

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 12-5

**RESOLUTION TO SUPPORT SETTING LIMITS TO THE NUMBER OF TOBACCO RETAIL PERMITS IN ALL
SUPERVISORIAL DISTRICTS IN SAN FRANCISCO**

WHEREAS, Evidence shows that greater exposure to stores that sell tobacco is strongly linked to higher smoking rates and tobacco-related harms¹; and

WHEREAS, The costs of tobacco-related disease and death are close to \$500 million each year for San Francisco²;

WHEREAS, Higher tobacco retail density encourages smoking by making cigarettes more accessible and available, by normalizing tobacco use, and through increasing environmental cues to smoke.³

WHEREAS, Higher exposure to tobacco products results in increased youth smoking rates⁴; and

WHEREAS, Research shows that the greater the exposure to tobacco outlets, the more likely a neighborhood is at risk for tobacco related death and disease, specifically low-income communities⁵; and

WHEREAS, San Francisco residents are not impacted equally by exposure to tobacco retail outlets; and

WHEREAS, San Francisco's most disadvantaged neighborhoods are disproportionately impacted by high tobacco retail density. The six supervisorial districts with the highest proportions of tobacco retail by population (3, 5, 6, 9, 10, and 11) also have the lowest median household incomes in the city. African American and Latino residents are more likely to live in districts with the highest number of outlets.⁶

¹ See Novak, S. P., Reardon, S.F., Raudenbush, S. W., & Buka, S. L. (2006). Retail tobacco outlet density and youth cigarette smoking: a propensity modeling approach. *American Journal of Public Health*, 96, 670-676; Chuang, J.-C., Cubbin, C., Ahn, D., & Winkleby, M. A. (2005). Effects of neighbourhood socioeconomic status and convenience store concentration on individual level smoking. *Journal of Epidemiology and Community Health*, 59, 568-573; Henriksen, L, Feighery, E. C., Schleicher, N. C., Cowling, D. W., Kline, R. S., & Fortmann, S. P. (2008). Is adolescent smoking related to the density and proximity of tobacco outlets and retail cigarette advertising near schools? *Preventive Medicine*, 47, 210-214.; and Leatherdale, S. T, & Strath, J.M. (2007). Tobacco Retailer Density Surrounding Schools and Cigarette Access Behaviors Among Underage Smoking Students. *Annals of Behavioral Medicine*, 33(1), 105-111. Chapman S, Freeman B: Regulating the tobacco retail environment: beyond reducing sales to minors. *Tob Control* 2009. 18(6): 496-501.

² In 1999, the economic costs of smoking in California were estimated to be \$475 per resident or \$3,331 per smoker, for a total of nearly \$15.8 billion in smoking-related costs. [Max, W., Rice D. P., Zhang, X., Sung H-Y, & Miller, L. (2002). *The Cost of Smoking in California, 1999*. Sacramento, CA: California Department of Health Services.] In 1999, the economic costs of smoking in California were estimated to be \$475 per resident or \$3,331 per smoker, for a total of nearly \$15.8 billion in smoking-related costs (1999 dollars). Max W, Rice DP, Zhang X, Sung H-Y, Miller L. The Cost of Smoking in California, 1999. Sacramento, CA: California Department of Health Services, 2002. Those same costs in 2008 would be \$690 per resident or \$4,924 per smoker.

³ Henriksen L et al. 2008. See also Chapman S and Freeman B: Regulating the tobacco retail environment: beyond reducing sales to minors. *Tob Control* 2009. 18(6): 496-501. See also Chuang, J. et al. 2005, and Novak et al 2006.

⁴ Novak, et al. 2006

⁵ Chuang, Et al. 2005

⁶ "San Francisco Socio-Economic Profile, 2005-2009 American Community Survey", San Francisco Planning Department; Office of the Treasurer-Tax Collector, City and County of San Francisco; San Francisco Department of Public Health, Tobacco Free Project.

WHEREAS, Youth continue to have ready access to tobacco in San Francisco, and the most recent California Healthy Kids Survey data of the SFUSD revealed that 51% of 9th graders thought it was “fairly easy” or “very easy” to obtain cigarettes⁷; and

WHEREAS, A recent California study shows that student-smoking rates are higher for schools that had tobacco outlets within a thousand feet of the school⁸; and

WHEREAS, In San Francisco over 60% of tobacco retail outlets are within a thousand feet of schools⁹; and

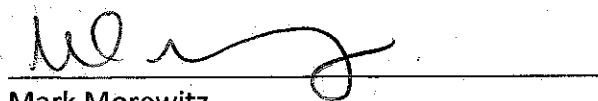
WHEREAS, Reducing the concentration of tobacco outlets with permits to sell tobacco, particularly in more vulnerable communities, can reduce smoking rates and decrease tobacco related harms;¹⁰ and

WHEREAS, The Institute of Medicine—the US’ *premier* advisory body on health policy—recommends regulations to reduce the number and density of tobacco outlets to reduce tobacco-related disease and death¹¹; and

WHEREAS, Amending and adding to Article 19 in the San Francisco City and County Health Code to limit the number of tobacco permits available to a supervisorial district to 5 for each 10,000 residents in that district will significantly limit exposure to tobacco outlets and reduce harms to youth and community residents in all San Francisco Districts,

NOW THEREFORE BE IT RESOLVED, in order to protect the health of all San Francisco residents the San Francisco Health Commission supports in concept reducing the disproportionate exposure of tobacco caused by higher tobacco density in areas with high numbers of people of color, low income residents; and youth by setting a limit on the number of tobacco retail permits that applies to all supervisorial districts.

I hereby certify that the San Francisco Health Commission at its meeting of May 15, 2012 adopted the foregoing resolution.



Mark Morewitz
Executive Secretary to the Health Commission

⁷ Wested. (n.d.). *California Healthy Kids Survey San Francisco County Main Technical Report Report 2010-111* Retrieved on April 18, 2012 <http://chks.wested.org/reports/search>.

⁸ See Leatherdale, S. T. & Strath, J.M. (2007). Tobacco Retailer Density Surrounding Schools and Cigarette Access Behaviors Among Underage Smoking Students. *Annals of Behavioral Medicine*, 33(1), 105-111; and Henriksen, L et al 2008.

⁹ “Supervisory and Planning Districts and Schools, Tobacco Outlet counts in San Francisco”. S.F. Dept. of Public Health, 2011.

¹⁰ Novak, S. P., Reardon, S.F., Raudenbush, S. W., & Buka, S. L. (2006). Retail tobacco outlet density and youth cigarette smoking: a propensity modeling approach. *American Journal of Public Health*, 96, 670-676; Henriksen, L, Felghery, E. C., Schleicher, N. C., Cowling, D. W., Kline, R. S., & Fortmann, S. P. (2008). Is adolescent smoking related to the density and proximity of tobacco outlets and retail cigarette advertising near schools? *Preventive Medicine*, 47, 210-214.; Chan, Wing C., and Scott T. Leatherdale. (2011). Tobacco Retailer Density Surrounding Schools and Youth Smoking Behaviour: A Multi-level Analysis. *Tobacco Induced Diseases* 9.1, 9.; Lipperman-Kreda, Ph.D., Sharon, Joel W. Grube, Ph.D., and Karen B. Friend, Ph.D. (2011) Local Tobacco Policy and Tobacco Outlet Density: Associations With Youth Smoking. *Journal of Adolescent Health*

¹¹ Institute of Medicine (IOM). *Ending the Tobacco Problem: A Blueprint for the Nation*. Washington DC: National Academies Press, 2007.