

**LB 591**  
**General Affairs Committee**  
**Testimony of Chris Wagner**  
**Project Extra Mile**  
**March 18, 2019**

Good afternoon, Chairman Briese and members of the committee. My name is Chris Wagner, and I am the Executive Director of Project Extra Mile, a network of community partnerships across the state working to prevent excessive alcohol consumption and its tragic consequences. We are here today in support of LB 591.

Our organization believes the creation of alcohol impact zones would benefit communities statewide that face high densities of alcohol outlets and the alcohol-related problems that can follow, including violence, public intoxication, police calls for service, alcohol poisoning, vandalism, etc. What this bill boils down to is returning some local control to the communities that are dealing with these challenges – allowing them, with the commission’s blessing – to have say in how alcohol is sold in limited areas to help address some of these problems.

The bill requires that a local governing body initiate an alcohol impact zone, meaning only those communities that are experiencing substantial alcohol-related problems could be expected to pursue such a designation. The bill also requires the local governing body provide evidence demonstrating the need for the alcohol impact zone, which must be approved by the Liquor Control Commission following a public hearing. Having such a zone in place will clearly establish the rules for selling alcohol in an area where alcohol-related problems are hindering quality of life and preventing community development.

Alcohol impact zones have been used successfully in other states like Oregon and Washington. According to an evaluation of alcohol impact zones in the City of Seattle, Washington, the city saw a significant reduction (117%) in EMS alcohol-related service calls and a consistent decline of police service calls after the restrictions were put in place, with little evidence of dispersion to areas outside of the alcohol impact zones. Furthermore, communities and off-sale alcohol retailers expressed seeing positive changes following the restrictions being implemented.

We would therefore urge the committee to advance LB 591. Thank you for your consideration.

# Seattle Alcohol Impact Area Evaluation

## Executive Summary

*July 8, 2009*

Prepared for

The Washington State Liquor Control Board  
and  
The City of Seattle, Washington

Submitted by

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## SEATTLE ALCOHOL IMPACT AREA EVALUATION

### EXECUTIVE SUMMARY

July 8, 2009

Two years ago, the Washington State University Social and Economic Sciences Research Center conducted the first phase of a study of the Alcohol Impact Area policy in effect in the city of Seattle, Washington. The main purpose of this second phase of the study is to assess the problem of chronic public inebriation after the implementation of the Alcohol Impact Area policy so that this may be compared with the results from two years ago to determine what changes if any have resulted from the restrictions on alcohol sales imposed by the Washington State Liquor Control Board (WSLCB).

#### **Background**

The Alcohol Impact Area rules, Washington Administrative Code (WAC) 314-14-210 through WAC 314-12-225, establish a framework under which the WSLCB, in partnership with local government and community organizations, can act to mitigate the negative impacts on a community that result from the presence of chronic public inebriation. Under these rules, chronic public inebriation exists when the effects of the public consumption of alcohol and/or public intoxication occur in concentrations that endanger the welfare, health, peace, or safety of a community.

At the request of the City of Seattle and Ordinance No. 121999, the WSLCB agreed to designate as Alcohol Impact Areas two urban core areas of the city of Seattle. As a result of the Alcohol Impact Area designation, the WSLCB banned the sale of some 34 brands of high-alcohol content, low price beer and wine products by liquor retailers located inside the Alcohol Impact Areas. This restriction was placed into effect on November 1, 2006.

#### **Study Scope**

The study's scope and methods are primarily intended to:

- Determine whether there are any significant changes in the negative impacts of chronic public inebriation in the designated alcohol impact area.
- Gather information and data from retailers about marketing practices and buying habits of chronic public inebriates that will help the community and the WSLCB evaluate which restrictions might be effective in addressing the problem of chronic public inebriation.

This study used multiple methods and multiple analysis groups to obtain information relevant to the assessment of chronic public inebriation in the Alcohol Impact Areas. The methods are similar to those used in the first phase of this study and include:

- A telephone survey of randomly selected household residents from Alcohol Impact Areas and non-Alcohol Impact Areas of the city of Seattle.
- A mail survey of retailers that have liquor licenses to sell alcohol products "to go" within the Alcohol Impact Area boundaries and retailers within one mile of the Alcohol Impact Area boundaries.

