Mr. Chairman Hutton,
Members of the Commerce, Labor and Economic Development Committee.
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National Woman's Christian Temperance Union Legislative Director.

I am here in opposition to HB 2200 for some very valid reasons. Last year one of your committee members asked if I had any research to indicate that the more locations would lead to more consumption. I did have and I have made copies for this committee. To briefly summarize:

Research from the Center on Alcohol Marketing and Youth (CAMY) from John Hopkins: Regulating the number of physical locations in which alcoholic beverages are available for purchase in a geographic area, is an effective strategy for reducing excessive alcohol consumption and associated harms.

Making hard liquor available in grocery stores is hard for a recovering alcoholic to avoid. They realize they should not go in — or maybe even pass by — a liquor store but the grocery store can be a necessity. Youth will be harder to control in a big grocery store as opposed to a liquor store where they would obviously stand out.

I had a State Representative tell me that he thought it was a matter of equal playing fields to let grocery store sell hard liquor. He is forgetting that liquor is a controlled substance. You cannot sell just anything in a grocery store – try selling firecrackers! One pharmacy touts that they do not sell cigarettes because of the health issue. However, they advertise and sell the alcohol products that are legal for pharmacies to sell. From the United Kingdom comes the information on the connection between alcohol and cancer. "And it isn't just a risk for heavy drinkers; regularly drinking alcohol puts you at greater risk of seven different types of cancer, including breast and mouth cancer" There are so many diseases that are effected by alcohol usage. This doesn't even take into account all the traffic accidents that are committed because of alcohol.

I find myself in a unique situation with the liquor dealers and myself on the same side of this issue. And I tried to think of some way to out-do Tuck Duncan - but I came up empty. I go back to what I did another time. Selling alcohol is NOT like selling lettuce! Please keep in mind the research on more outlets means more consumption of this killer product!

effective strategy for reducing excessive alcohol consumption and associated harms. A new report from the Center on Alcohol published in the journal Preventing Chronic Disease, is an important resource for public health practitioners, many of which are alcohol outlet density, and outlines the critical role of health departments and community coalitions in these efforts. The report Marketing and Youth (CAMY) at the Johns Hopkins Bloomberg School of Public Health documents how localities can address Regulating the number of physical locations in which alcoholic beverages are available for purchase in a geographic area, is an

often unaware of the potential of this evidence-based strategy. annually," said lead study author David Jemigan, PhD, CAMY director. "Public health agencies are on the frontlines of addressing the toll alcohol misuse has on the public's health, and are therefore well-positioned to inform communities about the benefits of "Excessive alcohol use is the third leading cause of preventable death in the U.S., and responsible for approximately 80,000 deaths

evidence-based strategies, including land use and zoning codes. "Despite this tradition and evidence supporting regulation of alcohol outlet density, many public health professionals are unaware of its potential and do not know how to work with local The report notes that the public health profession has a tradition of promoting health and preventing harm through the use of addressing alcohol outlet density in their communities."

and in New Orleans, researchers predicted that a 10 percent increase in the density of outlets selling alcohol for off-premise authorities to implement the strategy," said Jernigan. Angeles County, researchers estimated that every additional alcohol outlet was associated with 3.4 incidents of violence per year, The authors cite several examples of the significant relationship between alcohol outlet density, consumption and harms: in Los

consumption would increase the homicide rate by 2.4 percent.

per specific geographic unit; limit the number of outlets per population; establish a cap on the percentage of retail outlets per total businesses in a specific area; and limit alcohol outlet locations and operating hours. In addition, localities may use land-use powers The report provides four ways in which states and localities can reduce alcohol outlet density; Limit the number of alcohol outlets

to limit, deny or remove permission to sell alcohol from existing outlets. coalitions across the country - outlines nine specific steps community coalitions and public health departments can take to educate of America (CADCA) - the nation's leading substance abuse prevention organization, representing over 5,000 community anti-drug A previously released Action Guide, Requisting Alcohol Quitet Density, developed by CAMY and Community Anti-Drug Coalitions coalitions, state and local health departments can offer critical support to states and localities in these efforts," said report co-author and inform policy makers, "By providing the data necessary to inform policy decisions and building partnerships with community

effectively working to regulate alcohol outlet density," stated Jernigan. "With increased uptake by more agencies, communities can "Since the publication of the Guide, we've collected several case studies of local health agencies and community coalitions Evelyn Yang, deputy director of Evaluation and Research at CADCA

become healthier, safer places to live and work." on industry practices that jeopardize the health and safety of America's youth. The Center was founded in 2002 at Georgetown The Center on Alcohol Marketing and Youth monitors the marketing practices of the alcohol industry to focus attention and action Prevention. For more information, visit www.camy.org. University with funding from The Pew Charitable Trusts and the Robert Wood Johnson Foundation. The Center moved to the Johns Hopkins Bloomberg School of Public Health in 2008 and is currently funded by the federal Centers for Disease Control and

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