ

The number of alcohol outlets is stable; however, home delivery and curbside pick-up are increasing accessibility where ID checks are less likely to happen.

Increasing the number of places to purchase hard liquor in Washington State is associated with higher alcohol related youth traffic crashes, alcohol-related emergency department visits and hospitalizations of youth and higher treatment rates for alcohol dependence.^{iv}

This brief was a cooperative effort between members of the Prevention Research Sub-Committee, University of Washington Social Development Research Group, the WSU IMPACT Research Lab and the Division of Behavioral Health and Recovery.

What Can We Do?

The following strategies have been found to be effective in addressing issues of access, availability and density.



Place-based Strategies

<i>Limit Proximity of Outlets to Youth-Oriented Areas</i>	Create a 1,000-foot buffer zone to limit how close retailers can be to schools and other youth-oriented areas such as parks, playgrounds, and child care. ^v
<i>Regulate Alcohol Outlet Density</i>	Licensing or zoning laws allow states and communities to regulate the number of alcohol outlets in a given area. ^{vi} Research shows that the more alcohol outlets, the greater the harms. ^{vii} This applies to both on-premise outlets (such as bars and restaurants) and off-premise outlets (such as grocery stores and liquor stores).



Policy Enforcement Strategies

<i>Restrict and Enforce Youth Access by Retail Sanctions</i>	Sanctions work when applied to retail outlets rather than youth. A study focused on reducing youth access to alcohol was found to have a significant effect reducing off-premise underage alcohol sales. ^{viii}
<i>Increase Liquor and Cannabis Board (LCB) and Community Compliance Checks</i>	Compliance checks work to limit sales to underaged persons. Ensure adequate funding to the LCB to continue adequate compliance checks.



Product-based Strategies

<i>Restrict the Sale of Products That Appeal to Youth</i>	Restrictions on the sale of alcohol, commercial tobacco, and cannabis products that are particularly marketed to youth is an important policy strategy. Marketing and public health research shows that flavors such as fruit, candy, and menthol hold an intense appeal to minors and young adults. ^{ix, x}
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Prevention Strategies

<i>Dedicate Funds to Support Effective Prevention Programs</i>	Numerous studies have demonstrated that delivering proven-effective prevention programs results in delayed use of tobacco, cannabis, and alcohol. ^{xi,xii}
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Pricing Strategies

<i>Increase Retail Prices</i>	Minimum Unit Price is an intervention that increases the price for alcohol by setting a level below which a unit cannot be sold. This intervention has shown to decrease the consumption of alcohol by youth. ^{xiii}
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- ⁱ Social Equity in Cannabis Task Force . (2021). DRAFT Staff Summary of Background Information Arrest Inequities . https://doi.org/https://www.amazon.com/Bonide-Chemical-952-Number-1-2-Percent/dp/B000BX1HJY/ref=sr_1_23?crd=1BTF19OU9Q7WE&keywords=fungus+nat+killer+for+indoor+plants&qid=1636926305&qsid=135-2846957-7532757&sr=8-23&sres=B07XLM4FWL%2CB07ZLT7RDW%2CB07D7HFDSZ%2CB07XLL463B%2CB086Q3K8LV%2CB08Q33RLWP%2CB01B5JD808%2CB08728KN8M%2CB07ZLXGRJS%2CB0001AUF8G%2CB000BX1HKI%2CB000LNWJXW%2CB007CRG4CW%2CB000QGNRR6%2CB08SLK4922%2CB07B6RZP4H%2CB000BX1HJY%2CB07QKLHH5X%2CB08WTDVRGJ%2CB07T35KDR7
- ⁱⁱ Ambrose, C. A. (2021). *Three Essays on the Impacts of Recreational Marijuana Legalization* (Doctoral dissertation, Washington State University) ProQuest Dissertations Publishing, 2021. 28413888
- ⁱⁱⁱ Orenstein, D. G., & Glantz, S. A. (2020). Cannabis legalization in state legislatures: public health opportunity and risk. *Marquette law review*, 103(4), 1313.
- ^{iv} Dilley JA. (2016) Impact of Washington State Initiative 1183: alcohol system de-regulation. Alcohol Policy 17 National Conference. Washington, D.C. April 6, 2016.
- ^v Luke DA, Ribisl KM, Smith C, et al. Family Smoking Prevention and Tobacco Control Act: banning outdoor tobacco advertising near schools and playgrounds. *Am J Prev Med*. 2011 Mar;40(3):295-302. doi: 10.1016/j.amepre.2010.11.018
- ^{vi} S Campbell, C. A., Hahn, R. A., Elder, R., Brewer, R., Chattopadhyay, S., Fielding, J., ... & Task Force on Community Preventive Services. (2009). The effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcohol-related harms. *American journal of preventive medicine*, 37(6), 556-569.
- ^{vii} Shi, Y., Meseck, K., & Jankowska, M. M. Availability of medical and recreational marijuana stores and neighborhood characteristics in Colorado. *J Addict [Internet]*. 2016 [cited 2019 May 7]; 2016: 7193740
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- ^x https://www.cdc.gov/tobacco/basic_information/tobacco_industry/menthol-cigarettes/index.html
- ^{xi} Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs—2014*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
- ^{xii} When the state used tobacco tax revenues and MSA funds to support a comprehensive prevention, treatment and control program, the state realized more than a \$5 to \$1 ROI. Currently, we are not investing the portion of marijuana excise tax in prevention and education as approved by voters to offset risk associated with increased youth access to cannabis. Passage of 1-502 attempts to offset the behavioral health risk associated with youth access to cannabis by providing some funds for evidence-based prevention. Similar funding mechanisms are encouraged for tobacco and alcohol.
- ^{xiii} Boniface S, Scannell JW, Marlow S. Evidence for the effectiveness of minimum pricing of alcohol: a systematic review and assessment using the Bradford Hill criteria for causality. *BMJ Open*. 2017;7(5):e013497. Published 2017 Jun 6. doi:10.1136/bmjopen-2016-013497

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