

BALTIMORE CITY COUNCIL COMMITTEE ON LEGISLATIVE INVESTIGATIONS

Mission Statement

On behalf of the Citizens of Baltimore City, the mission of the Legislative Investigations Committee is to ensure open, accessible and accountable government. The Committee will hold prompt and thorough hearings on all Executive Nominations. Additionally, the Committee will oversee enforcement of Ethics Rules and will monitor and review Rules of the City Council.

The Honorable Isaac "Yitzy" Schleifer

CHAIR

PUBLIC HEARING

3/19/2026

4:30PM

CLARENCE "DU" BURNS COUNCIL CHAMBERS

25-0037R

Informational Hearing - Tobacco Retailers

City Council Committees

BUDGET AND APPROPRIATIONS

Danielle McCray - Chair
Isaac “Yitzy” Schleifer – Vice Chair
Sharon Green Middleton
Paris Gray
Antonio Glover

*Staff: Paroma Nandi
(Paroma.Nandi@baltimorecity.gov)*

PUBLIC SAFETY

Mark Conway - Chair
Zac Blanchard – Vice Chair
Danielle McCray
Isaac “Yitzy” Schleifer
Paris Gray
Phylicia Porter
Antonio Glover

*Staff: Ethan Navarre
(Ethan.Navarre@baltimorecity.gov)*

HOUSING AND ECONOMIC DEVELOPMENT

James Torrence – Chair
Odette Ramos – Vice Chair
Zac Blanchard
Jermaine Jones
Antonio Glover

*Staff: Anthony Leva
(Anthony.Leva@baltimorecity.gov)*

PUBLIC HEALTH AND ENVIRONMENT

Phylicia Porter - Chair
Mark Conway - Vice Chair
Mark Parker
Ryan Dorsey
James Torrence
John Bullock
Odette Ramos

*Staff: Marguerite Currin
(Marguertie.Currin@baltimorecity.gov)*

LEGISLATIVE INVESTIGATIONS

Isaac “Yitzy” Schleifer - Chair
Antonio Glover – Vice Chair
Ryan Dorsey
Sharon Green Middleton
Paris Gray

*Staff: Ethan Navarre
(Ethan.Navarre@baltimorecity.gov)*

LAND USE AND TRANSPORTATION

Ryan Dorsey – Chair
Sharon Green Middleton – Vice Chair
Mark Parker
Paris Gray
John Bullock
Phylicia Porter
Zac Blanchard

*Staff: Anthony Leva
(Anthony.Leva@baltimorecity.gov)*

LABOR AND WORKFORCE

Jermaine Jones – Chair
James Torrence – Vice Chair
Danielle McCray
Ryan Dorsey
Phylicia Porter

*Staff: Juliane Jemmott
(Juliane.Jemmott@baltimorecity.gov)*

EDUCATION, YOUTH AND OLDER ADULT

John Bullock – Chair
Mark Parker – Vice Chair
Sharon Green Middleton
James Torrence
Zac Blanchard
Jermaine Jones
Odette Ramos

*Staff: Juliane Jemmott
(Juliane.Jemmott@baltimorecity.gov)*

CHARTER REVIEW SPECIAL COMMITTEE

Ryan Dorsey - Chair
John Bullock - Vice Chair
Zac Blanchard
Jermaine Jones
Odette Ramos

Staff: Ethan Navarre (Ethan.Navarre@baltimorecity.gov)

CITY OF BALTIMORE

Brandon M. Scott – Mayor
Zeke Cohen – Council President



Office of Council Services

Nancy Mead – Director
100 Holliday Street, Room 415
Baltimore, MD 21202

COMMITTEE ON LEGISLATIVE INVESTIGATIONS

The Honorable Isaac "Yitzy" Schleifer
CHAIR

Resolution Hearing

25-0037R

Informational Hearing - Tobacco Retailers

For the purpose of requiring representatives from the Baltimore Health Department, Police Department, Sheriff's Office, Department of Planning, and Baltimore City Information and Technology, and inviting representatives from the Maryland Alcohol, Tobacco, and Cannabis Commission (ATCC) and the Maryland Department of Health's Center for Tobacco Prevention and Control, to appear before the City Council to discuss the proliferation of tobacco retailers in Baltimore City, existing law regulating these retailers and how those laws are enforced, and how the City can better regulate tobacco retailers and protect communities from the harmful impacts of tobacco use.

REPORTING AGENCIES

- Baltimore City Department of Health
 - Baltimore City Police Department
 - Baltimore City Sheriff
-

BACKGROUND

Baltimore City has experienced a dramatic increase in the number of [smoke shops](#) (i.e. retail establishments selling, among other products, tobacco, electronic nicotine delivery systems, unlicensed cannabis, and kratom). Often, these establishments are notable for bright neon signage indicating the various products for sale. However, under current federal and state law, many of the products offered are sold illegally.

I. Tobacco

Following the enactment of the [Family Smoking Prevention and Tobacco Control Act](#) in 2009, the Food and Drug Administration (FDA) has the authority to regulate the manufacture, distribution, and marketing of tobacco products. The Act expressly allows the FDA to regulate traditional tobacco products (cigarettes, cigars, etc.) and permits the expansion of the FDA's control to other products it deems necessary to include by regulation. In 2016, the FDA issued a [rule](#) deeming "electronic nicotine delivery systems" ("ENDS") (vapes, e-liquid, etc.) subject to its regulation of tobacco products.

As of March 2026, only [41](#) ENDS's are authorized for sale by the FDA and the FDA can take [enforcement action](#) against the sale, distribution, and marketing of unauthorized products. In 2020, the

FDA [announced](#) it would prioritize enforcement on certain pod-based refillable systems like JUUL which, at the time, were known to sell flavors popular among [children](#). However, prioritization has not been extended to now common “disposable” devices. On those devices, enforcement is seemingly minimal, or ineffective, given the proliferation of establishments selling a vast array of unauthorized ENDS.

Despite FDA regulations, the State of Maryland implicitly permits the sale of flavored vape products because it has not created its own ban or tied its enforcement efforts to the FDA’s list of authorized products. [Efforts](#) in the general assembly to ban such products have [failed](#); however, [Montgomery County](#) has passed its own ban. In addition, the state Alcohol, Tobacco, and Cannabis Commission ([ATCC](#)) even issues licenses, defined under state law, to “electronic smoking device retailers” and “vape shop vendors.” In [2020](#), then-Comptroller of Maryland Franchot indicated his office would enforce a ban on all ENDS’s unauthorized by the FDA; however, that effort has also proven minimal and/or ineffective as evidenced by the amount of unauthorized products available for purchase at City smoke shops.

In effect, this leaves retailers in Baltimore City free to sell products untested and unauthorized by the FDA.

II. Cannabis

Though often used interchangeably, cannabis, marijuana, and hemp have different but interrelated definitions. [Cannabis](#) is the botanical name for the plant itself whereas, under federal law, marijuana and hemp are [defined](#) as distinct varieties of cannabis.

Under federal law, marijuana is [defined](#) as all parts and derivatives of the cannabis plant, unless an exception applies, and is a schedule 1 [controlled substance](#). However, there are efforts underway to change that [classification](#), and enforcement against marijuana sales legalized by state governments are [minimal](#). A [schedule 1](#) controlled substance is a drug with high potential for abuse; no accepted medical use; and a lack of accepted safety for use under medical supervision.

In contrast, the 2018 [Agriculture Improvement Act](#) carved out hemp from the definition of marijuana under the Controlled Substances Act. This carve out specifically [defined](#) hemp as part of a cannabis plant containing no more than .3% delta-9 tetrahydrocannabinol (THC) – the naturally occurring psychoactive [compound](#) found in cannabis. Under this definition, “hemp” includes products derived from cannabis with less than .3% delta-9 THC, such as [delta-8](#) which produces a similar psychoactive effect but occurs in cannabis in smaller quantities and is typically synthesized from hemp, rather than extracted.

For a time, the loophole allowed retailers to sell “delta-8” and similar cannabis products nationwide but, in November 2025, Congress [closed](#) the loophole to define hemp as part of a cannabis plant and derivatives containing no more than .3% of all forms of THC. This revision will take effect in November 2026.

In 2022, Maryland voters approved a [ballot initiative](#) to legalize cannabis use statewide. In advance of the referendum, the General Assembly passed [enabling legislation](#) which took effect on July 1, 2023

and, with an [additional bill](#) passed in advance of the enabling legislation’s effective date, created Maryland’s current legal cannabis regulatory framework.

Soon after, in September 2023, the [Appellate Court of Maryland](#) determined that Maryland’s legal cannabis scheme has always prohibited the sale of hemp-derivative psychoactive products like delta-8 and that the retail of such products must occur at licensed dispensaries like any other non-hemp cannabis product. However, neither Maryland’s legal framework nor its prohibition on unlicensed sales of cannabis-derivative products have prevented local smoke shops from selling unregulated cannabis, as demonstrated by shop’s advertisement and sale of “DELTA-8.”

III. Conclusion

Beyond traditional tobacco products and the 41 ENDS’s authorized by the FDA (including JUUL and Vuse), few other consumable products available at smoke shops are sold legally. Cannabis cannot be sold outside of licensed dispensaries in the State of Maryland and unauthorized tobacco products (including the “Geek Bar,” “Elf Bar,” and “Tyson” vapes) are sold illegally under federal tobacco control regulations. However, given the prevalence of these products and the establishments that sell them, enforcement has been insufficient.

