

**Oregon State Legislature**  
**House Committee on Behavioral Health**  
**HB 3377: The Addiction Crisis Recovery Act**  
**March 22, 2021**  
**Testimony by**  
**David H. Jernigan, PhD**  
**Position: Support**

My name is David Jernigan, and I am a professor in the Department of Health Law, Policy and Management at the Boston University School of Public Health. I have worked on alcohol policy issues for 35 years, and served as an advisor to both the World Bank and the World Health Organization. My comments in this testimony are my own views and do not represent the official position of Boston University.

Since the turn of the century, nationwide alcohol-specific death rates and emergency department visits involving alcohol have increased by 55 and 62 percent respectively.<sup>1,2</sup> Newer data show that the rates of alcohol sales and binge drinking have increased sharply since the onset of the COVID-19 pandemic.<sup>3,4</sup> In Oregon in 2017, 1923 died from alcohol-related causes, a 34% increase since 2001.<sup>5</sup> The most recent estimate from Oregon's Department of Human Services and Oregon Health Authority is 2181 alcohol-related deaths, or approximately 6 deaths per day, in 2019. Among the states, Oregon has the fourth highest percentage of alcohol use disorders, with roughly one in 14 residents age 18 and above meeting the criteria for an AUD diagnosis.<sup>6</sup>

Alcohol taxes are one of the most effective and cost-effective ways to reduce and prevent alcohol problems, according to the World Health Organization.<sup>7</sup> Alcohol taxes have also been endorsed by the Task Force on Community Preventive Services, the independent body that conducts reviews of the science and advises CDC on effective prevention measures.

In 2011, Maryland raised its sales tax on alcohol by 3 percent. I have since co-authored two evaluations of the health and consumption effects of that tax increase. We found that average monthly cases of gonorrhea declined by 24 percent, or almost 1600 cases per year,<sup>8</sup> and that alcohol sales were 3.8% less than would have been expected 18 months after the tax increase.<sup>9</sup> Others have estimated that in the wake of that tax, underage drinking fell by 26 percent, underage binge drinking by 28 percent, and binge drinking among adults by 17 percent.<sup>10</sup> The number of alcohol-positive drivers of all ages on Maryland's roadways fell by 6 percent, including a 12 percent drop in alcohol-positive drivers between the ages of 15 and 34.<sup>11</sup>

Alcohol taxes have the greatest impact on exactly the group causing the problems, the excessive drinkers. According to a tool developed for CDC by researchers at Boston University and Johns Hopkins University, 72% of any increase in Oregon's tax on alcohol would be paid by the 20% of Oregon's population who are excessive drinkers, while the 41% of Oregon adults who do not drink would not pay anything. The same tool also estimates that the net effect of an alcohol tax increase in Oregon on employment would be positive: alcohol taxes shift funds to one of the most labor-intensive sectors in the economy, which is government and health and treatment services.<sup>12,13</sup>

The message of science is clear: alcohol tax increases like the one under consideration in this bill are good for public health and good for the economy. Based on this evidence, I encourage you to support HB 3377 to preserve, protect and promote the health and well-being of the people of Oregon.

## REFERENCES

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