



MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

SB 824: Alcoholic Beverages – Prohibition of Class A Licenses for Chain Stores, Supermarkets and Discount Houses - Repeal

Senate Finance Committee

Hearing: February 19, 2025

UNFAVORABLE

My name is Sangeeta Iyer, and I am a double board-certified internist and preventive medicine physician, who is also an addiction medicine fellow at Howard University. I would like to thank you for the opportunity to provide written testimony on behalf of the Maryland/DC Chapter of the American Society of Addiction Medicine (MDDCSAM) whose members are physicians and other health providers who treat people with substance use disorders.

MDDCSAM urges the Finance Committee to **vote in opposition to SB 824**, which would lead to increased alcohol availability to Marylanders leading to negative public health outcomes and increased individual alcohol related harms, such promoting youth alcohol consumption, increasing incidents of violence and increasing health care expenditures.

In January 2025, the former Surgeon General Vivek Murthy issued an advisory highlighting that *alcohol use is a leading preventable cause of cancer* in the United States. It is estimated to contribute to nearly 100,000 cancer cases with approximately 20% leading to cancer.¹ His report, which linked 7 cancers to consumption, recommends alcohol carry health warnings like tobacco. Normalizing the consumption of alcohol in a supermarket and placing it next to healthy options like fruits and vegetables, **will not help** the public in understanding the risk of alcohol as noted by the Surgeon General's report. Instead, it is more likely to encourage frequent and daily drinking leading to higher health burdens for Marylanders.

Increasing the geographic access is associated with higher alcohol consumption by adolescents as it provides more opportunities for teenagers to purchase alcohol, exposes them to alcohol marketing and normalizes the consumption of alcohol.² In 2022, 20% of Marylanders under the age of 17 admitted to consuming alcohol in the past month.³ That same year, there were 80 alcohol-attributable deaths in persons under 21 and 4,544 years of potential **life lost**. Expansion of alcohol sales and visibility will only lead to increased use by vulnerable populations such as children contributing to an already **growing public health crisis**.

Supporters of this bill will claim that by allowing grocery stores to be able to sell alcohol beverages, gaps in revenue will be met such that large grocery chains may be incentivized to open in food deserts. Cross sectional studies **do not** support this claim. Instead, they suggest that **greater availability of alcohol correlates with higher rates of alcohol related deaths**, STI transmission, and domestic violence incidents.⁴ In Los Angeles county, researchers estimated that every additional alcohol outlet was associated with 3-4 additional violent incidents per year.⁵

Beyond a cost to individual health, reducing the number of alcohol outlets and conversely reducing alcohol misuse will save Marylanders. The National Institute for Alcohol Abuse and Alcoholism (NIAAA) estimates that alcohol misuse costs the United States \$249 Billion with lost productivity contributing to 71.9% of the cost.¹ Maryland alone this was \$860 per capita.⁶ **Increasing access with only lead to increased expenses.**

For the health and safety of all Marylanders, the MDDCSAM respectfully urges an unfavorable vote to SB 824. Maintaining Maryland's current restrictions aligns with an evidence-based, prevention focused, public health strategy.

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⁷ Ibid.

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