FISCAL NOTE

As a resolution requesting an informational hearing on this topic it would result in no appreciable fiscal consequence.

The Baltimore City Health Department does [budget](#) for tobacco enforcement efforts in its “Chronic Disease Prevention” service; however, it is unclear from City budget publications alone how much of the service’s funding is directed towards enforcement efforts. The City’s 2026 budget publications do note that the Health Department set a target of 1,000 “tobacco outlets checked for compliance with Baltimore City Health Code - Unlawful Distribution,” but was only able to report 149 checked outlets in fiscal year 2024.

Analysis by: Ethan Navarre
Analysis Date: 3/17/2026

Direct Inquiries to: Ethan.Navarre@baltimorecity.gov

CITY OF BALTIMORE
COUNCIL BILL 25-0037R
(Resolution)

Introduced by: Councilmember Glover

Cosponsored by: Councilmembers Parker, Conway, Gray, Bullock, Blanchard, Jones, Ramos,
and President Cohen

Introduced and read first time: October 27, 2025

Assigned to: Committee on Legislative Investigations

REFERRED TO THE FOLLOWING AGENCIES: Health Department, Baltimore Police Department,
Baltimore City Sheriff's Office, Department of Planning, Baltimore City Information Technology

A RESOLUTION ENTITLED

1 A COUNCIL RESOLUTION concerning

2 **Informational Hearing – Tobacco Retailers**

3 FOR the purpose of requiring representatives from the Baltimore Health Department, Police
4 Department, Sheriff's Office, Department of Planning, and Baltimore City Information and
5 Technology, and inviting representatives from the Maryland Alcohol, Tobacco, and Cannabis
6 Commission (ATCC) and the Maryland Department of Health's Center for Tobacco
7 Prevention and Control, to appear before the City Council to discuss the proliferation of
8 tobacco retailers in Baltimore City, existing law regulating these retailers and how those laws
9 are enforced, and how the City can better regulate tobacco retailers and protect communities
10 from the harmful impacts of tobacco use.

11 The City Council would specifically like to request information on the following:

- 12 (1) A landscape analysis of the current federal, State, and City laws, including any
13 relevant case law, regulating tobacco retailers in Baltimore City, current enforcement
14 methods, and penalties for violations;
- 15 (2) A proposed definition of the term "smoke shop";
- 16 (3) The number of tobacco retailers that currently exist in the City and a count of each
17 tobacco license that has been issued to a retailer in the City;
- 18 (4) The current method used by ATCC, the Baltimore Health Department, and law
19 enforcement to conduct compliance checks, whether by proactive inspections or
20 responding to a tip from a citizen, including tips submitted to 311;
- 21 (5) Current trends in commonly sold, unregulated products that are legal to sell but
22 contain addictive and harmful contents, such as 7-OH and Kratom, and potential
23 regulation and enforcement solutions;
- 24 (6) A landscape analysis of educational and outreach efforts and neighborhood impacts;
25 and

EXPLANATION: CAPITALS indicate matter added to existing law.
[Brackets] indicate matter deleted from existing law.

Council Bill 25-0037R

1 (7) Proposed solutions to present challenges regarding data collection of information
2 about retailers and sales and enforcement of existing law.

3 **NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF BALTIMORE**, That the City
4 Council requires representatives from the Baltimore Health Department, Police Department,
5 Sheriff's Office, Department of Planning, and Baltimore City Information and Technology, and
6 invites representatives from the Maryland Alcohol, Tobacco, and Cannabis Commission and the
7 Maryland Department of Health's Center for Tobacco Prevention and Control, to appear before
8 the City Council to discuss the proliferation of tobacco retailers in Baltimore City, existing law
9 regulating these retailers and how those laws are enforced, and how the City can better regulate
10 tobacco retailers and protect communities from the harmful impacts of tobacco use.

11 **AND BE IT FURTHER RESOLVED**, That a copy of this Resolution be sent to the Baltimore City
12 Health Commissioner, the Baltimore Police Commissioner, the Baltimore City Sheriff, the
13 Director of the Department of Planning, the Director of Baltimore City Information and
14 Technology, the Executive Director of the Maryland Alcohol, Tobacco, and Cannabis
15 Commission, the Maryland Secretary of Health, the Baltimore City Delegation to the Maryland
16 General Assembly, the Governor, and the Mayor's Legislative Liaison to the City Council.

BALTIMORE CITY COUNCIL



COMMITTEE ON LEGISLATIVE INVESTIGATIONS

25-0037R

Informational Hearing - Tobacco Retailers

Agency Reports





25-0037R – Informational Hearing – Tobacco Retailers

March 19, 2026



Brandon M. Scott
Mayor, Baltimore City
Michelle Taylor, MD, DrPH, MPA
Commissioner of Health, Baltimore City

@Bmore_Healthy 
BaltimoreHealth 
health.baltimorecity.gov

Agenda

- Introduction & background
 - Tobacco usage & Health
 - Tobacco retailers in the city
- BCHD's Tobacco Program
 - Prevention & Cessation
 - Community education
 - Cessation programming
 - Tobacco & Cancer coalition
 - Retailer Education & Enforcement
 - Retailer education
 - Retailer enforcement
- Enforcement challenges & potential solutions



Brandon M. Scott
Mayor, Baltimore City
Michelle Taylor, MD, DrPH, MPA
Commissioner of Health, Baltimore City

 **BALTIMORE
CITY HEALTH
DEPARTMENT**

Introduction



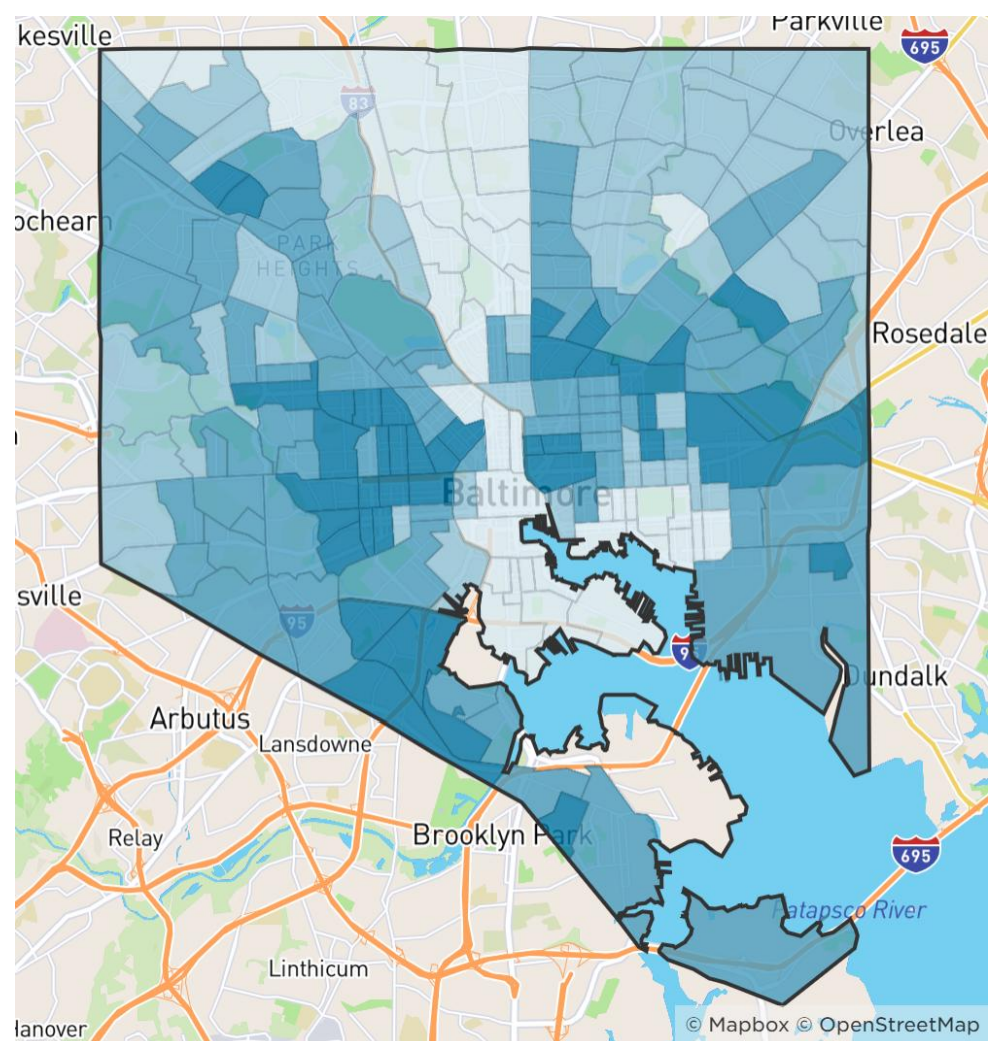
Brandon M. Scott
Mayor, Baltimore City
Michelle Taylor, MD, DrPH, MPA
Commissioner of Health, Baltimore City



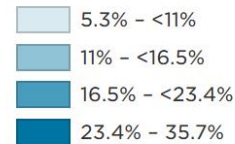
Adult tobacco use in Baltimore City

This data represents the share of adults who have smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days by census tract.

