

DRUG AND ALCOHOL USE

Alcohol and drug use by adolescents can have immediate as well as long-term health and social consequences. Alcohol and illicit drug use by adolescents are risk-taking behaviors which contribute to deaths and injuries from accidents, suicides, and homicides. Alcohol and drug use are also associated with problems in school and in the workplace, and with violence and crime, including entry into the criminal justice system.¹ Abuse of alcohol and other drugs significantly increases the likelihood of risky behaviors that transmit sexually transmitted diseases including AIDS and other infectious diseases associated with injection drug use such as Hepatitis C.

Despite alcohol's legal status as a controlled substance, it is the most commonly used psychoactive substance among adolescents. Illicit drugs are also readily available to both adolescents and adults despite laws against their possession and/or use and laws establishing a variety of criminal penalties. Equally devastating, though less tangible, is the psychological and social damage on individuals, families, and communities that accompanies both alcohol and drug abuse.²

With respect to alcohol in particular, past efforts to address the problems of substance abuse among young people through prevention, treatment and law enforcement have had limited impact. Young people have received messages about individual-based strategies such as those focusing on the risks of alcohol and refusal skills. However, young people also have received other messages about alcohol, and its role in society and in coming of age, which can encourage alcohol use. More recently, there has been growing recognition that youth alcohol problems are the result of a complex web of factors such as community norms and practices and alcohol availability, and that an environmental approach to prevention must be used to tackle alcohol and drug problems as community problems with community-based solutions, rather than a matter primarily of individual behavior.³

Data Sources

The extent of alcohol and illicit drug use among the San Francisco youth population can only be estimated due to the absence of population-wide data on substance use prevalence. This section includes data from a variety of sources in an attempt to identify and characterize the patterns and consequences of alcohol and drug use among the City's children and youth. It should be noted that the age groups used by the various data sources vary widely, as does the extent to which gender, race/ethnicity, and other breakdowns are available. The data sources include:

- The 1997 San Francisco Youth Risk Behavior Survey (YRBS) (preliminary results) conducted by the San Francisco Unified School District (in conjunction with the federal Centers For Disease Control). The 1997 YRBS surveyed 1,783 public middle school students (6th through 8th graders, ages 11 through 14 and older) and 1,914 public high school students (9th through 12th graders, ages

¹ U.S. Public Health Service, Healthy People 2000: National Health Promotion and Disease Prevention Objectives (Conference Edition), D.C.: U.S. Department of Health and Human Services, September 1990; National Institute on Alcohol Abuse and Alcoholism. Ninth Special Report to the U.S. Congress on Alcohol and Health, From the Secretary of Health and Human Services, NIH Pub. No. 97-4017. MD: National Institutes of Health, June 1997

² U.S. Department of Health and Human Services, Healthy People 2000 Midcourse Review and 1995 Revisions.

³ Mosher, J. "A Public Health Approach to Alcohol and Other Drug Problems: Theory and Practice," in Schuttfeld, F. and Keck, C., eds. Principles of Public Health Practice, Albany, NY: Delmar Publishers, 1996; Mosher, James, Preventing Alcohol Problems Among Young People: Californians Support Key Public Policies, Sacramento: California Center for Health Improvement.

15 to 18 and older). Selected results of the YRBS from prior years and for the nation as a whole also provided.

- San Francisco Medical Examiner's Annual Report, FY 1991/92 through FY 1995/96 provided data on drug caused deaths occurring in San Francisco among persons ages 0 to 29. These are deaths that occurred in San Francisco regardless of the individual's place of residence.
- Heroin/Opioid-Related Hospital Admissions, Trends and Regional Variations in California (1986-1995), a report by the Public Statistics Institute provided data on heroin/opioid-related hospital admissions in San Francisco of persons ages 0 to 24, from 1990 to 1996.
- Juveniles Arrested By Race and Sex 1994 - 1997 from the San Francisco Police Department provided data on narcotic and alcohol arrests among children and youth ages 0 to 17 from 1994 to 1997.
- Persons Killed and Injured in Alcohol-Involved Collisions By Age and By Victim Classification, 1994, 1995, 1996, a report by the California Highway Patrol, provided data on alcohol-involved motor vehicle collision deaths and injuries for persons ages 0 to 24.
- The National Drug Abuse Warning Network (DAWN) data collected by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services provided data on drug abuse episodes and drug mentions among persons entering hospitals with 24-hour emergency departments in the San Francisco metropolitan area (includes San Francisco, San Mateo, and Marin counties), from 1991 to 1994.

