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Testimony of the Maine Center for Disease Control and Prevention
Maine Department of Health and Human Services

Before the Joint Standing Committee on Veterans and Legal Affairs

In opposition to LD 1376, *An Act to Increase the Acceptable Level of Alcohol in a Low-alcohol Spirits Product and to Increase Availability of Those Products*

Sponsor: Senator Hickman
Hearing Date: April 9, 2025

Senator Hickman, Representative Supica, and members of the Joint Standing Committee on Veterans and Legal Affairs. My name is Nancy Beardsley, and I serve as the Deputy Director of the Maine Center for Disease Control and Prevention (Maine CDC) in the Maine Department of Health and Human Services and I am here today to testify in opposition to LD 1376, *An Act to Increase the Acceptable Level of Alcohol in a Low-alcohol Spirits Product and to Increase Availability of Those Products*.

This bill amends the definition of "low-alcohol spirits products" by increasing the maximum level of alcohol by volume of a low-alcohol spirits product from 8% to 15%. Further, it permits the sale of these products with a raised alcohol content by a person licensed to sell malt liquor and authorized in-state malt liquor wholesalers.

In considering changes proposed by this legislation, the Committee may benefit from a review of the 2023 report¹ submitted by Maine Bureau of Alcoholic Beverages and Lottery Operations (BABLO) regarding sale and distribution of certain spirits products and the outcome of the stakeholder meetings required by PL 2021 c. 592. Maine CDC's testimony echoes the concerns raised by group members about increasing the threshold for alcohol by volume, an issue for which no consensus was reached.

The alcohol by volume (ABV) measurement of 15% is not low-potency ethanol and should not be defined as such, especially when considering the well-established low risk drinking guidelines around the serving size and alcohol content of a single drink. The Dietary Guidelines for

¹ *Stakeholder Group Report on Low-Alcohol Spirits Products* required by PL 2021, c. 592 reflects the considerations on the matters outlined in LD 1376. The group included representation by BABLO, Maine CDC, Maine Public Health Association, Retail Association of Maine and industry stakeholders. The report is found at <https://legislature.maine.gov/doc/10273>

Americans² developed by the U.S. Department of Health and Human Services and the U.S. Department of Agriculture state that the recommended low-risk consumption levels of alcohol are one drink in a sitting, with half an ounce of pure ethanol being the equivalent of one serving. Keeping with this calculation, one serving of a ready-to-drink cocktail at 15% Alcohol by Volume (ABV) would be a drink of only 4 ounces. Using the Drink Size Calculator available from the National Institutes of Health, a single 16.9 ounce can of a ready-to-drink cocktail at the current 8% ABV level contains 2.3 standard drinks. As a can is not resealable, it is assumed to be a single serving, and therefore often perceived to be one drink. More than one of these cans in a sitting constitutes binge drinking. Where it is reported that stakeholders were in agreement that 15% ABV should only apply to single servings that are 12oz or below, and where, under this bill, the consumption of a single low-spirit drink is essentially doubling the amount of alcohol intake per serving and the bill does so without specifying the container volume, clarifying the serving size for these low-alcohol spirit products is important.

If Maine changes the definition of these products and increases the availability through sales, allowing these higher proof products to be sold outside of agency liquor stores and anywhere that beer and wine are sold, it will drastically increase their accessibility. The U.S. Center for Disease Control and Prevention reports that increases in alcohol accessibility correlates directly to increases in alcohol consumption and binge drinking in a community and the associated health risks and social harms including: increase in the rates of impaired driving, violence, and alcohol poisoning in the short term, and, in the long term, it raises risk for cancer, chronic illness, birth defects, addiction, and increases burden on law enforcement, EMS, and healthcare systems to respond to the negative consequences of higher consumption.

In conclusion, Maine CDC opposes increasing the alcohol content in products that are to be considered low alcohol spirits, and opposes increasing accessibility of these products by expanding the scope of sales for malt liquor licensees. There are predictable consequences to public health and safety if this bill passes; the expanded allowances in the bill will add strain to liquor enforcement and substance use prevention resources. As with all alcohol related policies, it is imperative that we not only consider the potential economic benefits for business but also the economic and human cost of increased alcohol related health and safety consequences for the state and its citizens.

Thank you for your time and attention. I would be happy to answer any questions you may have and to make myself available for questions at the work session.

² The Dietary Guidelines for Americans (Dietary Guidelines) is the cornerstone for federal nutrition programs, providing food-based recommendations to promote health, help prevent diet-related chronic diseases, and meet nutrient needs. <https://www.fns.usda.gov/cnpp/dietary-guidelines-americans#:~:text=The%20Dietary%20Guidelines%20for%20Americans,diseases%2C%20and%20meet%20nutrient%20needs.>