Source: CDC BRFSS PLACES 2023



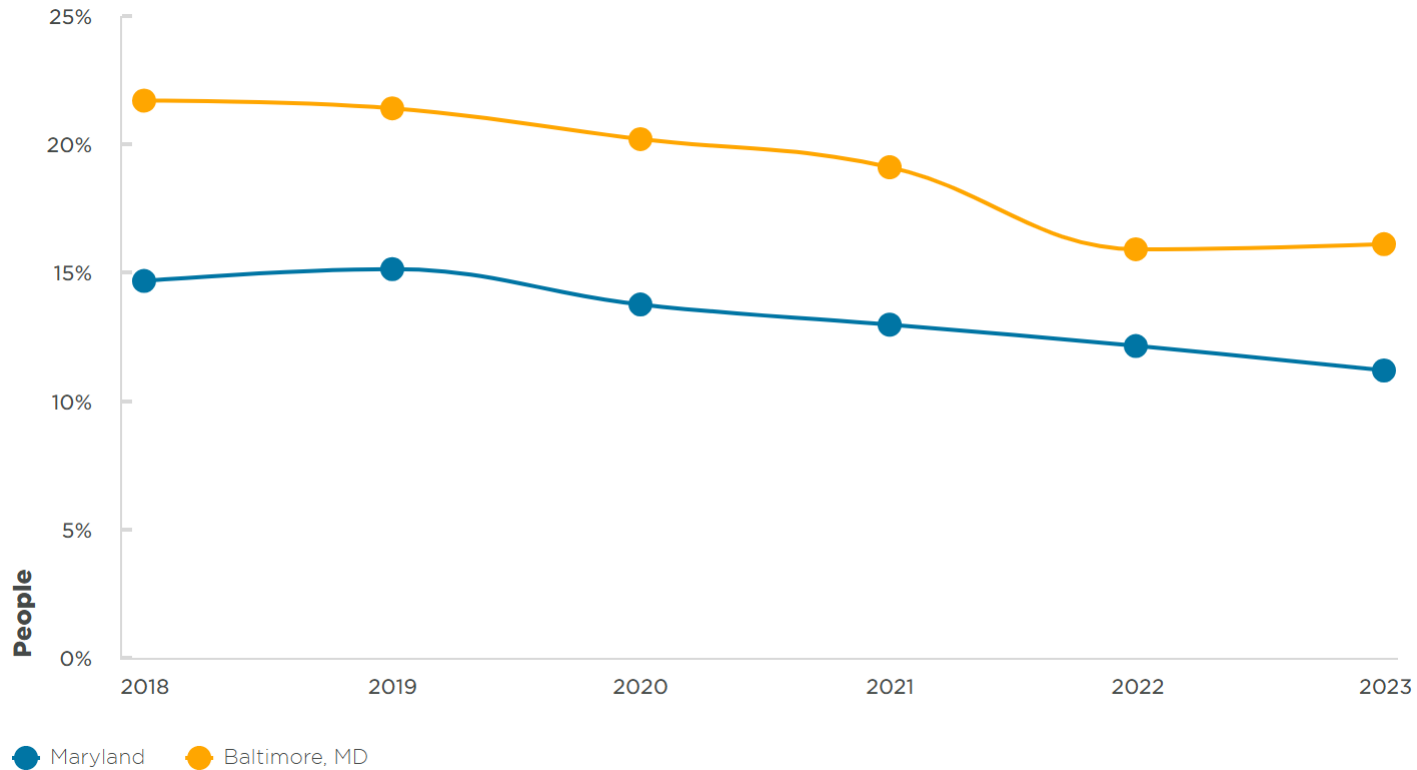
Adults



Brandon M. Scott
Mayor, Baltimore City
Michelle Taylor, MD, DrPH, MPA
Commissioner of Health, Baltimore City

BALTIMORE
CITY HEALTH
DEPARTMENT

The percent of adults who smoke cigarettes is decreasing



Sources: CDC BRFSS 500 Cities; CDC BRFSS PLACES



Brandon M. Scott
Mayor, Baltimore City
Michelle Taylor, MD, DrPH, MPA
Commissioner of Health, Baltimore City



Youth tobacco use in Baltimore City

3.1%

of high school students currently smoke cigarettes

17.2%

of high school students currently use an electronic vapor product

2.2%

of high school students currently use electronic vapor products frequently

Source: 2022-2023 Youth Risk Behavior Survey/Youth Tobacco Survey



Brandon M. Scott
Mayor, Baltimore City
Michelle Taylor, MD, DrPH, MPA
Commissioner of Health, Baltimore City

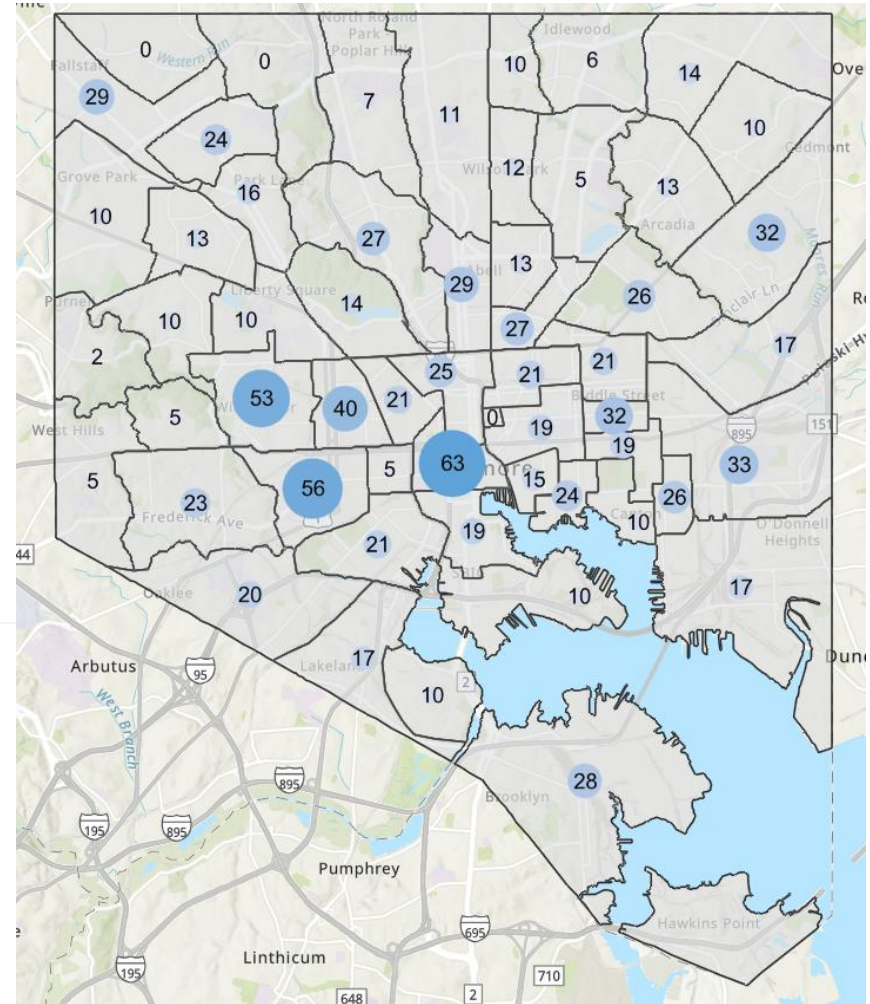
**BALTIMORE
CITY HEALTH
DEPARTMENT**

Number of Tobacco Retailers by Community Statistical Area

Over 1,000 licensed tobacco retailers in Baltimore City

Data Source: Clerk of the Baltimore Circuit Court, 7/1/2025.

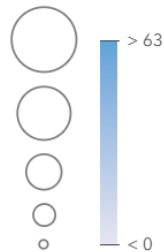
BCHD cleaned and geocoded the data, aggregated counts by CSA, and created map.



Legend

Number of tobacco retailers by CSA

Count of Points



Community Statistical Areas (CSAs)



Brandon M. Scott
Mayor, Baltimore City
Michelle Taylor, MD, DrPH, MPA
Commissioner of Health, Baltimore City



BCHD's Tobacco Program



Brandon M. Scott
Mayor, Baltimore City
Michelle Taylor, MD, DrPH, MPA
Commissioner of Health, Baltimore City



BCHD's Tobacco Program

- Primarily funded through MDH
- Provides:
 - Community education and cessation programming
 - Tobacco and Cancer Coalition
 - Retailer education
 - Retailer enforcement



Brandon M. Scott
Mayor, Baltimore City
Michelle Taylor, MD, DrPH, MPA
Commissioner of Health, Baltimore City

 **BALTIMORE
CITY HEALTH
DEPARTMENT**

Prevention and Cessation



Brandon M. Scott
Mayor, Baltimore City
Michelle Taylor, MD, DrPH, MPA
Commissioner of Health, Baltimore City



Tobacco Cessation

- Group and 1:1
- Series of workshops
- Held monthly in libraries
- In FY26 so far:
 - 435 individuals have participated in cessation classes
 - 85 individuals have been referred to the Maryland Tobacco Quitline



Brandon M. Scott
Mayor, Baltimore City
Michelle Taylor, MD, DrPH, MPA
Commissioner of Health, Baltimore City

 **BALTIMORE
CITY HEALTH
DEPARTMENT**

Tobacco and Cancer Coalition

- Includes public health professionals and representatives from non-profit organizations and hospitals
- Priorities include increasing screening for colorectal and lung cancer, reducing tobacco-related cancer incidence rates, and reducing youth and adult tobacco use
- Meets quarterly
- Co-hosting a health resource fair this month



Brandon M. Scott
Mayor, Baltimore City
Michelle Taylor, MD, DrPH, MPA
Commissioner of Health, Baltimore City