Alcohol And Drug Use Among Public School Students

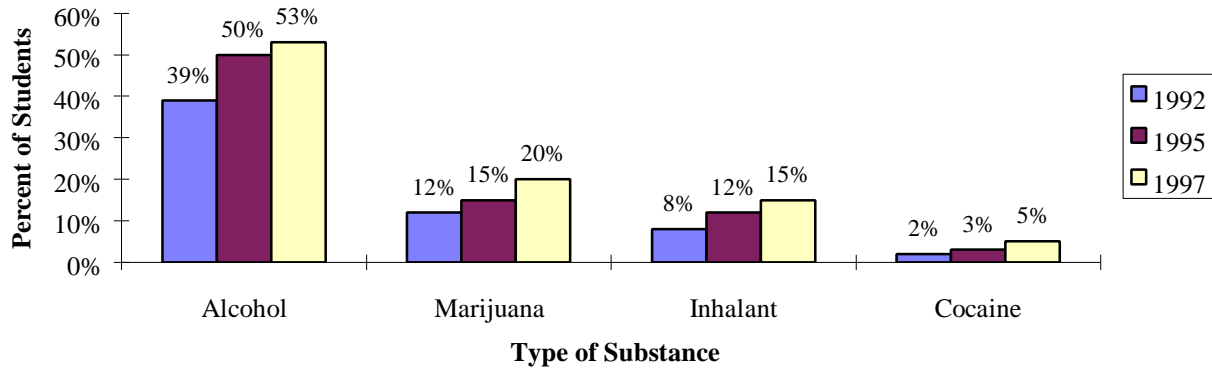
The Youth Risk Behavior Survey (YRBS) provides estimates of alcohol and drug use among San Francisco's public school students at the middle and high school level.⁴ The survey asks students whether they have ever tried alcohol or drugs ("lifetime use") and whether they have tried alcohol or drugs within the past 30 days ("current use").⁵ (Refer to the Appendix for detailed YRBS data.)

Lifetime Use of Alcohol and Drugs. Alcohol continues to be the most common substance used among San Francisco public middle and high school students. In 1997, over half of both middle school (53%) and high school (59%) students reported that they had tried alcohol at least once in their lifetime ("lifetime use"). Use of alcohol in middle school students increased since 1992 (39%), but had little change for high school students.

⁴ Refer to the Appendix for a general description of the YRBS methodology. [Or - briefly explain here/?]

⁵ Refer to the "Tobacco" section of this report for YRBS data on tobacco use.

**Lifetime Use of Alcohol and Drugs,
Public Middle School Students, San Francisco, 1992, 1995, 1997**



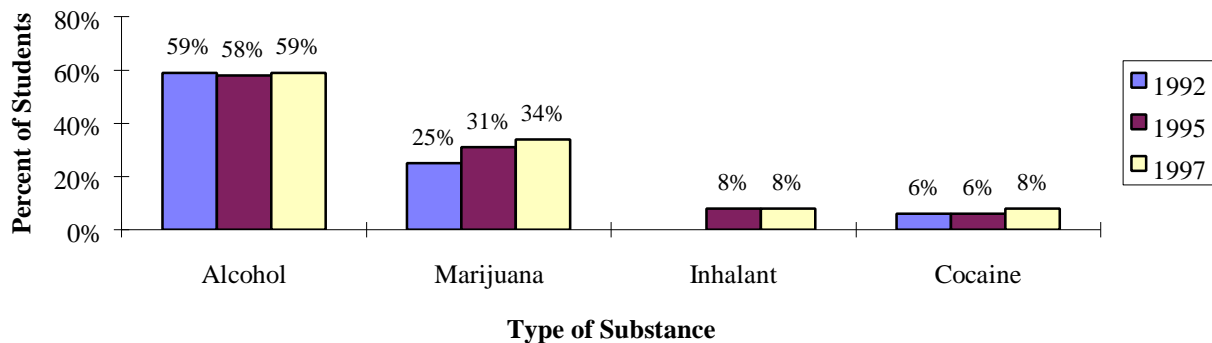
Source: San Francisco Unified School District, Youth Risk Behavior Survey, 1992; 1995; 1997 Preliminary Results

Marijuana was the second most common substance used among San Francisco public middle and high school students. One-fifth (20%) of middle school students reported ever having tried marijuana in 1997, compared to 12% in 1992. About one-third (34%) of high school students reported ever having tried marijuana in 1997, compared to 25% in 1992.

Lifetime cocaine use is low among students compared to other substances. However, lifetime use of cocaine increased from 2% to 5% among middle school students and from 6% to 8% among high school students between 1992 and 1997.

Lifetime inhalant use for middle school students nearly doubled from 1992 to 1997, increasing from 8% to 15%, while inhalant use among high school students remained stable at 8% during the same period. Examples of inhalants include glue, spray paint, chemo, and other chemicals.