- Qualitative information about the effects of the Alcohol Impact Area restrictions:
  - Telephone interviews of retailers with liquor licenses in the Alcohol Impact Areas and within the surrounding blocks of the Alcohol Impact Area boundaries
  - Telephone interviews of individuals from agencies that provide services to chronic public inebriates in the city of Seattle
- Collection and analysis of statistical data from the city of Seattle for the years 2003 through 2008 on the following:
  - Number of emergency medical service calls in the Alcohol Impact Areas and in the non-Alcohol Impact Areas of Seattle
  - Monthly number of police service calls for three alcohol-related offenses: “drunk in public,” “person down” and “trespass & park exclusions”, and three other non-alcohol related offenses: “shoplifting,” “car prowls,” and “miscellaneous misdemeanors.”
- An examination of taxable sales and gross revenue for the years 2004 through 2008 for retailers with liquor licenses to sell alcohol “to go” within the Alcohol Impact Areas and within one mile surrounding each Alcohol Impact Area.

### **Analysis Groups**

There are several analysis groups for the study, including four that are used consistently throughout all parts of the study. These four include the two Alcohol Impact Areas, and the two areas surrounding these Alcohol Impact Areas:

- a Central Core Alcohol Impact Area (including the Pioneer Square area)
- a North Alcohol Impact Area
- the area within one mile surrounding the Central Core Alcohol Impact Area
- the area within one mile surrounding the North Alcohol Impact Area

For the telephone survey of residents there are three additional analysis groups.

- (1) Residents of the Licton Springs, Ballard, and the New Holly Rainier areas of Seattle;
- (2) Residents of the remaining non-Alcohol Impact Areas of Seattle;
- (3) A separate sample of residents from throughout the entire city of Seattle. This latter group is meant to serve as a comparison/control group for the other analysis groups in the study.

### **Data Report**

The report for this evaluation (09-032) describes the evaluation methods used and the results obtained. The appendices include copies of the questionnaires, and all survey materials used in the evaluation, as well as frequency tabulations of all survey variables, and qualitative comments.

## Key Results

The main focus of this evaluation is on a comparison of data in the period prior to the implementation of the Alcohol Impact Areas, from 2003 through 2005, with the period from 2006 through 2008, after the Alcohol Impact Area restrictions were put into place.

### Emergency Medical Service (EMS) Incidents:

- **The majority of all alcohol related EMS incidents in Seattle take place within the Central Core and Pioneer Square Alcohol Impact Areas.** In 2009, over 43% of all alcohol related EMS incidents occur in the Central Core Alcohol Impact Area, 6% in the Pioneer Square area, and 4% in the North area. 14% occur within one mile surrounding the north area, and 10% occur within one mile surrounding the central core and pioneer square area. 23% occur in the remaining parts of the city.
- **Citywide, EMS incidents for alcohol have increased between 2003 and 2008 at a rate of about 170 additional incidents per year.** The rate of increase was higher before the alcohol restrictions were put in place in 2003 to 2005 (210 incidents per year) than in years 2006 to 2008 after the restrictions were put in place (93 incidents per year).
- **Similarly, the majority of all drug related EMS incidents in Seattle take place within the Central Core and Pioneer Square Alcohol Impact Areas.** Over 49% of all drug related EMS incidents occur in the Central Core Alcohol Impact Area, 5% in the Pioneer Square area, and 2% in the North area. About 9% occur within one mile surrounding the north area, and 10% occur within one mile surrounding the central core and pioneer square area. About 25% of all drug related emergency medical service incidents occur in the remainder of the city.
- **Citywide, drug related EMS incidents have increased between 2003 and 2008 at a rate of about 32 additional incidents per year.** However, the majority of this increase occurred in the years before the alcohol restrictions were put in place. The average rate of increase before the alcohol restrictions were put in place in 2003 to 2005 was 49 incidents per year. After the alcohol restrictions (2006 to 2008), the average rate of drug related EMS incidents declined by 23 incidents per year.
- **There is little evidence of a dispersion effect or that emergency medical service (EMS) incidents have increased outside of the Alcohol Impact Areas over the 2003 to 2008 period.** The percentage distribution of EMS incidents between the Alcohol Impact Areas and the other areas of Seattle has remained relatively constant between the pre and post Alcohol Impact Area restriction periods.

### Police Service Calls:

- **Citywide, the number of police service calls for “Drinking in Public” has decreased by 35% from 2003 to 2008.** Within the Central Core area the decrease in the number of police service calls for “drinking in public” is about 33%. In the North area, there has been a 16% decrease between 2003 and 2008. In the other areas of Seattle the decrease is over 27%.