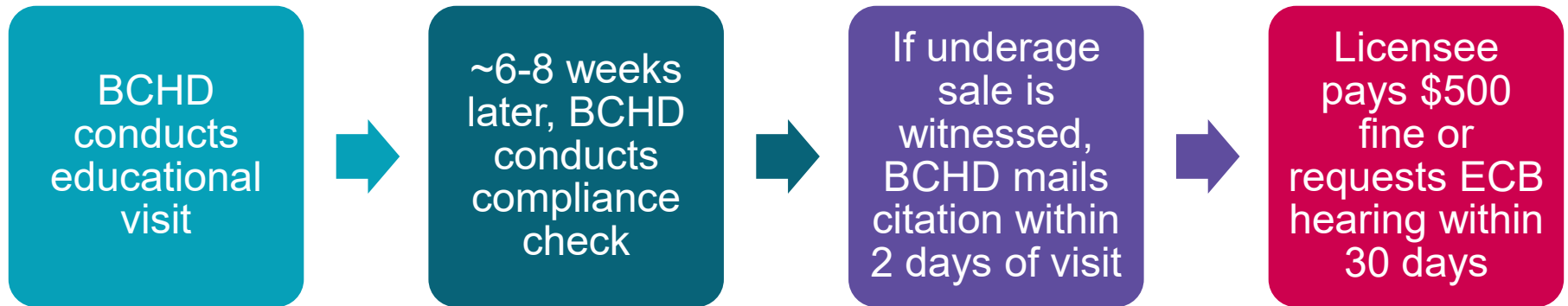
Retailer Education and Enforcement



Brandon M. Scott
Mayor, Baltimore City
Michelle Taylor, MD, DrPH, MPA
Commissioner of Health, Baltimore City



Retailer Education & Enforcement Process



Brandon M. Scott
Mayor, Baltimore City
Michelle Taylor, MD, DrPH, MPA
Commissioner of Health, Baltimore City



Retailer Education

Name of Educator: _____

Signature: _____

Visit Date: / /2026		Visit Date:	Zip Code: 212
Name of Retailer	Tobacco Retailer Location		
Name on License			
Person Receiving Education (Print) Owner/Manager/Clerk		Person Receiving Education Signature:	
Tobacco License:		Language Spoken:	
Newport's _____ Newports Only _____ Cigarettes	Loosies Yes or No	E-Cigs _____ Yes or No	Chew/Snuff/Dip/Snus Yes or No
Cheap _____ Yes or No	Large Cigars Yes or No	Disposable Yes or No	Black & Mild Yes or No
21 Law Sign Yes or No	Cigarillos/Little Cigars Yes or No	Liquor Yes or No	Other: _____
EBT/WIC/SNAP Yes or No	Health Warning Yes or No	Zoning Board Violation Yes or No	Does Not Sell Tobacco _____
	Nicotine Replacement Therapy (NRT) Yes or No		

- BCHD tobacco education specialists educate retailers
- Review a checklist
- Provide information about laws

Baltimore City Health Code Title 12

Number of Sub-Code	Title of Sub-Code	Discuss Requirement with Retailer (Yes/No)	Check for Violations at Time of Visit and Review with Retailer	Comments
4	Product Placement (Display, Storage, Placement)			
5	Unlawful Distribution (under 21)			
9	Nicotine Replacement Therapy Products (Effective 5/20/2021)			
Zoning 17-402	Alcoholic beverage and cigarette Advertising Signs			

Maryland State Laws

Law Article	Law Article Number	Discuss Requirement with Retailer (Yes/No)	Check for Violations at Time of Visit and Review with Retailer	Comments
Criminal Law (Distribution and sale to underage)	10-107			
Criminal Law (Unpackaged cigarettes)	11-5A-02			
Health General (Distribution of e-cigs)	24-305			
Health General (Distribution of tobacco coupon, para. etc.)	24-307			



Brandon M. Scott
Mayor, Baltimore City
Michelle Taylor, MD, DrPH, MPA
Commissioner of Health, Baltimore City

Retailer Enforcement/Compliance Checks

- Conducted proactively and in response to 311 service requests
- Conducted by an enforcement officer and a person under 21
- If the retailer sells tobacco to the underage person, they are issued a citation
- Retailers can pay a \$500 fine or request a hearing with the Environmental Control Board (ECB) to appeal
 - ECB hearing officer makes the final decision regarding the fine amount



Brandon M. Scott
Mayor, Baltimore City
Michelle Taylor, MD, DrPH, MPA
Commissioner of Health, Baltimore City

BALTIMORE
CITY HEALTH
DEPARTMENT

311 Service Requests for Tobacco Enforcement by Council District

District	2023	2024	2025
1	1	0	4
2	0	0	0
3	1	0	2
4	0	2	2
5	1	15	0
6	2	1	0
7	2	8	11
8	0	1	4
9	4	5	1
10	2	8	4
11	1	3	1
12	2	10	2
13	4	4	2
14	1	2	2



Brandon M. Scott
 Mayor, Baltimore City
 Michelle Taylor, MD, DrPH, MPA
 Commissioner of Health, Baltimore City



Enforcement challenges & potential solutions



Brandon M. Scott
Mayor, Baltimore City
Michelle Taylor, MD, DrPH, MPA
Commissioner of Health, Baltimore City

 **BALTIMORE
CITY HEALTH
DEPARTMENT**

Enforcement Challenges & Potential Solutions

#1 Challenge: Limited enforcement capacity



Reimagining and developing new staffing model



Developing relationships with universities to increase underage buyers



Incorporating recruitment into education in high schools



Partnering with BPD cadets for underage buys



Working to hire full-time enforcement officer (in addition to contractual staff)



Adopting best practices from other local health departments



**Thank you for your time.
Questions?**



Brandon M. Scott
Mayor, Baltimore City
Michelle Taylor, MD, DrPH, MPA
Commissioner of Health, Baltimore City

 **BALTIMORE
CITY HEALTH
DEPARTMENT**

BALTIMORE POLICE DEPARTMENT

Chairman Issac “Yitzy” Schleifer
Vice Chairman Antonio “Tony” Glover

March 19th, 2026



Problematic Activities - Citywide

Area 1	Totals
Common Assaults	5
Drug Trafficking Orgs	4
Shootings	1 * Double Shooting
Search and Seizure	5
HGV	N/A

Area 2	Totals
Common Assaults	1
Drug Trafficking Orgs	6
Shootings	2
Search and Seizure	6
HGV	2

Area 3	Totals
Common Assaults	3
Drug Trafficking Orgs	2
Shootings	1
Search and Seizure	N/A
HGV	1

***Total Calls for Service : 962**



Concerning Behaviors

- **Organized Criminal Activity & Illegal Operations**
 - Indicators of drug trafficking, illegal cannabis sales, and legal businesses being used to mask or support illicit activity
- **Violence & Public Safety Risks**
 - Pattern of robberies, multiple shootings, and group violence tied to large gatherings
- **High-Risk Locations & Environmental Factors**
 - Indoor venues limit CCTV visibility
 - Locations near churches and schools increase community vulnerability
- **Volume of Activity & Enforcement Demand**
 - Hundreds of calls for service (CFS)



Collaboration and Enforcement

- **Interagency Cooperation**
 - Effective enforcement is driven by strong collaboration with partner agencies, including ATCC
- **Community Collaboration**
 - 311 Reports
 - Metro Crime Stoppers Tips
 - 911 Calls
- **November 2025**
 - Search and seizure at two smoke shop locations
 - Investigation started after a 311 Report
 - 65 pounds of marijuana, 205 vapes, 1,113 individual packages of marijuana, and \$63,500 in U.S. currency recovered
 - BPD's SWAT, DAT, Baltimore City Sheriff's Deputies, and agents from the Maryland Alcohol, Tobacco, and Cannabis Commission



BALTIMORE CITY COUNCIL



COMMITTEE ON LEGISLATIVE INVESTIGATIONS

25-0037R

Informational Hearing - Tobacco Retailers

Additional Materials

Maryland Tobacco Retail Modernization Act Report **2024**

Alcohol, Tobacco, and Cannabis Commission Analysis of Retailer
Distribution and Youth Tobacco Use Prevalence following SB1056

Wes Moore
Governor

Arunda K. Miller
Lt. Governor

Jeffrey A. Kelly
Executive Director





ATCC

ALCOHOL TOBACCO AND CANNABIS COMMISSION

October 1, 2025

The Honorable Pamela Beidle, Chair
Senate Finance Committee
3 East Muller Senate Office Building
Annapolis, Maryland 21401

The Honorable C.T. Wilson, Chair
House Economic Matters Committee
230 Taylor House Office Building
231 Taylor House Office Building
Annapolis, Maryland 21401

The Honorable Joseline A. Pena-Melnyk, Chair
House Health and Government Operations Committee
240 Taylor House Office Building
241 Taylor House Office Building
Annapolis, Maryland 21401

RE: Report required by SB1056 Cigarettes, Other Tobacco Products, and Electronic Smoking Devices - Revisions (MSAR #15728)

Dear Chair Beidle, Chair Wilson, and Chair Pena-Melnyk:

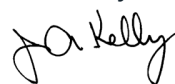
Senate Bill 1056 (CH. 462) Tobacco Retail Modernization Act of 2024, requires the Alcohol, Tobacco, and Cannabis Commission (ATCC), in conjunction with the Maryland Department of Health (MDH), the Comptroller of Maryland (Comptroller), and the Maryland State Department of Education (MSDE), to issue a report on:

1. The number of retailers of cigarettes, other tobacco products (OTP), and electronic smoking devices (ESD) licensed under Title 16, Title 16.5, or Title 16.7 of the Business Regulation Article, including information regarding the proximity of retailers to schools and health care facilities,
2. The processes and procedures currently used by the Alcohol, Tobacco, and Cannabis Commission to maintain a list of all operating businesses that hold a license,
3. The geographic density of businesses currently holding a license,
4. The feasibility and resulting impact of limiting or establishing a maximum number of licenses that could be issued, and
5. With regard to the use of tobacco, OTP, and ESD, including the use of flavored tobacco products, by individuals under the age of 21 years in the State, an analysis of:
 - Its prevalence in the described population,
 - The public health impacts, and
 - The economic impacts.