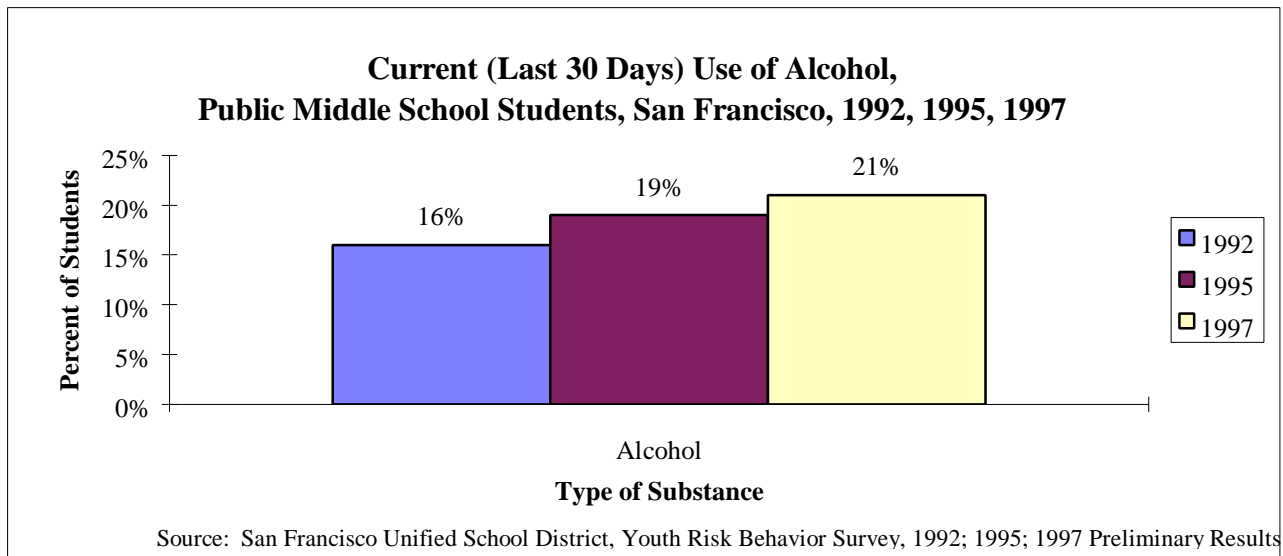
**Lifetime Use of Alcohol and Drugs,
Public High School Students, San Francisco, 1992, 1995, 1997**



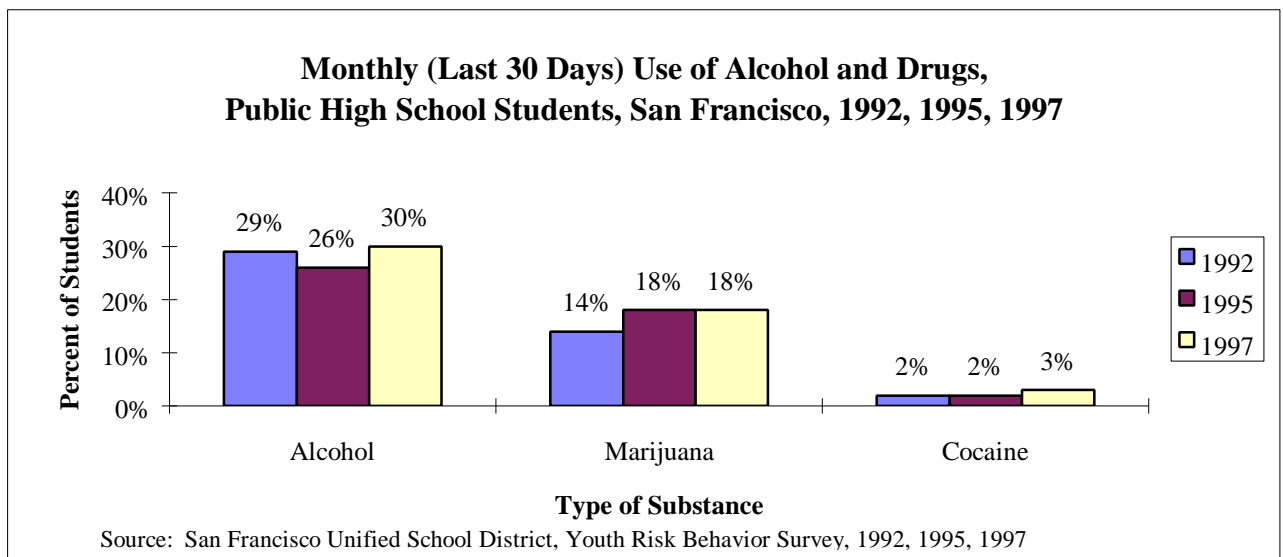
Source: San Francisco Unified School District, Youth Risk Behavior Survey, 1992; 1995; 1997 Preliminary Results

