



**Testimony of Maine Public Health Association in Opposition to:
LD 1751: An Act To Make Permanent the Changes to the Liquor Laws Made by Public Law 2021,
Chapters 3 and 91**

Joint Standing Committee on Veterans and Legal Affairs
State House, Room 437
Monday, January 10, 2022

Good morning, Senator Luchini, Representative Caiazzo, and distinguished members of the Joint Standing Committee on Veterans and Legal Affairs. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association.

MPHA is the state's oldest, largest, and most diverse association for public health professionals. We represent more than 550 individual members and 50 organizations across the state. The mission of MPHA is to improve and sustain the health and well-being of all people in Maine through health promotion, disease prevention, and the advancement of health equity. As a statewide nonprofit association, we advocate, act, and advise on critical public health challenges, aiming to improve the policies, systems, and environments that underlie health inequities – but which also have potential to improve health outcomes for all people in Maine. We are not tied to a national agenda, which means we are responsive to the needs of Maine's communities, and we take that responsibility seriously.

MPHA opposes LD 1751: "An Act To Make Permanent the Changes to the Liquor Laws Made by Public Law 2021, Chapters 3 and 91." This bill would make permanent pandemic-related provisions that allow qualified retailers to sell beer, wine, and cocktails for off-premise consumption and for home delivery of alcohol with a food order. While we realize these provisions were made to support businesses during the pandemic, we have concerns about the public health impacts of maintaining this provision, including direct associations with alcohol consumption and consequential health effects, and enforcement limitations.

Alcohol Use During the Pandemic

Nationwide, total alcohol sales outside of bars and restaurants increased by 24% during the pandemic, with sales of spirits with higher alcohol content rising fastest (greater than 27% increase over the last year). In the month of September 2020, nationwide online alcohol sales were up 256% compared to 2019.¹

These increased sales translate to increased consumption. National study data show 32% of participants reported binge drinking during stay-at-home orders, with 60% of those indicating they increased alcohol consumption during the pandemic. Non-binge drinkers increased their consumption by 28%.²

In Maine, data show that alcohol is the substance most often used across the lifespan, especially in youth and young adults. According to recent survey data, nearly one third (32.4%) of Maine people ages 18-25 years report binge drinking in the past 30 days – one of the highest rates in the nation.³ Moreover, 1 in 2 high school students feel it is easy to get alcohol. High school students that thought alcohol was easy to obtain were nearly 4x as likely to drink alcohol within the past month.⁴

According to the [State Epidemiological Outcomes Workgroup](#) (SEOW), [initial data from 2020](#) show increased daily and risky alcohol use, increased rates in alcohol-related injuries, emergency room visits, deaths, and increased alcohol sales. In April 2020, shortly after COVID-19 began, the percentage of crashes related to impaired driving in Maine peaked at 50% higher than they had been in April 2019, and rates of impaired driving crashes remained consistently higher in 2020. Indeed, in 2020, based on preliminary data, there were a total of 584 people in Maine who died from a cause related to alcohol; this was a 28% uptick since 2019 and a 72% increase since 2015.⁵ In 2020, alcohol accounted for 42% of Maine EMS responses related to substance use.⁶

The immediate consequences of changing alcohol use patterns during the pandemic have been increases in alcohol-related emergencies such as alcohol withdrawal, withdrawal-related suicides, methanol toxicity, and alcohol-related motor vehicle crashes.⁷ Moreover, data suggest people with alcohol use disorder (AUD) are at greater risk of developing severe COVID-19, compared to people without AUD.⁸

Enforcement

In the short timeframe that these changes to alcohol policy have been in place, they have proven challenging, if not impossible, to enforce. Existing enforcement infrastructure for curbside and home delivery is limited for ensuring IDs are checked and alcohol is not being provided to minors; to date, the state has not provided additional resources for liquor enforcement to monitor compliance, opening the opportunity for increased underage youth access.

Currently, Maine has five liquor enforcement agents to cover the entire state. In 2020, there were 3,478 retail outlets in Maine with liquor licenses – representing nearly 26 outlets for every 10,000 Mainers.⁹ The national average of Liquor Enforcement Agents/Officers to outlets is 1 agent for every 557 outlets.¹⁰ In Maine, enforcement agents are responsible for *more than double* that number of outlets (1 agent for every 1,333 outlets).

The most common types of complaints from states that have conducted compliance checks on home delivery include: Alcohol left on doorstep; delivered to minor; did not check ID; checked ID but provided alcohol anyways; delivery driver swiped own ID to bypass the system; did not know alcohol was in order. These complaints are indicative of a market that has potential for reduced regulation and increased access, specifically among young people in Maine.

Even before the pandemic, non-compliance with home delivery was documented by researchers as a serious concern for increased youth access to alcohol. In one study, almost half of underage buyers were able to order and receive alcohol with age verification being conducted inconsistently or ineffectively.¹¹ When access to age-restricted products like alcohol increases, misuse, and underage use increase, too.¹²

Recommendations

These changes to the law have been associated with an increase in consumption, alcohol-related damages, and increased pressure on very limited enforcement capacity. The public health effects of the changes proposed in this bill increase social and health care costs, which effectively erase the tax revenue gained from product sales.¹³ Indeed, there are no data to suggest that increasing sales of and access to alcohol confers economic gains to Maine. Conducting an analytic review of which state service resources are expended in response to alcohol use outcomes, such as response from law enforcement, EMS, OCFS intervention, calls to the crisis hotline, charges to MaineCare, and others, would be helpful for determining the actual cost-benefit to the state.

Given these considerations, Maine Public Health Association opposes LD 1751. The public health implications of these policy changes are considerable, and with businesses reopening, and the return to in-person dining, there is no longer the need for this extra business support. Thank you for your consideration.

-
- ¹ Wine Industry Advisor. (2020). [Nielsen COVID-19 beverage alcohol insights](#).
 - ² Weerakoon SM, Jetelina KK, Knell G. (2020). Longer time spent at home during COVID-19 pandemic is associated with binge drinking among US adults. *The American Journal of Drug and Alcohol Abuse*; 47(1):98-106.
 - ³ Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2020.
 - ⁴ Maine Center for Disease Control and Prevention & Maine Department of Education. 2019. Maine Integrated Youth Health Survey. [Maine Data, Research and Vital Statistics](#).
 - ⁵ [Maine Data, Research and Vital Statistics](#).
 - ⁶ Maine Emergency Medical Services, 2020.
 - ⁷ Murthy P, Narasimha VL. (2021). Effects of the COVID-19 pandemic and lockdown on alcohol use disorders and complications. *Current Opinion in Psychiatry*;34(4):376-385.
 - ⁸ Bailey KL, Samuelson DR, Wyatt TA. (2021). Alcohol use disorder: A pre-existing condition for COVID-19?. *Alcohol*; 90:11-17.
 - ⁹ Maine Bureau of Alcoholic Beverages and Lottery Operations. 2020.
 - ¹⁰ National Liquor Law Licensing Enforcement Association. (2020). [Officer to outlet ratio data](#).
 - ¹¹ Williams RS, Ribisl KM. (2012). Internet alcohol sales to minors. *Archives of Pediatrics and Adolescent Medicine*;166(9):808-813.
 - ¹² Campbell CA, Hahn RA, Elder R, et al. (2009). The effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcohol-related harms. *American Journal of Preventive Medicine*;37(6):556-569.
 - ¹³ Dilley JA. (2019). Alcohol deregulation: Considering the hidden costs. *American Journal of Public Health*;109(6):840-842.