The required report, along with appendices, is attached. Additionally, the ATCC will publish an interactive map containing all the data used to develop this report. This tool allows users to fully explore data points that cannot be easily conveyed in a printed format. Once the map is published, all committees included in this report will be notified directly via email and E-Gov delivery.

The ATCC appreciates the opportunity to respond to this request. If you have any questions or need additional information, please do not hesitate to contact me directly at jeffreya.kelly@maryland.gov or at (410) 260-7104.

Sincerely,



Jeffrey A. Kelly
Executive Director

cc: Sarah Albert, Department of Legislative Services (5 copies)

Table of Contents

Introduction	5
Division of Report Duties	6
1. Overview of Licensed Tobacco Retailers and Distribution	7
Retailers List	7
Proximity to Schools and Health Care Facilities.....	10
Proximity Analysis Results	12
2. License List Maintenance Processes and Procedures	14
System Restrictions and Challenges.....	15
License Management Roles in eLicense	15
Data Management and License Confusion	16
ATCC Manufacturing and Wholesaling Tobacco License Management.....	16
3. Density of Licensed Businesses	17
Geographic	17
Population	18
4. Assessing the Impact of Licensing Restrictions	19
5. Public Health Impacts and Prevalence of Tobacco Product Use	20
Prevalence	21
Public Health Impacts	21
Economic Impacts.....	23
ATCC Manufacturing and Wholesaling Tobacco License Management.....	16
Conclusion	27

Introduction

Board of Commissioners

Alan Silverstein
Chairman

Eric Morrissette
Vice Chairman

Robert Poole
Secretary

Dourakine Rosarion
Commissioner

Vacant
Commissioner

Meena Seshamani, MD, Ph.D.
Maryland Department of Health

Col. Roland L. Butler Jr.
Maryland Department of State Police

On May 3, 2023, the Alcohol and Tobacco Commission (ATC) was reconstituted as the Alcohol, Tobacco, and Cannabis Commission (ATCC) following the enactment of the Cannabis Reform Act (CH 254). The ATCC consists of seven members: five appointed by the Governor of Maryland, with the advice and consent of the Senate, to serve five-year terms, and two ex-officio members representing the Maryland Department of Health (MDH) and the Maryland State Police (MSP).

The ATCC, through the Office of the Executive Director (OED), is responsible for regulatory oversight, licensing, and trade practice enforcement of Maryland's alcohol and tobacco industries. Although the ATCC does not license or regulate the legal cannabis market, it works in coordination with the Maryland Cannabis Administration (MCA) to enforce laws addressing the unlicensed sale and distribution of cannabis and intoxicating THC products. The agency's mission is to promote public safety, support economic growth, and uphold state laws to maintain a safe, transparent, and well-regulated marketplace for alcohol, tobacco, and cannabis.

Background

In 2024, the Maryland General Assembly passed Senate Bill 1056 (CH 462) the Tobacco Retail Modernization Act (TRMA). SB 1056 requires the ATCC, in conjunction with MDH, the Comptroller, and MSDE, to produce a report that examines the current landscape of licensed tobacco and ESD retailers in Maryland, including their proximity to schools and healthcare facilities, and the geographic density of licensees. The Act also requests an analysis of the feasibility of limiting the number of tobacco licenses, and the public health and economic impacts of youth use of tobacco.

Agency Collaboration on Report

ATCC
ALCOHOL TOBACCO AND
CANNABIS COMMISSION



The development of this report reflects a collaborative effort between the ATCC and MDH. Recognizing the comprehensive scope of the TRMA both agencies worked closely to ensure that the statutory requirements were fully addressed. Planning for this joint report began in Summer 2024, and the agencies agreed on a schedule for parallel drafting of specific sections of the report. Throughout this process, the ATCC coordinated with the Comptroller to better understand how retail licensing information had been collected in the past and with MSDE to obtain school location data.

In this report, the ATCC addresses the following report requirements outlined in TRMA:

- ▶ The number of retailers of cigarettes, other tobacco products (OTP), and electronic smoking devices (ESD) licensed under Title 16, Title 16.5, or Title 16.7 of the Business Regulation Article, including information regarding the proximity of retailers to schools and health care facilities,
- ▶ The processes and procedures currently used by the Alcohol, Tobacco, and Cannabis Commission to maintain a list of all operating businesses that hold a license,
- ▶ The geographic density of businesses currently holding a license, and
- ▶ The feasibility and resulting impact of limiting or establishing a maximum number of licenses that could be issued.



MDH focuses on the remaining component:

- ▶ With regard to the use of tobacco, OTP, and ESD, including the use of flavored tobacco products, by individuals under the age of 21 years in the State, an analysis of:
 - Its prevalence in the described population,
 - The public health impacts, and
 - The economic impacts.

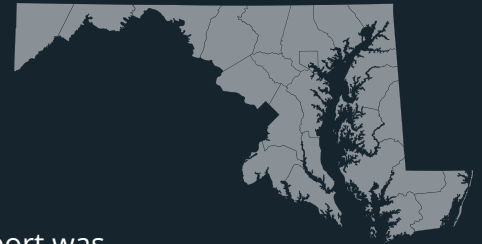
The Comptroller provided the ATCC with information on the Maryland Judiciary's eLicense system, which is used to maintain a database of tobacco retail licenses. The Maryland State Department of Education (MSDE) provided the ATCC with a list and locations of PK-12 public schools.

1

Overview of Licensed Retailers and Distribution



The first step in evaluating the statewide distribution of tobacco retailers was to establish a reliable dataset. The accuracy of this dataset directly impacts the validity of any geographic or proximity analysis, particularly when measuring concentrations of retailers. To meet this need, the ATCC relied on licensing data maintained in the Maryland Judiciary's eLicense system (eLicense), which serves as the State's official database of various business licenses including tobacco retail licenses. From this foundation, the ATCC completed a verification process to ensure that only unique, active retailers were included in the analysis. What follows is a detailed explanation of how the dataset was refined, as well as a breakdown of the number and distribution of licensed cigarette, OTP, and ESD retailers across Maryland.



Retailers List

The retailer list used for this report was exported from the eLicense system on December 31, 2024 and sent to MDH for use in its annual inspections of tobacco retailers, as required by the TRMA. The initial dataset contained 7,271 entries of retail licenses that were active at the end of the calendar year. Upon review, the ATCC determined that the data contained duplicate license numbers and addresses. Upon review, the data contained duplicate license numbers and addresses. These duplicates resulted from overlapping renewal dates or the transfer of licenses (ex. business sale), which caused the same license to appear multiple times within the same year.

To resolve these issues, duplicate entries were removed by matching license numbers. In cases where addresses appeared more than once, each record was manually reviewed to confirm whether it represented a single location. In several instances, the duplicates reflected multiple licensed establishments operating within a larger complex, such as a shopping mall or airport.

After the data was refined, the final dataset included 6,812 unique retailers, each associated with specific license types

Tobacco Retail License Types

Cigarette Retailers

A licensed cigarette retailer is defined as any person or business that sells cigarettes directly to consumers or possesses cigarettes with the intent to sell them to consumers, including sales through vending machines.¹ A retailer must obtain a County Cigarette Retailer License for each retail premises it operates. A cigarette retailer is also issued a special retail cigarette license to purchase stamped cigarettes from a wholesaler and resell them to consumers. Both licenses are required for operating as a cigarette retailer in Maryland and are issued by the Clerk of the Circuit Court in each county.²

Pursuant to the TRMA, the annual fee for a cigarette retailer license was increased to \$300. The fee for a special cigarette retailer license remains \$30.

OTP Retailers

An OTP retailer is any person or business that sells OTP directly to consumers or possesses OTP for the purpose of consumer sales. These products include, but are not limited to, cigars, premium cigars, pipe tobacco, filters, ESDs, and more.³ OTP retailers may purchase taxed OTP from licensed OTP wholesalers, and may also purchase premium cigars or pipe tobacco that have not yet had the tobacco tax paid from a licensed OTP manufacturer.⁴

Tobacconists are included in the overall count of OTP retailer licenses, as they also operate businesses that sell similar tobacco-related products. To qualify as a tobacconist, a business must derive at least 70 percent of its revenue, based on average daily receipts, from the sale of OTP and “tobacco-related accessories”.⁵

Unlike other license pairings, businesses are required to hold only one of these licenses, either an OTP retailer license or a tobacconist license, not

both. Both forms of license are issued by the Clerk of the Circuit Court in the applicable county, and each carries a fee of \$15. Note, if a retailer has a cigarette license, an OTP license can be obtained for free.

ESD Retailers

An ESD Retailer is any person or business authorized to sell ESDs to consumers, hold ESDs for sale, and distribute samples to consumers within the State.⁶ Examples of ESDs include electronic cigarettes, vape pens, vaping liquids, and similar products.

Vape shop vendor licenses are included in the overall count of electronic smoking device (ESD) retailer licenses. Businesses are not required to hold both licenses; either license is sufficient depending on the business model, as the two categories are closely related.