Current Use of Alcohol and Drugs. The YRBS indicated that current use of alcohol, marijuana, and cocaine use (within the last 30 days) is increasing among San Francisco public school students, although less dramatically than lifetime reported use. In 1997, one in five (21%) middle school

students and 30% of high school students reported using alcohol in the past 30 days. Alcohol use among these students is far from the Healthy People 2000 goal of reducing the proportion of youth ages 12 to 17 who have used alcohol in the past month to 12.6%.⁶



Marijuana use among high school students over the past 30 days increased from 14% to 18% between 1992 and 1997. In 1997, 3% of high school students reported that they used cocaine in the past 30 days. The YRBS did not ask middle school students about their use of marijuana and cocaine.⁷



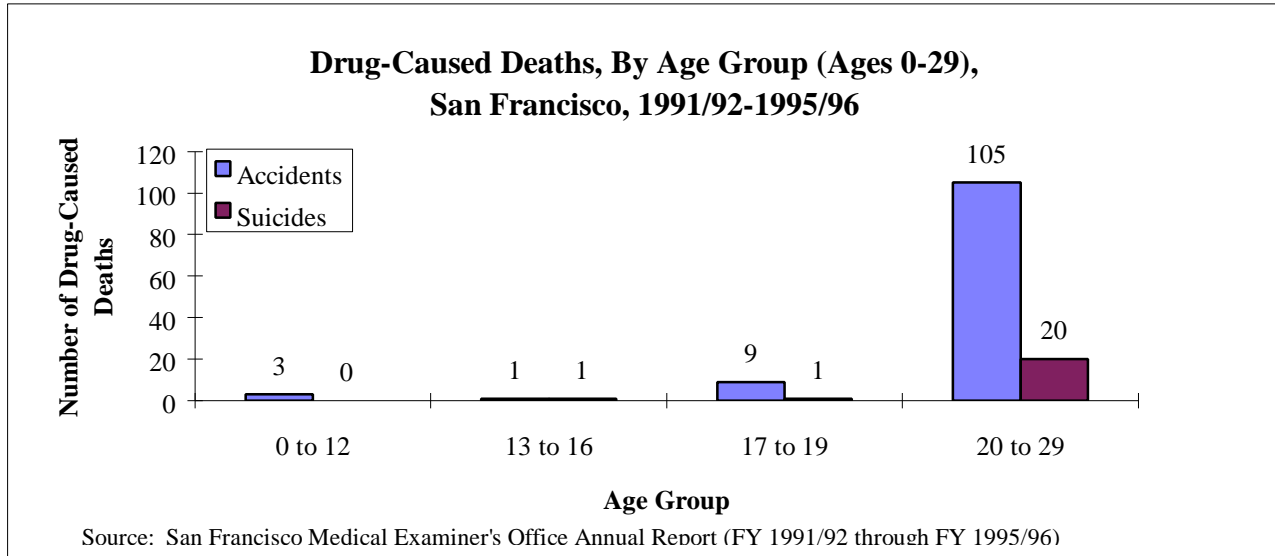
Drug Caused Deaths

Between fiscal years 1991/92 and 1995/96, a total of 140 people up to age 29 died in San Francisco as a direct result of drug overdoses or drug reactions.⁸ Most (84%) of these deaths were considered

⁶ Note that some San Francisco middle school students surveyed in the YRBS were under age 12 and some high school students were over age 17, whereas the Healthy People 2000 objective for alcohol use sets the age range from 12 to 17.

⁷ In the absence of data on middle school students, the Healthy People 2000 goal of reducing the proportion of youth ages 12 to 17 (both middle and high school levels) who have used marijuana in the past month to 3.2% and the proportion who have used cocaine in the past month to 0.6%, cannot be applied to San Francisco data.