- **Citywide, the number of police service calls for “Trespass and Park Exclusions” has decreased by 37% from 2003 to 2008.** Within the Central Core area the decrease in the number of police service calls for “trespass and park exclusions” is about 32%. In the North area, there has been a 41% decrease between 2003 and 2008. In the other areas of Seattle the decrease is also over 41%.
- **Citywide, the number of police service calls for “Person Down” has decreased by 31% from 2003 to 2008.** Within the Central Core area the decrease in the number of police service calls for “person down” is about 25%. In the North area, there has been a 42% decrease between 2003 and 2008. In the other areas of Seattle the decline is almost 29%.
- **There are also some decreases in non-alcohol related police service calls, but they are not as large, and some have increased from 2003 to 2008.** Car prowls, for example, have increased citywide by almost 42%, most of which has occurred in the non-Alcohol Impact areas (118% increase). Car prowls decreased by almost 27% in the central core area, and by over 44% in the North area. Shoplifting has decreased 17% citywide, by 7% in the Central Core, and by 20% in the other areas of Seattle, but has increased by 20% in the North area. Miscellaneous misdemeanors have decreased 12% citywide, 8% in the Central Core, by 11% in the other areas of Seattle, and by over 26% in the North area.
- **There is little evidence of a dispersion effect or that police service calls for alcohol-related offenses have increased outside of the Alcohol Impact Areas over the 2003 to 2008 period.** The number of police service calls for alcohol-related offenses outside the Alcohol Impact Areas has declined at the same rate or higher than within the Alcohol Impact Areas. The percentage distribution of police calls between the Alcohol Impact Areas and the other areas of Seattle has remained relatively constant.

### Community Opinions

- **Alcohol Impact Areas continue to have the highest percent of people who say that chronic public inebriation is a problem in their neighborhood.** However, while there has been no change or a slight increase in the percent of people with this view in the non-Alcohol Impact Areas of the city, there has been a decrease in the percent of people with this view in the Alcohol Impact Areas. In 2006, 35% of people living in the Alcohol Impact Areas held this view, which declined to 31% in 2009.
- **Alcohol Impact Areas no longer have the highest percent of people who are in favor of placing restrictions on the sale of alcohol products in their neighborhood, as they did in 2006.** The percent of people living in the Alcohol Impact Areas who want more restrictions on the sale of alcohol products has declined from a high of 31% in 2006 to only 22% in 2009. This percentage now matches the percent of all people in the city as a whole that say they want restrictions on the sale of alcohol products.
- **A greater percentage of people living within the Alcohol Impact Areas, than for the city as a whole, say that in the past year their neighborhood has changed for the better.** Almost 19% of people living in the Alcohol Impact Areas say that their neighborhoods are now better, in comparison to 16% in the city as a whole, and 13% in the non-Alcohol Impact Areas, and 11% of people living within one mile surrounding the Alcohol Impact Areas.

- **A greater percentage of people living within the Alcohol Impact Areas (14%), than for the city as a whole (11%), say that in the past year the overall cleanliness of their neighborhood has increased.** The percentage of people living within one mile surrounding the Alcohol Impact Areas that say cleanliness has increased is also greater in 2009 (10%) than it was in 2006 (7.5%).
- **While 25% of people within the Alcohol Impact Areas say that the number of homeless persons has increased over the past year (which is an increase from the 2006 survey of 19%), only 19% of people say that the number of persons panhandling has increased (compared with 20% who said this in 2006).** Despite more people saying they have seen an increase in the number of homeless persons, only 6% of people say that chronic public inebriates are now more intoxicated, a percentage which is identical to the percent that said this in 2006.
- **Overall, in comparison to the results of the 2006 survey, people living within the Alcohol Impact Areas are now more positive as evidenced by the following:**
  - 26% of people rate the overall quality of life in their neighborhood as excellent (20% in 2006)
  - 60% of people say they notice chronic public inebriates in the neighborhood (69% in 2006)
  - 18% of people say that drug activity has increased (24% in 2006)
  - But, 28% of people say that crime has increased (23% in 2006)

#### Retailer Opinions

- **The percent of retailers who say that chronic public inebriation is a problem in their neighborhood has declined from 2006.** While in 2006 almost 33% of retailers within the AIAs and surrounding areas said that the presence of chronic public inebriates in the neighborhood is a problem, in 2009 this percentage had declined to 28%. Additionally, while only 19% of retailers in 2006 said that the number of chronic public inebriates in their neighborhoods had declined, in 2009 this percentage had increased to 32%.
- **Asked if they were aware of the restrictions on the sale of certain alcohol products, 85% of retailers in 2009 said that they knew about them; about the same as in 2006 (82%).** Over a third of retailers said their alcohol distributor advised them on how to deal with the restrictions.
- **Asked if the amount of alcohol sold at the business had changed from two years ago, 37% of retailers in 2009 said it had decreased; which is higher than in 2006 (23%).** But, 22% of retailers said alcohol sales had increased; which is lower than the 24% reported in 2006. Over 35% said sales had remained about the same; which was 46% in 2006.
- **Asked whether the number of chronic public inebriates purchasing alcohol at their business had changed from two years ago, 42% of retailers in 2009 said it had decreased; which is higher than in 2006 (30%).** But, 38% of retailers said alcohol sales to chronic public inebriates had remained about the same; down from 46% in 2006. No retailers said that such sales had increased.