Prior to the TRMA, a vape shop vendor was defined as a business deriving at least 70 percent of its average daily receipts from the sale of ESDs and related accessories. The TRMA eliminated this revenue-based distinction. Currently, an ESD retailer license functions as a broad umbrella license for businesses that sell electronic smoking devices (ESDs) alongside other products. In contrast, the vape shop vendor license applies to businesses primarily engaged in selling ESDs and related accessories on their premises. Vape shop vendors may also purchase products directly from manufacturers. Both of these license types specialize exclusively in ESDs, they do not authorize the sale of products such as cigarettes, and ESD licensees are not eligible to obtain a Cigarette or OTP license.

As with the cigarette retailer license, the TRMA increased the annual fee for both the ESD retailer and vape shop vendor licenses to \$300 per location. However, a business may elect to apply for an OTP license instead, which will reduce their fee to \$15 per location.

1. Maryland Annotated Code, *Business Regulation (BR) Article §16–201*, (2025).
2. Department of Legislative Services. Clerks of the Circuit Courts and Business Licensing. Annapolis, MD: Department of Legislative Services, September 24, 2019. PDF, 1. https://dls.maryland.gov/pubs/prod/BusTech/Clerks_of_the_Circuit_Courts_and_Business_Licensing.pdf.

3. Md. Code Ann., *BR § 16.5–101 (j)(2)(i & ii)*.
4. Md. Code Ann., *BR § 16.5–205*.
5. Md. Code Ann., *BR § 16.5–101(t)*.
6. Md. Code Ann., *BR § 16.7–101(e)*.
7. Md. Code Ann., *BR § 16.7–102(b)*.

Table 1**Licensed Retailers Per County**

County	Cigarette	OTP	ESD
Allegany	83	85	4
Anne Arundel	560	551	13
Baltimore City	1287	1281	6
Baltimore	872	887	24
Calvert	82	84	5
Caroline	48	48	0
Carroll	154	145	2
Cecil	127	133	4
Charles	156	158	1
Dorchester	55	57	1
Frederick	228	252	7
Garrett	45	48	1
Harford	212	223	7
Howard	218	219	3
Kent	31	31	0
Montgomery	638	675	8
Prince George's	891	908	3
Queen Anne's	61	62	2
Somerset	26	23	0
St. Mary's	118	119	4
Talbot	51	49	1
Washington	176	181	7
Wicomico	115	118	2
Worcester	124	141	20
TOTAL	6359	6478	125

Number of Cigarette Retailers

Table 1 presents the distribution of licensed cigarette retailers in the State. As of the end of 2024, there were 6,359 licensed cigarette retailers.

Baltimore City had the largest number of licensed cigarette retailers (1,287), followed by Prince George's County (891) and Baltimore County (872). Together, these three jurisdictions accounted for approximately 48 percent of all cigarette retailer licenses in the state.

By comparison, rural jurisdictions such as Somerset (26), Kent (31), and Garrett (45) counties had the fewest licensed retailers. This contrast underscores the concentration of cigarette retailers in Maryland's more urbanized jurisdictions.

Number of OTP Retailers

OTP licensed retailers are most heavily concentrated in Baltimore City (1,281), Prince George's (908), and Baltimore County (887). These three represent nearly 48 percent of all OTP licenses in Maryland.

At the opposite end of the spectrum, Somerset (23), Kent (31), and Garrett (48) counties have the fewest licensed OTP retailers.

The number of retailers holding an OTP license (6,478) is slightly higher than those holding a Cigarette license (6,359), suggesting that many tobacco retailers maintain multiple categories of licensure. Further analysis indicates that 6,689 retailers hold either a Cigarette or an OTP license, of which 6,148 (91.9%) hold both license types. The remaining 541 retailers (8.1%) consist of approximately 211 (39%) cigarette-only licensees and 330 OTP-only licensees (61%).

Number of ESD Retailers

Baltimore County has the largest number of ESD licensed retailers (24), followed by Worcester (20) and Anne Arundel (13). These three counties make up nearly half of all ESD licensees statewide. By contrast, several rural counties – Caroline, Somerset, and Kent – have no ESD licenses at all.

In total, there are 125 ESD retailer licensees across Maryland, a number that is significantly lower than the counts for cigarette or OTP retailers. This comparatively small figure is partly explained by the fact that cigarette and OTP licensees are also authorized to sell ESDs.

Under the Business Regulation Article, a business holding a cigarette retailer license or an OTP retailer license may sell ESDs in the same manner as cigarettes or OTP products, provided the business maintains the appropriate license.⁷ As a result, thousands of convenience stores, gas stations, and other retail outlets that already hold cigarette or OTP licenses are permitted to sell ESDs without needing to obtain a separate ESD retailer license.

The unique ability to sell ESDs without a separate ESD retailer license restricts the availability of comprehensive data and understanding of the ESD marketplace in totality.

Proximity to Schools and Health Care Facilities

Beyond the statewide distribution of licenses, this report also examines where retailers are located in relation to schools and health care facilities. These locations represent well-documented and consistently maintained datasets, allowing for reliable geographic comparison across counties. While the location information for these facilities were provided in the form of street addresses, geographic analysis requires precise point data that can be uniformly interpreted by mapping software. To achieve this, the addresses were processed through Geocodio to generate latitude and longitude coordinates.⁸ Converting the data into coordinate form ensured that each location could be accurately placed on a map, allowing for consistent measurement of proximity across the state. Geocodio assigns a point for each address based on the best available data, which is often the exact building location or a point in front of the property. The following section outlines the datasets used, the proximity standards applied, and the results of this analysis.

Schools

As previously noted, the schools dataset was provided by MSDE through the Maryland GIS Data Catalog.⁹ While a more comprehensive proximity analysis could include private schools, this report focuses on public schools because they are consistently documented in state-maintained datasets, ensuring complete and reliable geographic coverage.

There are a total of 1,364 public schools:

School Type	Count	School Type	Count
Elementary	793	Middle/High	20
Middle	207	Alternate	20
High	184	Environmental Education	5
PreK - 8	56	Elementary/ Middle/High	2
Special Education	27	Science	2
Elementary/ Middle	27	Administrative	1
Career Tech	20		

Health Care Facilities

Health care facilities addressed in this report include hospitals, substance use treatment centers, mental health facilities, and community-based health care centers. Data on Maryland hospitals, licensed by the Maryland Department of Health (MDH) and the Mental Hygiene Administration’s Office of Health Care Quality, were obtained through the Maryland GIS Data Catalog.¹⁰ **In total there are 64 hospital locations.**

Information on substance use, mental health, and community-based health care centers was obtained from the Substance Abuse and Mental Health Services Administration (SAMHSA).¹¹

There are a total of 1077 of these locations:

Facility Type	Count
Substance Abuse Centers	486
Mental Health Centers	423
Primary Health Care Facilities	168

These locations are grouped together in our analysis under the category “Treatment” in Table 2.

8. Geocodio, “Guides,” Accessed August 2025. <https://www.geocodio.com/guides/>.

9. Maryland iMAP. *Maryland Education Facilities – PreK Thru 12 Education (Public Schools)*. Accessed May 2025. <https://data.imap.maryland.gov/datasets/maryland::maryland-education-facilities-prek-thru-12-education-public-schools/about>.

10. Maryland iMAP. *Maryland Hospitals – Hospitals*. Accessed May 2025. <https://data.imap.maryland.gov/datasets/maryland::maryland-hospitals-hospitals/about>.

Proximity Standards and Buffer Distances

In Maryland, there is no statewide distance or zoning requirement regulating how close tobacco retailers may be located to schools. However, certain local jurisdictions have established their own restrictions. Primary examples include:

Montgomery County requires vape shops to be located at least one-half mile from any property where a middle or high school is the principal use.¹²

Prince George's County requires tobacco retailers to be located at least 300 hundred feet from schools, libraries, parks, etc.¹³

For this analysis, a 500-foot buffer was first applied to measure the number of tobacco retailers located near schools, treatment centers, and hospitals. This approach was selected for consistency, as it mirrors the requirement previously applied to cannabis dispensaries under Alcoholic Beverages and Cannabis Article §36-410(b)(1). The buffer was generated from the center point of each facility, and any retailer falling within this distance was identified and counted.

The 500-foot threshold captured only a limited number of retailers, making it difficult to identify meaningful concentrations. To produce a more informative analysis, the buffer distance was expanded to 1,000 feet. The 1,000-foot buffer included more retailers within the analysis, allowing for a more comprehensive and geographically relevant view of proximity.