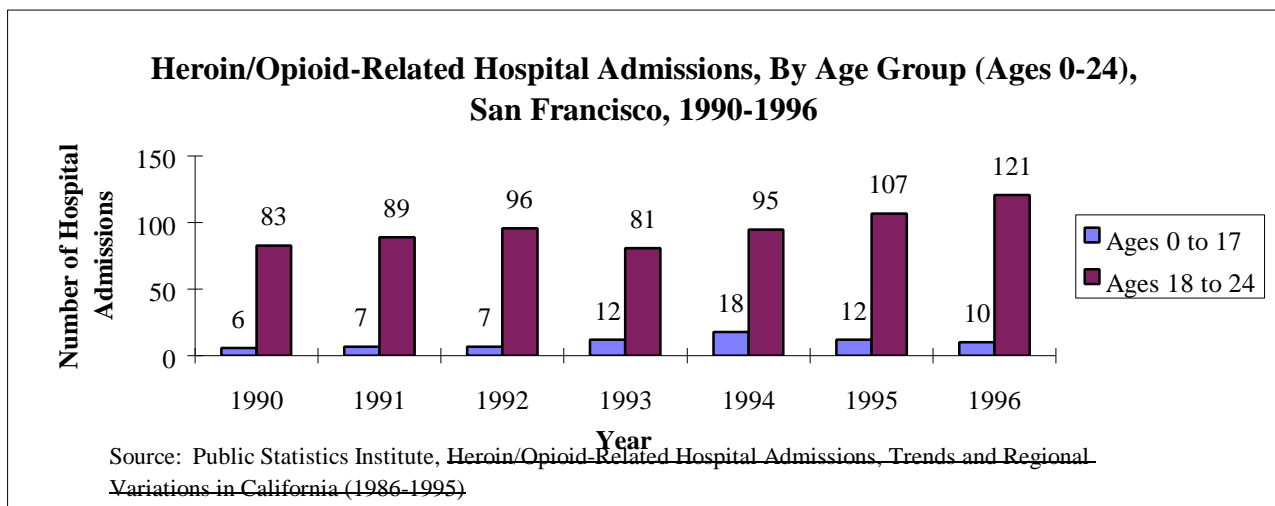
unintentional (“accidents”) while 16% (22) were considered suicides. Young adults in the 20 to 29 age group comprised 89% (125) of these deaths, followed by youth ages 17 to 19 who represented 5% (10)



of drug-caused deaths. The number of drug-caused deaths fluctuated from 22 to 34 deaths per year during the five-year period, averaging 24 drug-caused accidental deaths per year and 4 drug-caused suicides per year.

Heroin/Opioid-Related Hospital Admissions

From 1990 to 1996, there were an average of 106 heroin/opioid-related hospital admissions per year in San Francisco among persons up to 24 years old.⁹ Young adults ages 18 to 24 accounted for 90% of these admissions. The number of admissions among youth under age 18 rose 47% from 1990 to 1996.



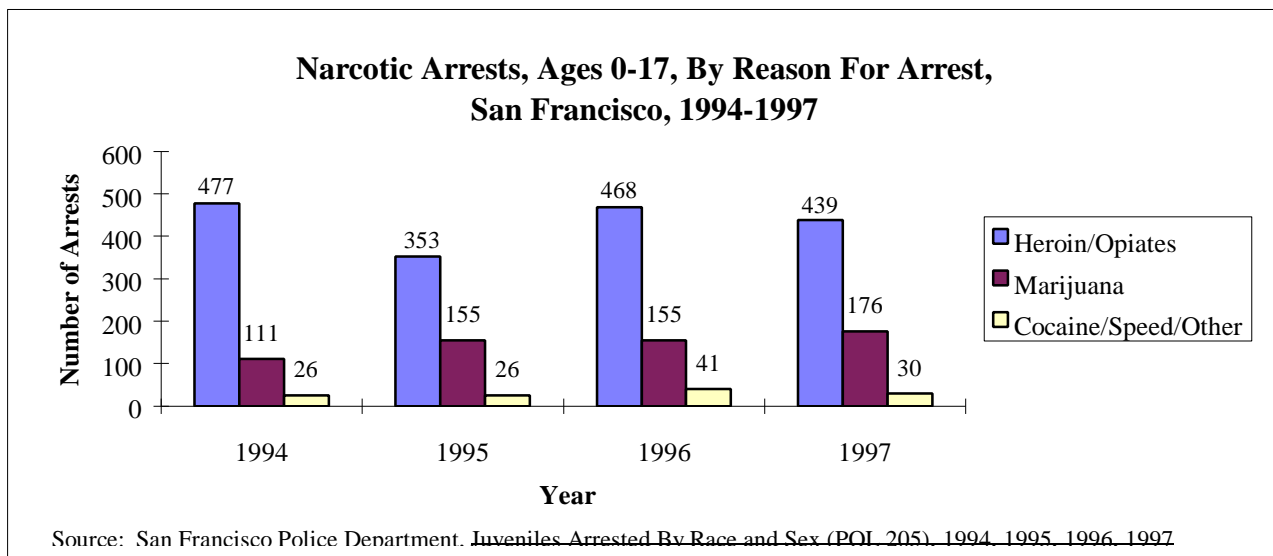
⁸ Comparable data on alcohol-caused deaths is not available.

⁹ Data on heroin/opioid-related hospital admissions was based on a study by the Public Statistics Institute (Irvine, CA) which reviewed medical charts to identify hospital admissions due to heroin/opioid abuse based on selected ICD-9-CM codes.