- **Overall, in comparison to the results of the 2006 survey, retailers within the Alcohol Impact Areas and surrounding areas are now more positive as evidenced by the following:**
  - 31% of retailers say that cleanliness has increased (21% in 2006)
  - 17% say that trash and litter has decreased (11% in 2006)
  - 21% say they feel more safe (11% in 2006)
  - 31% of retailers say their neighborhood has changed for the better (17% in 2006)
  - 27% say the number of persons panhandling has decreased (6% in 2006)
  - 25% say the problem of chronic public inebriation in their neighborhood has decreased (10% in 2006)

### Qualitative Interviews

- **In 2006, the majority of service providers were skeptical that the AIA restrictions would be effective in dealing with chronic public inebriation, and they were concerned about the strain on public service resources that might be caused by chronic public inebriates who go outside the area.** In 2009, most service providers say that the restrictions have had little or no impact on their services. The main impact mentioned by service providers has been that they now have to travel outside the Alcohol Impact Areas to serve this population. Of eight service providers who responded, three said that the Alcohol Impact Areas should be continued, two said they should not, and three were not sure.
- **In 2006, all the retailers were against the Alcohol Impact Area restrictions, and believed they were unfair and would not be effective at dealing with chronic public inebriates.** In 2009, retailers still believe that the restrictions are unfair, but some now say that they see positive changes in their neighborhood. Of seven retailers interviewed, two said that the Alcohol Impact Area restrictions should be continued, two said they should not, and three were not sure.

### Retail Taxable Sales Data

- **Data on inflation-adjusted taxable retail sales of retailers with liquor licenses in the Alcohol Impact Areas and the surrounding one-mile areas for 2004 through 2008 shows an overall average annual growth rate of three percent.** When these data are compared by type of business and by area (Central Core and North Alcohol Impact Areas, and the surrounding one-mile areas), inflation-adjusted taxable sales show stability or growth from year to year, but no overall decline in sales.
- **Inflation-adjusted taxable retail sales data on “stores” including groceries, convenience stores, gas stations with convenience stores, and liquor stores shows no evidence of any systematic decline between 2004 and 2008, for any of the Alcohol Impact Areas, nor for the surrounding one-mile areas.** However, the charts suggest that there was slow growth from 2004 through 2006, and then no growth from 2006 to 2008. The lack of growth from 2006 to 2008 could be due to economic conditions and in part due to the alcohol restrictions.