Table 2

Number of Tobacco Retailers in 500 ft. Proximity to Treatment Centers, Public Schools or Hospitals

County	Treatment			Schools			Hospitals		
	C	O	E	C	O	E	C	O	E
Allegany	2	4	0	0	0	0	0	0	0
Anne Arundel	25	26	1	4	5	0	0	0	0
Baltimore City	231	231	0	38	38	0	2	2	0
Baltimore	43	46	5	7	7	0	0	0	0
Calvert	3	3	0	0	0	0	0	0	0
Caroline	8	8	0	1	1	0	0	0	0
Carroll	3	3	1	0	0	0	0	0	0
Cecil	1	1	0	2	2	0	0	0	0
Charles	5	5	0	0	0	0	0	0	0
Dorchester	2	3	0	0	0	0	0	0	0
Frederick	14	15	0	1	1	0	0	0	0
Garrett	0	0	0	0	0	0	0	0	0
Harford	10	10	2	0	0	0	0	0	0
Howard	6	8	0	1	1	0	0	0	0
Kent	1	1	0	0	0	0	0	0	0
Montgomery	27	30	1	2	2	0	0	0	0
Prince George's	31	32	0	7	7	0	0	0	0
Queen Anne's	4	4	0	1	1	0	0	0	0
Somerset	3	3	0	0	0	0	0	0	0
St. Mary's	5	5	0	0	0	0	0	0	0
Talbot	0	0	0	0	0	0	0	0	0
Washington	10	13	0	2	4	0	0	0	0
Wicomico	4	4	0	0	0	0	1	1	0
Worcester	0	0	0	0	0	0	0	0	0
TOTAL	438	455	10	66	69	0	3	3	0

C = CIGARETTES / O = OTP / E = ESD

- Substance Abuse and Mental Health Services Administration (SAMHSA). *FindTreatment.gov*. Accessed May 2025. <https://findtreatment.gov/locator>.
- Montgomery County, Maryland. Montgomery County Zoning Ordinance, §3.5.11.E.2.b, *Retail Sales and Service*. Accessed September 2025. https://codellibrary.amlegal.com/codes/montgomerycounty/latest/montgomeryco_md_zone2014/0-0-0-1946.
- Prince George's County, Maryland. Prince George's County Zoning Ordinance, §27-5402(kk)(1)(A), *Tobacco Shops, Electronic Cigarette Shops or a Retail Tobacco Business*. Accessed September 2025. <https://online.encodeplus.com/regs/princegeorgescounty-md/doc-viewer.aspx#secid-8>.

Proximity Analysis Results

The 500-foot threshold provided a baseline, but captured only a limited number of retailers as seen in Table 2. Statewide totals were substantially lower: 438 cigarette retailers compared to 1,105 at 1,000 feet, and 455 OTP retailers compared to 1,123. At this smaller distance, only Baltimore City and a few large suburban counties registered noticeable numbers, while most counties showed few or zero businesses within proximity to any sensitive sites. Hospitals proximity remained minimally affected under both thresholds, and ESD retailers were almost entirely absent within 500 feet. These results underscore that the narrower buffer is too restrictive to produce meaningful insights, which is why the expanded 1,000-foot analysis provides a clearer view of retailer proximity to sensitive sites.

Table 3 on the next page presents the breakdown of the number of tobacco retailers located within 1,000 feet of treatment centers, public schools, or hospitals.

Proximity to Public School	
Cigarette Retailers	Baltimore City (249), Baltimore County (61), and Prince George’s County (47) report the highest numbers. Calvert, Dorchester, and Talbot report none.
OTP Retailers	The largest concentrations are in Baltimore City (252), Baltimore County (67), and Prince George’s County (48). Calvert, Dorchester, Somerset, and Talbot report none.
ESD Retailers	Anne Arundel, Cecil, and Montgomery counties each report one retailer. All other counties report none.
Proximity to Hospitals	
Cigarette Retailers	Baltimore City (14), Wicomico (3), and Prince George’s County (3) report the highest numbers. Many counties report none.
OTP Retailers	The largest concentrations are in Baltimore City (15), Prince George’s County (3), and Wicomico (3). Multiple counties report none.
ESD Retailers	All counties report none.
Proximity to Treatment Centers	
Cigarette Retailers	Baltimore City (553), Baltimore County (111), and Montgomery County (96) account for the highest numbers. Worcester (0), Kent (2), and Garrett (2) report the lowest counts.
OTP Retailers	The largest concentrations are in Baltimore City (554), Baltimore County (115), and Montgomery County (98). The lowest counts are in Worcester (0), Kent (2), and Garrett (2).
ESD Retailers	Baltimore County (6) and Baltimore City (3) report the highest numbers, while several counties report only one retailer each. Multiple counties report none.

Overall Results

- Treatment Centers Proximity**
 Approximately 17.4 percent of cigarette retailers (1,105 out of 6,359) and 17.3 percent of OTP retailers (1,123 out of 6,478) are located within 1,000 feet of a treatment center. Similarly, 15.2 percent of ESD retailers (19 out of 125) fall within this proximity.
- School Proximity**
 A smaller but still notable percentage of retailers are located within 1,000 feet of schools. Roughly 7.9 percent of cigarette retailers (503 out of 6,359) and 8.0 percent of OTP retailers (519 out of 6,478) fall into this category, along with 2.4 percent of ESD retailers (3 out of 125).
- Hospital Proximity**
 By contrast, hospitals show the lowest level of retailer proximity. Only 0.5 percent of cigarette retailers (30 out of 6,359) and 0.5 percent of OTP retailers (31 out of 6,478) are located within 1,000 feet of a hospital. No ESD retailers were identified in these zones.

The analysis shows that a proportion of Maryland's licensed tobacco retailers are located within 1,000 feet of treatment centers, schools, or hospitals, though the extent differs across categories. These results indicate that treatment centers and schools are most affected by nearby retailers, while hospitals are less impacted.

Table 3

Number of Tobacco Retailers in Proximity to Treatment Centers, Public Schools or Hospitals (1,000 Feet)

County	Treatment			Schools			Hospitals		
	C	O	E	C	O	E	C	O	E
Allegany	6	8	1	5	5	0	0	0	0
Anne Arundel	51	51	1	29	29	1	0	0	0
Baltimore City	553	554	3	249	252	0	14	15	0
Baltimore	111	115	6	61	67	0	0	0	0
Calvert	11	11	0	0	0	0	1	1	0
Caroline	16	16	0	3	3	0	0	0	0
Carroll	8	9	1	1	1	0	0	0	0
Cecil	6	6	0	12	12	1	1	1	0
Charles	11	11	0	3	3	0	2	2	0
Dorchester	9	10	0	0	0	0	0	0	0
Frederick	24	24	0	12	14	0	2	2	0
Garrett	2	2	0	5	6	0	1	1	0
Harford	31	32	2	6	6	0	1	1	0
Howard	10	12	0	6	5	0	0	0	0
Kent	2	2	0	2	2	0	0	0	0
Montgomery	96	98	2	35	37	1	0	0	0
Prince George's	88	89	0	47	48	0	3	3	0
Queen Anne's	7	7	1	3	3	0	0	0	0
Somerset	7	7	0	1	0	0	0	0	0
St. Mary's	10	10	1	3	3	0	0	0	0
Talbot	8	8	0	0	0	0	2	2	0
Washington	27	29	1	10	13	0	0	0	0
Wicomico	11	12	0	8	8	0	3	3	0
Worcester	0	0	0	2	2	0	0	0	0
TOTAL	1105	1123	19	503	519	3	30	31	0

C = CIGARETTES / O = OTP / E = ESD

2

ATCC License Maintenance Processes and Procedures

Currently, the ATCC does not create an independent list of operating retail businesses that hold a license under Title 16, Title 16.5, or Title 16.7 of the Business Regulation Article. Instead, the ATCC relies on information managed by the Clerks of the Circuit Courts and the Comptroller's Office, collected through the Maryland Judiciary's eLicense database.

Retailers can apply for business licenses with tobacco endorsements through the Judicial Information Systems (JIS) Maryland Business Licenses Online website.¹⁴ After creating an account, applicants respond to a series of questions that help determine the appropriate business operation, inventory details, and applicable license fees. Those uninterested in an online option may apply in person at their local Clerk's Office.

Once submitted, business and license information is tracked and maintained in the JIS statewide database called Maryland eLicense. This web-based application is accessible by local county offices, and any other state agencies that sign up for access through the courts. This access provides authorized users with the ability to:

- ▶ Create and edit applications for different types of business licenses,
- ▶ Issue a business license,
- ▶ Search and retrieve applications or licenses,
- ▶ Generate reports, and
- ▶ Process tax files.¹⁵



14. Maryland Judiciary. *Maryland Business Licenses Online*. Accessed July 2025. https://jportal.mdcourts.gov/license/index_disclaimer.jsp.

15. State of Maryland. *eLicense User Guide*. Accessed February 2025, 9. <https://jportal.mdcourts.gov/elicense/elicense.html>.

16. State of Maryland, *eLicense User Guide*, 10–11.

System Restrictions and Challenges

A limited number of ATCC staff members have access to Maryland eLicense in order to view records and search license information. However, the ATCC does not have the ability to modify, create, or delete license records. These requests must go through the appropriate eLicense user roles as described below.

Many of these eLicense roles are separated by county. Each county may have its own practices and levels of responsiveness to license applications and renewals, depending on their staff levels and number of licensees in their jurisdiction. For example, Baltimore City may have many more records to manage than Kent County, an area with a smaller population and fewer tobacco businesses.

