

Oregon Legislative Assembly
House Committee on Rules
HB 3610:
April 20, 2023
Testimony by
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Position: Support

My name is David Jernigan, and I am a professor in the Department of Health Law, Policy and Management and Assistant Dean of the Practice at the Boston University School of Public Health. I started my career working on alcohol policy issues 37 years ago, in a project initiated by the chief of the Emergency Room at San Francisco General Hospital to reduce ER admissions. I have stayed with alcohol policy over these many years because it affects so many things I care about, and if we can pass effective alcohol policies, we can save literally millions of lives.

I have worked on alcohol policies throughout the United States and all over the world. I have advised both the World Bank and the World Health Organization. I am testifying today as a private citizen, and my comments in this testimony are my own views and do not represent the official position of Boston University.

I want to make three points today:

First, from a global perspective, the United States in general and Oregon in specific has a really big alcohol problem. Globally, WHO estimates that harmful use of alcohol is responsible for 3 million deaths per year,¹ and is the top risk factor for death and disability for persons aged 15-49.² In the U.S., it kills 140,000 people per year;³ in Oregon that amounts to approximately 2100 deaths per year, or about 6 deaths per day.⁴

When I talk about alcohol, most people think of two problems: addiction and drinking-driving. These are definitely important, and Oregon scores poorly on both: the state has the 5th highest rate of alcohol use disorders, according to the latest data from the federal government,⁵ and is well above the national average for drinking driving deaths, with 38% of all motor vehicle fatalities involving drivers with a BAC above the legal limit, compared to the national average of 30%.⁶

But alcohol is a causal factor in more than 200 disease and injury conditions. It is a carcinogen, causally linked to cancers of the oral cavity, pharynx, larynx, esophagus, colorectum and female breast.⁷ Roughly 15% of female breast cancer cases in the U.S. are caused by alcohol use, and a third of those happen at consumption of less than a drink and a half per day.⁸

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It is a significant factor in violent crime, with CDC estimating that 47% of homicides and 23% of suicides would not have happened if alcohol had not been involved. For Oregon, that averages out to one additional homicide per week, and an alcohol-attributable suicide every other day.⁴

Second, we know what to do about this from a research perspective. There is a rich and large literature showing that states that have the right mix of alcohol policies, using a range of available measures, particularly price and tax policies, restrictions on alcohol availability, and drinking-driving policies, have lower rates of underage drinking,⁹ binge drinking among adults,¹⁰ mortality from liver cirrhosis,¹¹ and alcohol-related motor vehicle fatalities.¹²

Third, while the majority of excessive drinkers will never qualify for an alcohol dependence diagnosis,¹³ meaning that we will never “treat” our way out of alcohol problems, treatment is the ethical responsibility of a society that makes an addictive product like alcohol widely and cheaply available. Yet among the states, Oregon has one of the highest percentages of the population needing but not receiving treatment in a specialty facility for alcohol use disorders – roughly 1 in 8 people age 12 or older.⁵

One strength that Oregon has is Oregon Recovers. I have touted their work all over the world. They are a leader in shifting our understanding of this as solely an individual issue (with all the potential for victim-blaming that that perspective risks) to viewing it as a community, state and national issue of creating environments where everyone can be safe from alcohol-related harm. Their participation in this conversation and in the proposed task force is a huge strength.

At an estimated cost to Oregonians of \$4.8 billion per year (2% of the gross state product in 2019), Oregon’s alcohol problem is simply too costly, in both economic and human terms, to ignore.¹⁴ The Task Force that HB3610 would establish has the potential to further inform this legislative body and the citizens of Oregon about how serious the problem is and what can be done to reduce it. I strongly endorse HB3610, and encourage you to support it, in order to preserve, protect and promote the health and well-being of the people of Oregon.

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