

1 [Resolution Highlighting the Negative Societal and Economic Impacts of Alcohol Density on
2 Youth and Families in San Francisco]

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4 **Resolution urging Mayor Lee and the Board of Supervisors to reduce the alcohol-**
5 **related impacts on the youth and families of San Francisco by requiring an equity**
6 **analysis on all alcohol policies developed; supporting the Budget Legislative Analyst**
7 **Report on the Economic and Administrative Costs Related to Alcohol Abuse in the City**
8 **and County of San Francisco by moving it to a public hearing; and by partnering with**
9 **the San Francisco Prevention Coalition to develop an alcohol regulatory framework for**
10 **the City and County of San Francisco.**
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12
13 WHEREAS, according to the averages done by the Centers for Disease Control and
14 Prevention (CDC), from 2006 to 2010, 503 underage youth die annually from alcohol related
15 causes in California and excessive alcohol consumption¹; and

16
17 WHEREAS, excessive alcohol consumption by California youth leads to 30,236 years
18 of potential life lost each year²; and

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20 WHEREAS, youth violence related to drinking costs California \$3.5 billion and results
21 in 216 deaths annually, and youth traffic crashes related to drinking costs \$1.2 billion and results
22 in 148 deaths annually³; and

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24 ¹ Centers for Disease Control and Prevention. Alcohol-Related Disease Impact (ARDI). Atlanta, GA. http://nccd.cdc.gov/DPH_ARDI/default/default.aspx. Accessed May 12, 2017.

25 ² Tso, S. M. (2016). Report of the Chief Legislative Analyst Report on Resolution to Support and/or Sponsor Legislation to Prohibit Powdered Alcohol (Vol. 15-0002-S123, pp. 1-7, Rep.). Los Angeles, CA.

³ Tso, S. M. (2016). Report of the Chief Legislative Analyst Report on Resolution to Support and/or Sponsor Legislation to Prohibit Powdered Alcohol (Vol. 15-0002-S123, pp. 1-7, Rep.). Los Angeles, CA.

1 WHEREAS, the total cost to California of underage drinking is estimated at over \$6.7
2 billion annually⁴; and

3 WHEREAS, in 2012, 5192 youth aged 12 to 20 years were admitted for alcohol
4 treatment in California⁵; and

5 WHEREAS, estimates conclude that the City and County of San Francisco bears the
6 cost of \$17.1 million annually for alcohol-related emergency medical transport, medical care of
7 people with alcohol-related illnesses, alcohol abuse treatment and prevention, and disability
8 and death due to alcohol use⁶; and

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10 WHEREAS, estimates conclude that the City and County of San Francisco bears the
11 broader economic cost of \$655 million and the total quality-of-life cost of \$1 billion from
12 alcohol abuse and related incidents, including costs related to years of life lost and
13 hospitalizations due to alcohol-related illness and injury, injury and fatality due to motor
14 vehicle collisions, fetal alcohol syndrome, high-risk sex, productivity loss, and crime⁷; and

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16 WHEREAS, in San Francisco, alcohol use ranks among the leading causes of
17 premature mortality; the San Francisco Department of Public Health considers alcohol a major
18 public health problem; and

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20 _____
21 ⁴ <http://www.pire.org/documents/UDETC/cost-sheets/CA.pdf>

22 ⁵ Office of Applied Studies, Substance Abuse and Mental Health Services Administration. Treatment Episode
23 Data Set. (2013). Substance Abuse Treatment by Primary Substance of Abuse, According to Sex, Age, Race,
24 and Ethnicity, 2011. Available [Online]: <http://www.icpsr.umich.edu/icpsrweb/SAMHDA/studies/30462>

25 ⁶ Budget and Legislative Analyst's Office. (2017). Budget and Legislative Analyst Policy Analysis Report on
Economic and Administrative Costs Related to Alcohol Abuse in the City and County of San Francisco (pp. 1-54,
Rep.). San Francisco, CA: Budget and Legislative Analyst's Office.

⁷ Budget and Legislative Analyst's Office. (2017). Budget and Legislative Analyst Policy Analysis Report on
Economic and Administrative Costs Related to Alcohol Abuse in the City and County of San Francisco (pp. 1-54,
Rep.). San Francisco, CA: Budget and Legislative Analyst's Office.

