

# Baltimore liquor stores linked more to violent crime than bars and restaurants

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A new study from researchers at Johns Hopkins Bloomberg School of Public Health's Center on Alcohol Marketing and Youth (CAMY) found that alcohol outlets in Baltimore that sell alcohol for off-premise consumption (such as liquor stores and beer and wine stores) have a stronger association with incidences of violent crimes, including homicides, aggravated assaults, sexual assaults, and robbery, than alcohol outlets in Baltimore where alcohol is bought and consumed on-site, such as bars and restaurants.

The researchers also found that low-income neighborhoods have higher access the type of outlets associated with the most harm: liquor stores and beer and wine stores.

In general, every 10 percent increase in alcohol outlet access is associated with a 4.2 percent increase in violent crime in the surrounding area. But a 10 percent increase in access to liquor stores and beer and wine stores had a 37 percent greater association with violent crime than on-premise outlets. In other words, access to liquor stores has a 37 percent greater association with violent crime than access to on-premise outlets.

Greater access to off-premise outlets and taverns was associated with increased levels of homicide,

aggravated assault and robbery. Greater access to on-premise outlets was associated only with sexual assaults.

The report will be published Sept. 26 in the journal *Alcoholism: Clinical and Experimental Research*.

"While previous research found a clear association between alcohol outlet density and violent crime, there was debate about whether on- or off-premise outlets are more closely linked to violent crime," says Daniel Webster, ScD, MPH, Bloomberg Professor of American Health in the Bloomberg School's Department of Health Policy and Management. "We used advanced methods to measure access to [alcohol outlets](#) more precisely and found that outlets that allow for off-site drinking, such as liquor stores and taverns, had a greater association with [violent crimes](#) than outlets that permit only on-site drinking, such as bars and restaurants."

The research was led by Pamela Trangenstein, Ph.D., while she was a predoctoral fellow at CAMY.

For the study, the researchers examined the association between access to 1,204 alcohol outlets in Baltimore and exposure to violent crimes from 2012 to 2016 after accounting for neighborhood factors including drug arrests, income and poverty. The report looked at associations between three types of alcohol outlets: 1) On-premise outlets like bars and restaurants that only sell alcohol for on-site consumption, 2) Off-premise outlets like liquor stores that only sell alcohol for off-site consumption, and 3) Taverns that sell alcohol for both on- and off-site consumption.

The study authors suggest that some outlets have a stronger association with assaults or homicides. This difference has to do with how effectively they can manage their customers. Liquor stores and beer and wine stores tend to have more hurdles for

effective management, like solitary working conditions, plexiglass barriers between staff and patrons, and brief interactions at the point of purchase. On the other hand, bars and restaurants often have several types of staff who more closely interact with patrons while they are drinking, monitor IDs, and even prevent potential offenders from entering the premises in the first place. People who purchase alcohol for off-premise consumption may then drink in public settings near the outlets where place managers are completely absent.

"A comprehensive approach to reducing violent [crime](#) in Baltimore must include policies that restrict or regulate alcohol outlets, particularly those that sell alcohol for off-site consumption," says Webster. "Reducing the number of off-site [alcohol](#) outlets in Baltimore has the potential to lead to fewer homicides and aggravated assaults."

**More information:** "Outlet Type, Access to Alcohol, and Violent Crime" *Alcoholism: Clinical and Experimental Research* (2018).

Provided by Johns Hopkins University Bloomberg School of Public Health

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