Narcotic And Alcohol Arrests

From 1994 to 1997, there were a total of 2,834 arrests among juveniles through age 17 in San Francisco which were classified as narcotic (possession and sales) or alcohol (purchase and use) violations. This averages to 708 arrests per year or 14 arrests per week. (Note that arrests represent “events” rather than people. The number of arrests may reflect other factors in addition to the actual amount of crime occurring. Refer to the “Crime” section of this report for more discussion regarding arrest data.)

Reasons for Arrests. A majority (85%) of these arrests were narcotics-related, mainly for heroin/opiates (71% of narcotic arrests), followed by arrests for marijuana (24%). The number of arrests increased by 17% from 1990 to 1997, although narcotic arrests peaked in 1996. Arrests for cocaine/speed and “other” narcotics account for about 5% of narcotic arrests.



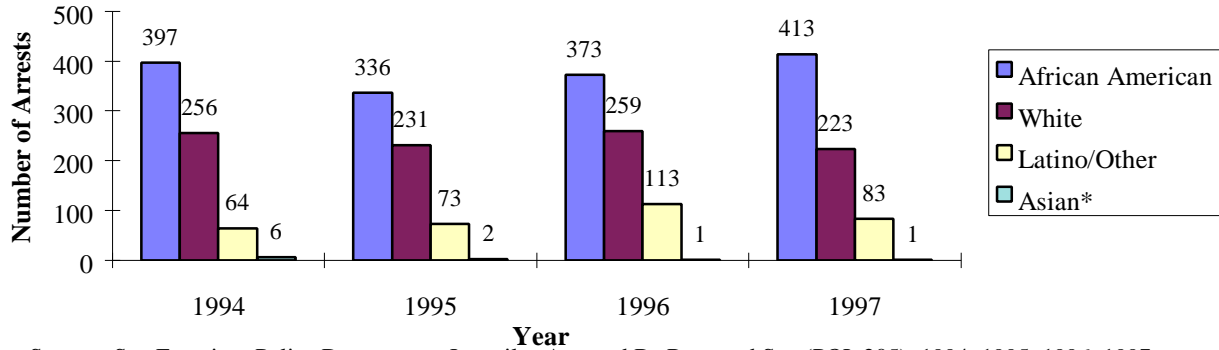
Alcohol arrests comprise only 6% of all narcotic and alcohol arrests. Violation of liquor laws such as under age drinking or drinking open containers were the most frequent type of alcohol arrest, with 24 to 37 arrests per year.

By Gender and Ethnicity. Three-fourths (73%) of juvenile narcotic and alcohol arrests from 1994 to 1997 were among males. More than half of all arrests (54%) were among African Americans, followed by 34% among Whites, 12% among Latinos and “Others”, and less than 1% among Asians.¹⁰ During the four-year period, arrests among Latinos and Others rose by 30%.¹¹

¹⁰ “Asians” include Chinese and Japanese only. All other Asian subgroups fall under “other.”

¹¹ Data on arrestees by residence (e.g., zip code) was not available.

**Narcotic and Alcohol Arrests, Ages 0-17, By Race/Ethnicity,
San Francisco, 1994-1997**



Source: San Francisco Police Department, *Juveniles Arrested By Race and Sex (POL 205)*, 1994, 1995, 1996, 1997

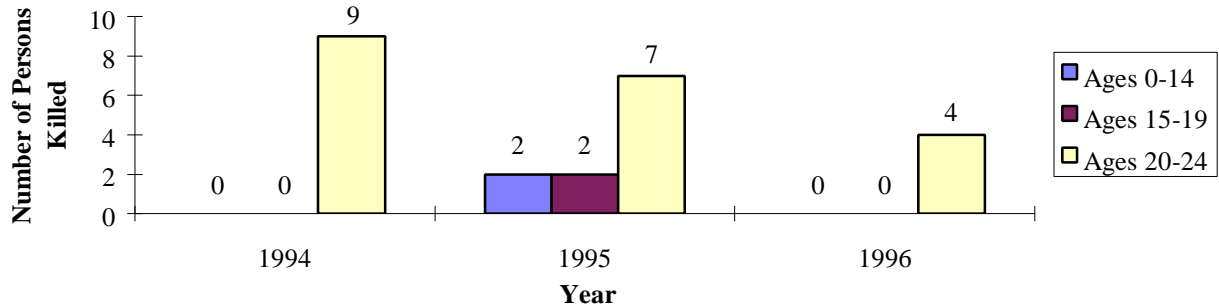
Note: "Asian" only includes Chinese and Japanese; other Asian subgroups within "Other."

Alcohol-Involved Collisions - Deaths And Injuries

From 1994 to 1996, a total of 24 persons up to age 24 were killed in alcohol-involved collisions in San Francisco.¹² This includes drivers, passengers, and pedestrians. These deaths represent 2% of all alcohol-involved collisions, for all ages, reported for the same time period.

