



*Mission: To improve public health in Maryland through education and advocacy* *Vision: Healthy Marylanders living in Healthy Communities*

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**SB456: Alcoholic Beverages – Retail Delivery – Local Delivery Service Permit (“3<sup>rd</sup> party delivery”)**

**Hearing Date: February 23, 2024**

**Committee: Finance**

**Position: Unfavorable**

On behalf of the Maryland Public Health Association’s Alcohol, Tobacco & Cannabis Network, we would like to thank you all for your work to evaluate and establish alcohol regulations that will keep our youth and communities safe. We are opposed to SB456, which would allow for third party delivery services to deliver alcohol.

Many of our laws and policies regulating the availability and access to alcohol have been based on years of scientific evidence and practice to reduce underage drinking, excessive alcohol consumption, alcohol-related injuries, alcohol-related hospitalizations, and alcohol-related deaths. This legislation does not fall under this umbrella of solid evidence. What we do know is that some studies show that adults who use alcohol delivery services tend to drink on more days, drink heavier on those days, and report binge drinking more frequently.<sup>1,2</sup> Delivery services have also been shown to be used to continue drinking sessions when they otherwise would have ended.<sup>3</sup>

In addition to supporting heavier drinking, there is greater risk of increased youth access. Many delivery service laws use point of delivery ID checks. Compliance checks on these systems with underage youth find failure rates up to 58% of the time,<sup>3,4</sup> compared with traditional brick and mortar businesses, which may have positive compliance rates of 80-99% of the time.<sup>5</sup>

Also at issue is the circumventing of local planning and zoning for alcohol availability. Local liquor boards issue licenses and permits that allow a certain amount of access to alcohol in the community. Delivery negates these planning considerations and increases the access and availability of alcohol in a community.<sup>6</sup>

Further, this legislation provides for no type of enforcement resources or surveillance for local jurisdictions. Enforcement is difficult and very costly, which is also one reason why data is sparse. Of concern is also the issue of what entity or person is responsible, should delivery sales be made to intoxicated or underage persons or without checking an ID (e.g., leaving the alcohol on the doorstep).

Delivery drivers also have no incentive NOT to deliver the alcohol, as they are reliant on tips from customers. Cancelling a delivery involves not only losing a tip, but then losing paid time due to the trip back to the store and the time to return the product. It is also concerning that a delivery driver is the one responsible for assessing whether the recipient is intoxicated or whether the ID is fake. Retail outlets are better equipped to refuse sales and adequately check IDs. It also presents an opportunity for a brick and mortar retailer to essentially turn into a warehouse for online orders.

Various regulations around alcohol have been gradually relaxed, initially presented as a way to address declining sales due to COVID-19; we then saw an increase in alcohol sales nationwide. Increased alcohol sales accompanied by worsening mental health issues among Marylanders is a real concern for professionals and for our communities. Increasing access to alcohol leads to an increase in consumption and related harms, including mental health and substance use disorders.

We urge an unfavorable report on SB456.

*The Maryland Public Health Association (MdPHA) is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education, advocacy, and collaboration. We support public policies consistent with our vision of healthy Marylanders living in healthy, equitable, communities. MdPHA is the state affiliate of the American Public Health Association, a nearly 150-year-old professional organization dedicated to improving population health and reducing health disparities that plague our state and our nation.*

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