



## **An open letter from the AMPHORA scientists to Mayor Bloomberg of New York City**

Dear Mayor Bloomberg,

We, in AMPHORA, represent an alliance of public health researchers and policy makers whose work focuses on reducing the harms associated with alcohol consumption through public health measures.

We would like to congratulate you on the valuable work you have already achieved throughout your time as Mayor of New York City, and to let you know that your public health promotion initiatives to date have been an inspiration to us as researchers and policy decision makers in Europe. It is clear that your policies have set trends for other American states, and a good proportion of the health promoting policies adopted early on by New York, have spread even more quickly in European member states. In addition to this, we admire your persistence in putting the health of your citizens first, in the face of considerable opposition often arising from vested interests or short-sightedness.

New York City's Smoke Free Air Act of 2002 was one of the earliest victories for public health in this area, pushing forward a movement which spread to the rest of the world, and, we feel, will certainly be cited in the future as instrumental in denting the global burden of disease due to tobacco.

The effectiveness of New York's 2008 regulation of industrial trans-fat products in promoting health and reducing heart disease is coming to light with increasing force and this measure, and others like it, have been adopted worldwide.

We would also commend your administration's efforts to nudge the population of New York in the direction of reducing salt intake and sugary drink consumption. We find it absolutely fitting that you were received a Healthy Communities Leadership Award in 2009 and hope that your work continues to be recognized for its worth.

Building on these previous achievements for public health, we are writing now to urge you to address the threats posed to physical and mental health and more general well-being by excessive alcohol consumption in our modern societies, and to offer a few evidence-based suggestions, based on our recent scientific endeavours in the AMPHORA project.

New York City achieves a delicate and invigorating balance between being a buzzing cultural capital and tourist destination, and a residential location for a full spectrum of permanent citizens, families, singletons, students and workers, young and old, from a plethora of different origins and cultures. The very vibrant plurality of NYC means that it has much to gain from strong and effective measures to curb alcohol-related harm, through curbing excessive consumption. With reductions in heavy and hazardous alcohol drinking, the city stands to benefit from reduced violence and alcohol-related crime, lower noise levels and fewer accident and emergency incidents, representing important costs to public funds. In addition, there is already strong scientific evidence for long-term population health benefits, and savings in terms of that result from reducing general alcohol consumption.

But municipal alcohol policy needs to be part of the more general health policy, and to take effect in multiple settings and populations (for example, in workplaces, through schools, in neighbourhoods and health-care settings), through a variety of complementary public health interventions.

One of our break-out sessions in AMPHORA's last scientific conference was dedicated to considering the potential of municipal alcohol policy in shaping the public health landscape, and the role of NYC as a trailblazer for public health initiatives. In an annex to this letter, you can find a broad list of measures, suggested by the AMPHORA scientists, and based on the existing evidence, which individually and in combination could have a public health impact.

For now, we would like to highlight a few of these potential municipal policy measures in particular, which we think could be especially effective following on from your previous achievements in public health:

1. Provide accurate consumer information at alcohol points of sale – One of the findings of the AMPHORA project was that the average European drinks alcohol at the level of toxicity for cancer (around 30g of pure alcohol per day), twice the equivalent risk of passive smoking. Whilst the knowledge that alcohol causes cancer, as well as over 200 different health problems, is not new in the research community, surprising few drinkers have ever heard this fact. A municipal legislation could oblige alcohol vendors to provide accurate information on the health risks of consuming alcohol.
2. Regulate measures of alcohol and reduce alcohol serving sizes – Many alcoholic beverages, and most notably, spirits, are measured out 'by eye' by the bartender. The most important determinant of alcohol-related health problems is the absolute number of grams of ethanol consumed, so it pays in health terms to be accurate. A municipal policy regulating the measurement of spirit shots and limiting the serving size e.g. to 14g or guidelines on serving measurements could contribute to reducing the amount consumed and translate into health benefits.

3. Limit the availability of alcohol by reducing outlet density - When alcohol becomes more difficult to get, less is consumed and less harm results. So, reducing the number of alcohol outlets, and the days and hours of alcohol sales, saves lives. The city administration could work to reduce the density of outlets in each neighbourhood of New York by limiting the number of liquor licences per area (which also improves compliance with alcohol and serving regulations) or zoning processes aimed at regulating density of new or existing outlets.

These three examples are simply those which we, as public health scientists, felt could be in line with your current legislative actions and are likely to have positive health returns for the population of New York City. A wider range of suggestions is available in the annex to this letter.

We wish you a productive future, continuing to serve the public health needs of your constituents, and hope that our suggestions will be useful to you.

Best wishes,

The AMPHORA Group  
(Alcohol Public Health Research Alliance of Europe)

## **Annex – A variety of policy options which are likely to reduce alcohol-related harm**

1. Consumer information – low-risk guidelines at point of sale.
2. Serving sizes – reduce % ethanol or number of units – possible incentive: voluntary pledge to take xx grams of alcohol out if the market / Guidelines for measures (do they exist?)
3. Reduce density of outlets – through licensing or zoning processes
4. Manipulate the alcohol selling environment – restrict closing hours
5. Training for bar staff to reduce over-serving and intoxication in bars – difficulty with enforcement
6. Promote low alcohol options at points of sale
7. Ban on outdoor marketing, billboards in the municipal area
8. Restrictions on happy hours and bulk-buying promotions
9. Alcohol testing for cab drivers/public transport or alco-locks (already in California?)
10. Promote alternative non-alcoholic activities and settings (especially leisure time youth options without alcohol) promote different types of night-life (e.g. dancing, theatre, public games and sporting activities)
11. Local by-law or tax on alcoholic beverages
12. Zero tolerance for drinking and driving
13. Increase local license price
14. Alcohol-free municipal buildings
15. Alcohol-free local governmental functions
16. Expand the alcohol-free zones, which prohibit alcohol sales around schools, to include a ban on advertisements in these areas.
17. Prohibit alcohol drinking in streets