Most (83%) of these deaths were among young adults ages 20 to 24. Four deaths in 1996 among San Francisco youth ages 15 to 24 represents a rate of 4.4 deaths per 100,000, down from the 1994 rate of 9.9.¹³ There was an overall decrease in the number of youth under age 25 killed in alcohol-involved collisions in San Francisco and California as a whole. San Francisco has achieved

**Persons Killed in Alcohol-Involved Collisions,
By Age Group (Ages 0-24), San Francisco, 1994-1996**



Source: California Highway Patrol, Information Services Unit, *Persons Killed and Injured in Alcohol-Involved Collisions By Age By Victim Classification*, 1994, 1995, 1996

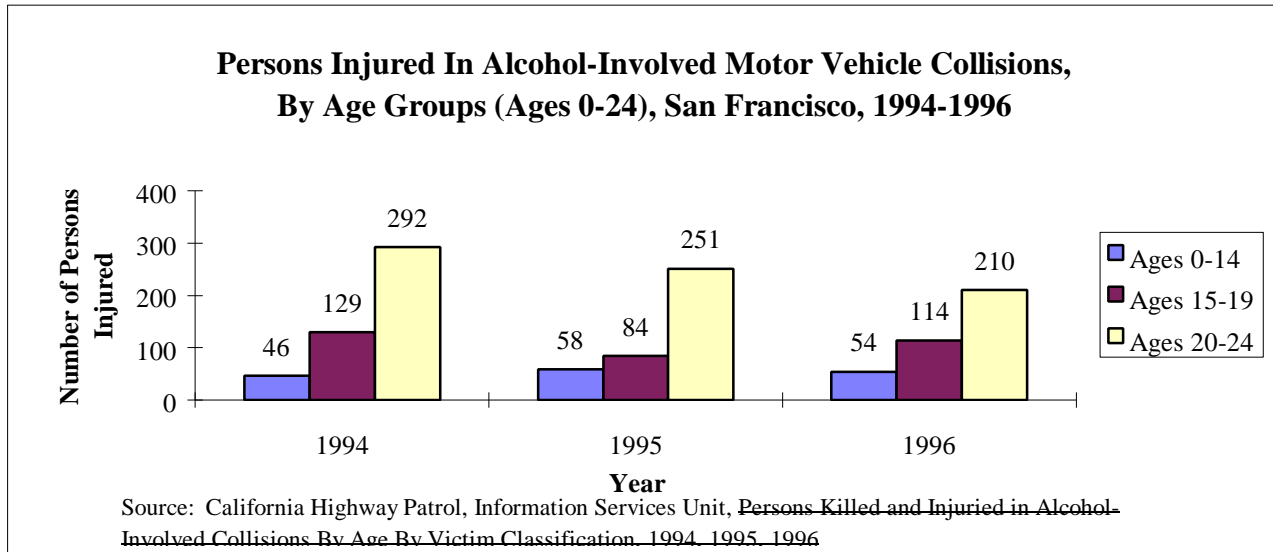
the Healthy People 2000 objective of reducing deaths caused by alcohol-related motor vehicle crashes to no more than 12.5 per 100,000 among people ages 15 to 24. Reductions in alcohol-related motor vehicle deaths and injuries are attributed to passage of state legislation, consistent with Healthy People

¹² Includes both residents and non-residents of San Francisco.

¹³ Based on 1990 census data (total of 90,758 people ages 15 to 24 in San Francisco).

2000, to lower blood alcohol concentration level to 0.08 percent for people 21 years and over and to 0.02 percent and lower for drivers younger than 21.

From 1994 to 1996, 1,238 persons up to age 24 sustained non-fatal injuries in alcohol-involved collisions in San Francisco based on reports filed by the California Highway Patrol. The



number of injuries per year fluctuated among children and youth up to age 19, although injuries among young adults ages 20 to 24 declined by 28% from 1994 to 1996.

Emergency Room Drug Episodes And Mentions

Data from the National Drug Abuse Warning Network (DAWN) provides another indicator of drug use based on a sampling of hospitals with 24-hour emergency departments.

