

Testimony in Opposition to House Bill 996
Alcoholic Beverages – Class A Licenses – Retail Grocery Establishments
(Healthy Food Accountability Act of 2021)

Maryland House Economic Matters Committee
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Dear Mr. Chairman and Respected Committee Members:

Thank you for this opportunity to testify in opposition to House Bill 996, Alcoholic Beverages – Class A Licenses – Retail Grocery Establishments. Although there are good intentions behind this bill, it would be quite harmful if enacted.

I am a public health lawyer and policy consultant with nearly 17 years of experience and expertise in public health policies related to alcohol. I currently work as a policy fellow at Johns Hopkins Bloomberg School of Public Health and teach public health courses on alcohol and drug policy as an instructor at the University of Maryland, Baltimore County (UMBC). I was raised and currently reside in Montgomery County, and have served for four years on the Executive Committee (including being the Chair) of the Montgomery County Alcohol and Other Drug Abuse Advisory Council (AODAAC). However, I am testifying today as a private citizen and, as such, these are my own views and do not represent an official position from Johns Hopkins, UMBC, or AODAAC.

The Preamble for this bill outlines the current obesity problem in the U.S. and correctly states that a “lack of availability and affordability of healthy food contribute to the obesity epidemic.” It is a worthwhile goal to want to use “laws and policies ... [to] promote healthy food and limit access to unhealthy food” to address the obesity problem. Unfortunately, as written, this bill would create many more public health harms than it would solve.

I strongly urge you to oppose this bill for the following reasons:

1. Alcohol does not solve the obesity problem; in fact, it only makes the problem worse.

Research has found a strong correlation between alcohol consumption and obesity. A study of over 26 million adults in Korea found that as both men’s and women’s number of drinks increased, so did their likelihood of being obese.¹ For example, even when controlling for other potentially influential factors, men who drank between half and one standard drink a day were around 10% more likely to be obese. Men who drank more than two drinks a day were 34% more likely to be obese. A similar relation existed for women.

2. Excessive alcohol consumption is already a public health problem in Maryland and the U.S., with a variety of associated short- and long-term consequences.

Excessive alcohol consumption is defined by the Centers for Disease Control and Prevention as including binge drinking,^{*} heavy drinking,[†] and any drinking by pregnant women or people under the age of 21. Excessive alcohol consumption is responsible for approximately 95,000 deaths annually in the U.S.,² making it the fourth leading preventable cause of death.³ Alcohol-attributable deaths in Maryland comprise about 1,500 of those deaths. Moreover, 3,500 of those 95,000 deaths occur among youth under the age of 21 with 66 of them occurring in Maryland each year.

Alcohol misuse is also a very expensive problem. In 2010, it cost the U.S. \$249 billion, of which \$24 billion – fully ten percent – was due to underage alcohol consumption.⁴ Short-term consequences from alcohol misuse include falls,⁵ burns,⁶ motor vehicle crashes,⁷ suicides,⁸ homicides,⁹ and other intentional or accidental injuries and deaths. Long-term consequences include liver cirrhosis¹⁰ and other chronic diseases, cancers,¹¹ heart disease,¹² and sexually transmitted diseases.¹³

Nationwide, about 1 in 4 people (23.9%) reporting engaging in binge drinking over the past month.¹⁴ Focusing specifically on Maryland, 24.1% of high school students in 2018 (the most recent year there is data from) reported consuming at least one drink in the past month, and 12.0% reported binge drinking.¹⁵

3. Increasing alcohol access and availability leads (and will lead) to increased alcohol consumption and related consequences.

Research consistently concludes that increasing alcohol access and availability leads to increased alcohol consumption and related consequences, whether through the expansion of the hours¹⁶ or days of sale¹⁷ of existing outlets or – *as is the case with this bill* – the creation of new alcohol outlets. By allowing grocery stores to now sell and deliver alcohol, it increases the number of off-premise alcohol outlets in the state, otherwise known as “alcohol outlet density.” Increased alcohol outlet density is associated with an increase in numerous harms, including violence,¹⁸ criminal activity,¹⁹ domestic violence,²⁰ and child abuse and neglect.²¹ Maryland currently has approximately 1,800 off-premise alcohol outlets. This bill is estimated to add at least 1,300 more, thereby increasing access to alcohol exponentially and essentially overnight.