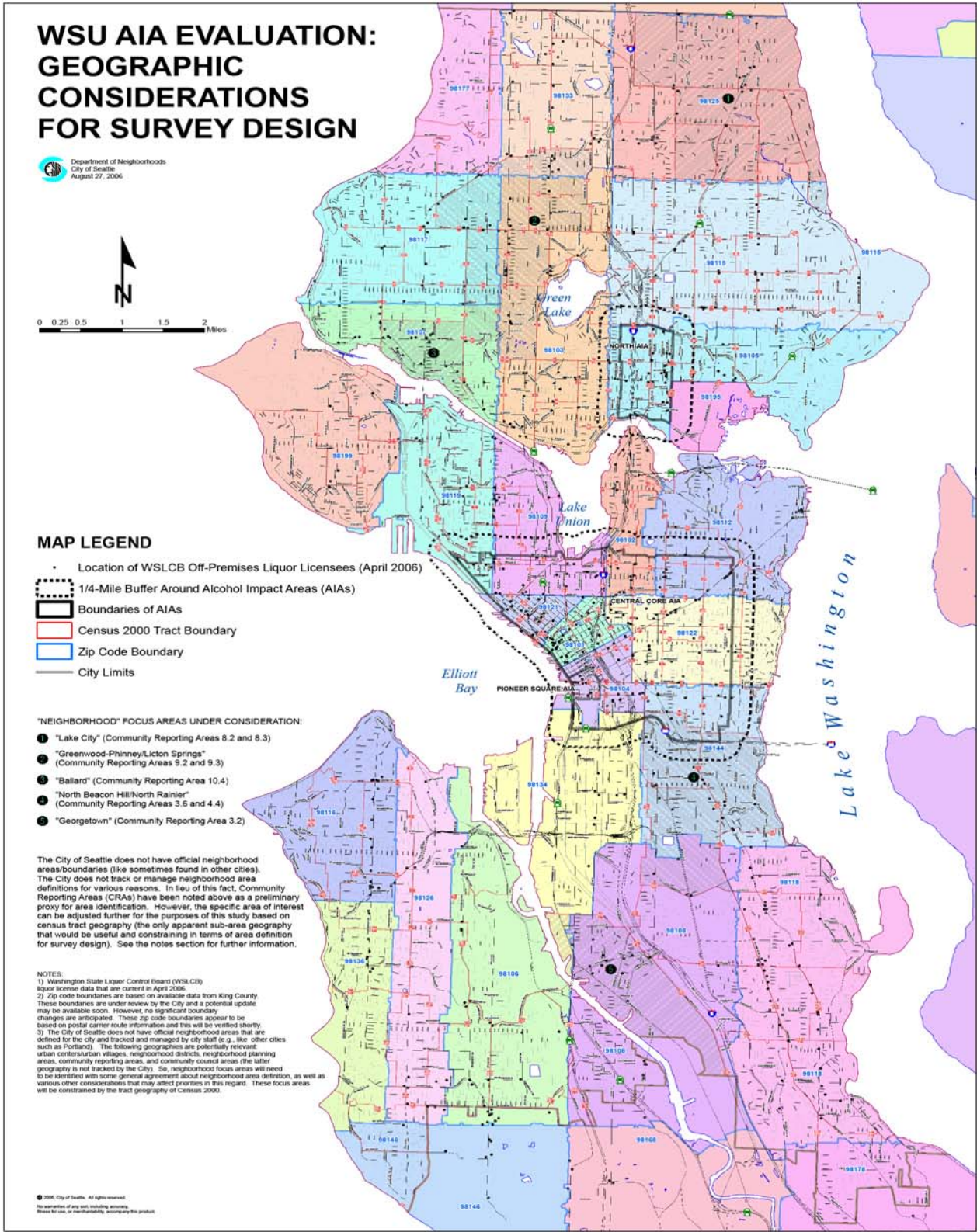
## Study Conclusions

The data collected and presented here represent the results of both the pre-assessment conducted in 2006, as well as the post assessment conducted in 2009. This evaluation encompasses a two and a half year span of time since the alcohol restrictions went into effect in November 2006. A variety of data were collected to evaluate the effectiveness of the Alcohol Impact Area restrictions on achieving the goal of decreasing the negative impacts of chronic public inebriation. The results presented here suggest the following conclusions:

- Citywide, the number of emergency medical service (EMS) incidents has been increasing between 2003 and 2008 at a rate of about 170 cases per year, with the majority occurring within the Alcohol Impact Areas. This rate of increase was substantially higher prior to the Alcohol Impact Area restrictions (210 increased cases per year), than after the restrictions went into effect (93 increased cases per year).
- Police service calls for alcohol related incidents show a consistent decline since the Alcohol Impact Area restrictions were put in place. Police service calls for some non-alcohol related incidents show smaller declines, plus some increases, suggesting that the restrictions have led to reductions in alcohol related offenses, particularly within Alcohol Impact Areas.
- There is little evidence of dispersion to other areas, of problems associated with chronic public inebriates, since the number of police service calls for alcohol-related offenses have not increased outside of the Alcohol Impact Areas over the 2006 to 2008 period. Similarly, the distribution of emergency medical incidents has not changed substantially in the years prior to and after the alcohol restrictions were put in place.
- A greater percentage of people living within the Alcohol Impact Areas see many positive changes in their neighborhoods since the restrictions. In comparison, people outside the restricted areas have not changed in their opinions about their neighborhoods.
- Retailers within the Alcohol Impact Areas see more positive changes since the restrictions, and some are now willing to keep the restrictions in place.
- People who provide services to indigents and to chronic public inebriants remain skeptical of the effectiveness of the AIA restrictions, and worry about unforeseen consequences, but some see positive changes since the restrictions and are now willing to keep the restrictions in place.
- There is no evidence of any systematic decline in taxable retail sales between 2004 and 2008 for any of the Alcohol Impact Area retailers, nor for the surrounding one-mile area retailers.

These results suggest that the Alcohol Impact Area restrictions have had some intended effects on the problems associated with chronic public inebriation. However, since there are other events coexistent with the Alcohol Impact Area restrictions that may also be associated with the changes measured in this evaluation, we cannot conclusively conclude that the changes are due entirely to the Alcohol Impact Area restrictions.

The map of the City of Seattle on the following page shows the boundaries of the Alcohol Impact Areas and the surrounding one-mile boundaries. The map also displays the location of the other areas of the city included in the evaluation.





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