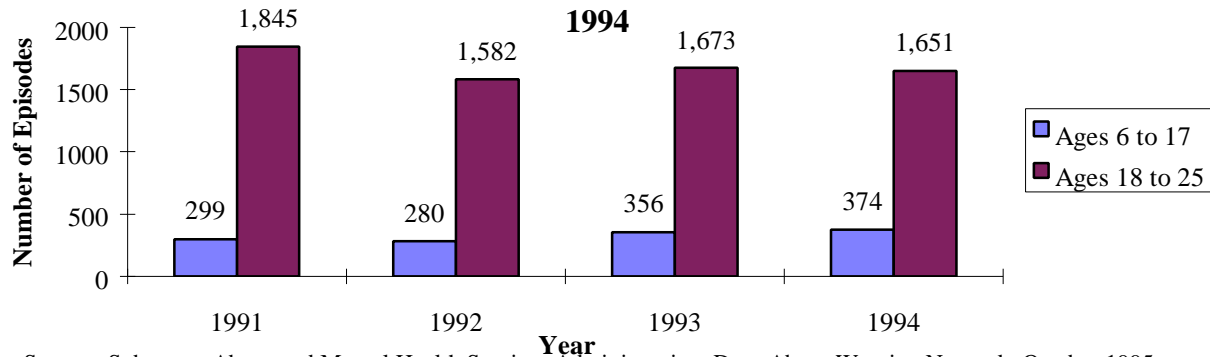
Emergency Room Drug Episodes. DAWN provides estimates of Emergency Room (ER) drug episodes, or ER admissions involving drug abuse.¹⁴ From 1991 to 1994, there were an average of 2,015 emergency department drug abuse episodes per year or 5.5 episodes per day in the San Francisco metropolitan area among children and young adults ages 6 to 25.¹⁵ These episodes represent about 17% of all drug abuse episodes for all ages in this geographic area. By comparison, it was 32% in Los Angeles and 33% in San Diego.

Among children and youth ages 6 to 25, young adults 18 to 25 years of age accounted for a majority of emergency room drug episodes (84%). Children and youth 6 to 17 years of age account for only 16% of episodes, although the number of episodes in this age group increased by 25%, from 299 to 374

¹⁴ Patient identifiers are not collected and the episodes reported may include patients that make repeated visits to an ER or to several ERs.

¹⁵ The San Francisco Metropolitan Area includes San Francisco, San Mateo, and Marin counties. Data for San Francisco County only was not available.

**Emergency Department Drug Abuse Episodes,
By Age Group (Ages 6-25), San Francisco Metropolitan Area,* 1991-1994**



Source: Substance Abuse and Mental Health Services Administration, Drug Abuse Warning Network, October 1995
* San Francisco Metropolitan Area includes San Francisco County, Marin County, and San Mateo County

episodes over the four-year period. Episodes among youth ages 18 to 25 declined from 1,845 episodes in 1991 to around 1,600 in 1994.¹⁶

Emergency Department Drug Mentions. DAWN data provides estimates of ER drug mentions, referring to an occurrence of a substance identified in a drug abuse episode.¹⁷ In 1994, 3% (568) of all

**EMERGENCY DEPARTMENT MENTIONS,
AGES 6-17, BY DRUG CATEGORIES, BY GENDER,
SAN FRANCISCO METROPOLITAN AREA,* 1994**

Drug Category	Gender		Total	
	Male	Female	#	%
Acetaminophen	16	53	69	12.1%
Alcohol-in-combination	25	38	63	11.1%
Marijuana/Hashish	43	19	62	10.9%
LSD	35	10	45	7.9%
Methamphetamine/Speed	16	19	35	6.2%
Cocaine	20	14	34	6.0%
Aspirin	0	30	30	5.3%
Over-the-Counter Sleep Aids	0	12	12	2.1%
All Other Drugs	74	144	218	38.4%
Total	229	339	568	100.0%

Source: Substance Abuse and Mental Health Services Administration, Drug Abuse Warning Network, October 1995 data file

*Note: Includes San Francisco, San Mateo, and Marin counties.

¹⁶ More recent data was not available.

¹⁷ In addition to “alcohol-in combination,” up to six substances can be reported for each ER drug abuse episode. The identified “drug mention” may not necessarily be the confirmed “cause” of the episode in multiple-drug cases.

emergency room drug mentions were among children and youth 6 to 17 years of age, while 77% (7,718) were among 18 to 34 year olds.¹⁸ Drug mentions among children, youth, and young adults from ages 6 to 34 represented nearly half (47%) of all drug mentions for all ages in 1994. (Refer to the Appendix for more detailed data.)

Males comprised most (64%) drug mentions in the 18 to 34 age group, while females comprised the majority (60%) in the 6 to 17 age group. Individuals ages 18 to 34 used a wider variety of drugs compared to the 6 to 17 age group. Excluding the “All Other Drugs” category, the top five ranking drug categories for both 6 to 34 year olds and 18 to 34 year olds were cocaine, heroin/morphine, alcohol-in-combination, methamphetamine/speed, and marijuana/hashish. The top ranked drug categories among 6 to 17 year olds were acetaminophen, alcohol-in-combination, marijuana/hashish, LSD, and methamphetamine/speed. Note that DAWN data does not attempt to determine the intent (unintentional or intentional), or purpose of drug use (for example, recreational, medicinal, or suicide).

¹⁸ Data was provided in these designated age groups.