Although there are few research studies that have looked specifically at grocery or convenience stores, of those that did, the majority found that when alcohol was made available in these types of stores, there was a concurrent increase in alcohol consumption or alcohol-related harms. For example, when alcohol became available in grocery and convenience stores in Finland, there was an increase in consumption among women.²² States in the US that sold more types of alcohol in their grocery stores (i.e., beer, wine, and spirits compared to beer and wine or beer alone) had decreased alcohol prices and increased alcohol consumption.²³ When New Zealand allowed wine

^{*} Binge drinking is defined as consuming 4 or more alcoholic beverages per occasion for women or 5 or more drinks per occasion for men (CDC, 2020).

[†] Heavy drinking is defined as consuming 8 or more alcoholic beverages per week for women or 15 or more alcoholic beverages per week for men (CDC, 2020).

sales in grocery stores, the total wine sales increased by 17 percent.²⁴ And lastly, when the Canadian government partially deregulated alcohol sales by allowing large privately owned grocery stores to sell wine, beer, and cider, there was an increase in emergency department visits attributable to alcohol.²⁵

Adding alcohol to grocery stores is not a new concept, and Kansas lawmakers considered it in the 2014 legislative session. At the time, the Kansas Health Institute conducted a Health Impact Assessment to examine how this legislation might positively or negatively affect the health of Kansas residents.²⁶ Based on both a review of the literature and its own calculations, the Kansas Health Institute concluded that if grocery stores could sell alcohol, this would increase off-premise alcohol outlet density and would decrease the price of alcohol which has been shown to increase overall alcohol consumption. It projected that both youth alcohol consumption and youth alcohol-related traffic mortality would increase substantially. The bill died in committee.

4. This bill places additional burdens on local jurisdictions while providing no resources for them to use to address these burdens.

The creation of another license at the state level requires local liquor board staff and enforcement officers to administer, enforce, educate, and adjudicate these licenses while providing no resources with which to undertake these activities. Alcohol Law Enforcement (ALE) personnel are already overtaxed. According to the National Liquor Law Enforcement Association, there is an average of one ALE agent tasked with monitoring 207 alcohol outlets.²⁷ Some states have seen a doubling of their license premises with no increase in ALE support. ALE simply do not have the time or capacity to monitor and enforce these additional outlets as would be the case if this law were enacted.

Moreover, this bill also would strip local jurisdictions of their authority to regulate their local alcohol environment. For example, a “local licensing board may not transfer a Class A license” and “a delivery-based Class A license holder is not required to obtain a letter of authorization from the local licensing board to make deliveries of alcoholic beverages” (§(C)(5 & 6)). In other words, a local jurisdiction could not deny a grocery store with such a license from selling alcohol within their county, even if it would be detrimental to that county’s citizens.

5. The specific language used in drafting this bill raises other concerns.

First, the size parameters of this bill seem to contradict the purpose of the bill. For example, it appears that a 6,000 square foot store will be allowed to sell alcohol if 5% of the store is dedicated to the sale of listed food items and they are located in a priority funding area (§(C)(2)(I)(2)(B)). How does having a store that uses 95% of its space to sell alcohol and has a few shelves at the front for food help fight obesity and increase healthy eating and better nutrition? It will not.

Second, the term “convenience and food product delivery company” is undefined and unclear (§(C)(2)(II)). Who does this apply to? Does this mean that every corner store or local 7/11 could now sell alcohol if located in a priority funding area?

Third, as mentioned above, Sections C(5&6) strip local jurisdictions of their authority and ability to regulate these licensees. For other alcohol licenses, local jurisdictions can sanction licensees found to violate the County and State laws and can hold revocation hearings to take away licenses if necessary. There is no language in this bill about how licensees who violate the laws would be sanctioned.

Although the preamble of this legislation is framed around addressing the obesity epidemic in our state, the bill in no way addresses any strategies to do so. Instead, the bill focuses on one thing: expanding alcohol sales and deliveries. There are many well-researched interventions to address obesity, nutrition, and the availability of healthy foods. None of these involve increasing the number of alcohol outlets by 138% at the same time. There are numerous alcohol policy and nutrition experts, researchers, and regulators in our State, and I would urge you to consult with them and with local alcohol law enforcement, to craft a policy that helps address obesity in our community without harming public health.

For all the reasons stated above, I strongly urge you to vote against this bill to allow grocery stores to sell and deliver alcohol.

Sincerely,



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