1 WHEREAS, census tracts show that neighborhoods such as Bernal Heights,
2 Chinatown, Hayes Valley, Japantown, Nob Hill, North Beach, Potrero Hill, South of Market,
3 the Tenderloin, and the Western Addition have a disproportionate share of alcohol sales
4 outlets relative to their population size. These areas tend to have a higher density of violent
5 crime as well as a higher proportion of residents with incomes below the poverty threshold⁸;
6 and

7 WHEREAS, according to the National Institute on Alcohol Abuse and Alcoholism,
8 young people who begin drinking before age 15 are four times more likely to develop alcohol
9 dependence and are two and a half times more likely to become abusers of alcohol than
10 those who begin drinking at age 21⁹; and

11 WHEREAS, according to the California Department of Alcohol Beverage Control as of
12 January 8, 2016, there are 3,809 retail businesses selling alcohol in San Francisco's 46.9
13 square miles, making San Francisco the most alcohol retail-dense county in California¹⁰; and

14 WHEREAS, recent studies using advanced analytical methods by Toomey and
15 colleagues (2007) show that a higher density of alcohol outlets is related to increased rates of
16 crime, particularly homicides and assaults; and

17 WHEREAS, Treno and colleagues (2003) evaluated the effect of alcohol outlet density
18 on driving after drinking among 15- to 20-year-olds, finding that higher alcohol outlet density is
19 associated with greater prevalence of drunk driving; and
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23 ⁸ City and County of San Francisco. Budget Legislative Analyst Report: Economic and Administrative Costs
24 Related to Alcohol Abuse in the City and County of San Francisco, April 2017, pg. 2

25 ⁹ <http://www.pire.org/documents/UDETC/cost-sheets/CA.pdf>

¹⁰ California Department of Alcohol and Drug Programs: Community Indicators of Alcohol & Drug Abuse Risk:
San Francisco County 2004.

1 WHEREAS, preliminary findings from recent studies conducted by the University of
2 California San Francisco (UCSF) at San Francisco General Hospital (SFGH) Trauma Center
3 demonstrate that approximately 8% percent of alcohol-related trauma cases die from their
4 injuries. Of a sample of 300 moderate-to-severe traumas, 59% occurred in patients with blood
5 alcohol levels of .08 and above. The study found that patients with a positive blood alcohol
6 level experienced more severe traumas, and therefore faced a greater risk of death¹¹; and,
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8 WHEREAS, analysis revealed that the highest rates of alcohol-related injuries treated
9 at the Trauma Center occurred in San Francisco census tracts with a high density of alcohol
10 outlets¹²; and

11 WHEREAS, states, cities and counties have the power to place a legal limit on the
12 number of alcohol establishments in a neighborhood, city or county as a strategy to reduce
13 alcohol consumption, alcohol-related health issues, and safety problems among the general
14 population; and

15 WHEREAS, the San Francisco Prevention Coalition, which is made of several youth
16 serving agencies including Asian American Recovery Services, Center for Open Recovery,
17 Community Youth Center, Horizons Unlimited, Japanese Community Youth Council, South of
18 Market Community Action Network, Vietnamese Youth Development Center, OMIE Beacon,
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23 ¹¹ Brondfield, M. N., Sciortino, S., Juillard, C., Fleisher, P., Schmidt, L. A., & Dicker, R. (2016). The Influence of
24 Alcohol Outlets on Urban Trauma: A Pilot Study for Geospatial Modeling at a Fine Scale. *Panamerican Journal
of Trauma, Critical Care & Emergency Surgery*, 5(1), 1-10. doi:10.5005/jp-journals-10030-1136

25 ¹² Brondfield, M. N., Sciortino, S., Juillard, C., Fleisher, P., Schmidt, L. A., & Dicker, R. (2016). The Influence of
Alcohol Outlets on Urban Trauma: A Pilot Study for Geospatial Modeling at a Fine Scale. *Panamerican Journal
of Trauma, Critical Care & Emergency Surgery*, 5(1), 1-10. doi:10.5005/jp-journals-10030-1136

1 and Youth Leadership Institute, identify alcohol density as a critical health equity issue
2 impacting youth and communities of color across San Francisco; and

3 WHEREAS, the San Francisco Prevention Coalition and a broad range of partners
4 including the San Francisco Alcohol Policy Partnership Working Group, San Francisco Friday
5 Night Live are working to ensure data and evidence analysis of alcohol density impacts in San
6 Francisco are led by experts in alcohol prevention from SFPD, UCSF, and SFDPH; therefore
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8 be it

9 RESOLVED, that the Youth Commission urges the City and County of San Francisco
10 to require an equity analysis as it relates to all alcohol policies developed; and be it further

11 RESOLVED, that the Youth Commission urges the City and County of San Francisco
12 partner with the San Francisco Prevention Coalition, which is made of several youth serving
13 agencies including Asian American Recovery Services, Center for Open Recovery,
14 Community Youth Center, Horizons Unlimited, Japanese Community Youth Council, South of
15 Market Community Action Network, Vietnamese Youth Development Center, Youth
16 Leadership Institute, Alcohol Policy Steering Committee, and DPH leaders to develop an
17 alcohol regulatory framework to reduce the impact of alcohol density; and be it finally

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19 RESOLVED, that the Youth Commission urges Mayor Lee and the Board of
20 Supervisors to highlight the negative societal and economic impacts of alcohol density on
21 youth and their families in San Francisco by moving the Budget Legislative Analyst Report on
22 the Economic and Administrative Costs Related to Alcohol Abuse in the City and County of
23 San Francisco to a public hearing.
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Madeleine Matz, Chair, 2016-17 Youth Commission
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