License Management Roles in eLicense

License, tax, and payment information is added to eLicense and maintained by a variety of staff members at the Clerks of the Circuit Court's Offices and the Comptroller's Office. Below are the roles associated with maintaining the eLicense system, the titles and functions are taken directly from the eLicense User Guide:¹⁶

Role	Description
License Clerks and Supervisors (Distinct roles needed for each county)	<ul style="list-style-type: none"> ▶ Accepts applications and issues licenses.
Fiscal Clerk (Distinct roles needed for each county)	<ul style="list-style-type: none"> ▶ Examines penalty charges, verifies that towns are cited correctly, and reviews dollar amounts, ▶ Completes daily reconciliation of checks and licenses from the previous day, ▶ Reviews the "Distribution by Incorporated Town" report and compares it with validated, printed applications , ▶ Corrects fund allocation to towns when discrepancies are found, and ▶ Cannot issue licenses or accept applications
Reviewers County Treasurer, Planning/Zoning, SDAT, Town (Distinct roles needed for each county)	<ul style="list-style-type: none"> ▶ Treasurer: Can read the entire application and can edit only the County Treasurer line. ▶ Planning/Zoning: Can read the entire application and can edit only the Planning/Zoning line. ▶ SDAT: Can read the entire application and can edit only the SDAT Reviewer line. ▶ Town: Can read the entire application and can edit only the Town Reviewer line.
Clerk Admin (Distinct roles needed for each county)	<ul style="list-style-type: none"> ▶ Sets up interactions with County Treasurer Reviewer, Planning/Zoning Reviewer, SDAT Reviewer, and Town Reviewer
Clerk Superuser Admin (One role statewide)	<ul style="list-style-type: none"> ▶ Serves as a "statewide" version of the Clerk Admin, ▶ Operates at the County Clerk level, but with multiple-county access, and ▶ Controls all access to the eLicense applications via interaction with "Security Admin" users in JIS
Comptroller	<ul style="list-style-type: none"> ▶ Reads the entire application and can edit only the Comptroller line.

These roles work collaboratively to review applications and issue licenses through Maryland Business Licenses Online and Maryland eLicense.

Data Management and License Confusion

It can be challenging for separate state agencies to assess local retail license information because of the lack of standardization across counties, particularly in how licensee contact information is updated. Possible database improvements could streamline information, including the ability to more easily view licensee information. The eLicense system was not built to search multiple record types at one time. Many tobacco business licenses hold multiple and overlapping endorsement types, including cigarette, special retail cigarette, and OTP; along with a traders's or chain store license. In such a case, a business would appear multiple times in these eLicense searches.

In error, the ATCC is often misidentified as the issuing authority for local retail tobacco licenses when in fact it only issues state-wide licenses. The ATCC is commonly contacted for local license inquiries as well as business tax payment and filing questions that are more appropriately and accurately answered by the Comptroller's Office.

ATCC Manufacturing and Wholesaling Tobacco License Management

Separately, the ATCC issues and manages the following tobacco-related licenses:

- ▶ Cigarette Wholesaler License,
- ▶ Cigarette Subwholesaler License,
- ▶ Cigarette Manufacturer License,
- ▶ Cigarette Storage Warehouse License,
- ▶ Cigarette Vending Machine Operator License
 - "Operator" licenses are issued by the State to businesses that hold or sell cigarettes through vending machines at 40 or more premises..
 - Retailer tobacco vending machine licenses are issued by a county.
- ▶ Electronic Smoking Devices Manufacturer License,
- ▶ Electronic Smoking Devices Wholesaler Distributor License,



- ▶ Electronic Smoking Devices Wholesaler Importer License,
- ▶ OTP Manufacturer License,
- ▶ OTP Storage Warehouse License,
- ▶ OTP Wholesaler License, and
- ▶ Remote Tobacco Seller License.

These licenses are managed through ATCC's Salesforce platform, which tracks license information, fees, and expiration dates; and Maryland's online OneStop platform (onestop.md.gov), where, as of June 2025, individuals can apply for and renew their licenses.

The public can view a list of these active licenses through the ATCC's online license and permit database (atcc.maryland.gov/license). Tobacco licenses maintained in Salesforce are reviewed, approved, and issued by the ATCC Licensing Unit.

3

Density of Licensed Businesses

Geographic

To allow for meaningful comparison across jurisdictions, license totals were normalized by county land area. Land area (square miles) was obtained from the U.S. Census Bureau's 2018 *Gazetteer Files – Maryland Counties*. This calculation divides the number of licenses in Table 1 by each county's size. The results provide the number of licenses per square mile, which highlights how densely retailers are geographically clustered. Unlike raw counts, this measure accounts for differences in county size and allows a clearer view of retail concentration and physical access. High "per square mile" density should be understood as greater physical proximity of retailers, meaning residents encounter more outlets within shorter distances. Low density indicates more dispersed businesses.

Table 4

Geographic Density of Tobacco Retailers (Per Square Mile)

County	Square Miles	Cig /mi ²	OTP /mi ²	ESD /mi ²	County	Square Miles	Cig /mi ²	OTP /mi ²	ESD /mi ²
Allegany	422.2	0.20	0.20	0.01	Harford	437.1	0.49	0.51	0.02
Anne Arundel	414.8	1.35	1.33	0.03	Howard	250.9	0.87	0.87	0.01
Baltimore City	80.9	15.91	15.83	0.07	Kent	276.9	0.11	0.11	0.00
Baltimore	598.4	1.46	1.48	0.04	Montgomery	493.1	1.29	1.37	0.02
Calvert	213.2	0.38	0.39	0.02	Prince George's	482.6	1.85	1.88	0.01
Caroline	319.4	0.15	0.15	0.00	Queen Anne's	371.7	0.16	0.17	0.01
Carroll	447.6	0.34	0.32	0.00	Somerset	319.7	0.08	0.07	0.00
Cecil	346.3	0.37	0.38	0.01	St. Mary's	358.6	0.33	0.33	0.01
Charles	457.8	0.34	0.35	0.00	Talbot	268.6	0.19	0.18	0.00
Dorchester	540.8	0.10	0.11	0.00	Washington	457.8	0.38	0.40	0.02
Frederick	660.6	0.35	0.38	0.01	Wicomico	374.4	0.31	0.32	0.01
Garrett	649.1	0.07	0.07	0.00	Worcester	468.3	0.26	0.30	0.04

Geographic Density Overview

Table 4 shows:

- ▶ **Larger Counties:** Frederick (660.6 sq. mi.), Garrett (649.1 sq. mi.), and Baltimore County (598.4 sq. mi.) are the largest counties in the State by land area.
- ▶ **Smaller Counties:** Baltimore City (80.9 sq. mi.), Calvert (213.2 sq. mi.), and Howard County (250.9 sq. mi.) are the smallest counties in the State by land area.
- ▶ **Cigarette and OTP:** For each square mile, Baltimore City has the highest density of cigarette (15.91) and OTP (15.83) retailers, followed by Prince George's County (1.85 Cigarette, 1.88 OTP) and Baltimore County (1.29 Cigarette, 1.37 OTP).
- ▶ **ESD:** Baltimore City also leads with 0.07 ESD retailers per square mile, with Baltimore County and Worcester County tied at 0.04.

Key Observations:

- ▶ **Baltimore City is a Clear Outlier**
 - Despite being the smallest jurisdiction (80.9 sq. mi.), the City's concentration of retailers creates extreme geographic saturation. This makes tobacco outlets highly accessible across the jurisdiction.
- ▶ **Rural Counties Show Low Geographic Density**
 - Larger counties such as Garrett (0.07), Frederick (0.35), and Dorchester (0.10) have very few retailers per square mile.
- ▶ **ESD Retailers are Geographically Limited**
 - ESD density is minimal statewide, Baltimore City leads at only 0.07 retailers per square mile.
 - No other county exceeds 0.04 per square mile, indicating that dedicated ESD retailers are uncommon, and ESD sales are likely occurring in Cigarette/OTP retailers
- ▶ **County Size Shapes Density Outcomes**
 - The contrast between the largest counties and the smallest demonstrates how land area influences density. Larger counties dilute retailer presence across wide.

Overall, geographic density highlights differences in retailer distribution that are not apparent from license counts alone. Baltimore City stands out as uniquely saturated, while suburban jurisdictions exhibit moderate clustering and rural counties remain widely dispersed. The consistently low density of ESD retailers indicates that ESD sales are likely occurring at cigarette and/or OTP retailers. Taken together, these findings provide important context for understanding where retailers are most concentrated and how access to tobacco products varies across jurisdictions

Population

Another way to enable meaningful comparisons across jurisdictions, license totals were normalized by county population and expressed as the number of licenses per 10,000 residents. This calculation was performed by dividing the number of licenses by the county’s 2024 population and multiplying the result by 10,000.¹⁷ Presenting license density on a “per 10,000 residents” basis is a standard metric in public health and policy analysis, as it provides a clearer and more equitable representation of distribution and supports more informed policy, enforcement, and public health decisions.

Table 5 Number of Tobacco Retailers per 10,000 Residents by County

County	Total Population	Cig /10k	OTP /10k	Vape /10k	County	Total Population	Cig /10k	OTP /10k	Vape /10k
Allegany	67,097	12.37	12.67	0.60	Harford	265,514	7.98	8.40	0.26
Anne Arundel	602,350	9.30	9.15	0.22	Howard	339,668	6.42	6.45	0.09
Baltimore City	568,271	22.65	22.54	0.11	Kent	19,557	15.85	15.85	0.00
Baltimore	852,425	10.23	10.41	0.28	Montgomery	1,082,273	5.90	6.24	0.07
Calvert	94,913	8.64	8.85	0.53	Prince George's	966,629	9.22	9.39	0.03
Caroline	34,248	14.02	14.02	0.00	Queen Anne's	53,688	11.36	11.55	0.37
Carroll	177,108	8.70	8.19	0.11	Somerset	25,241	10.30	9.11	0.00
Cecil	106,305	11.95	12.51	0.38	St. Mary's	116,469	10.13	10.22	0.34
Charles	174,478	8.94	9.06	0.06	Talbot	38,244	13.34	12.81	0.26
Dorchester	33,138	16.60	17.20	0.30	Washington	157,228	11.19	11.51	0.45
Frederick	299,317	7.62	8.42	0.23	Wicomico	106,329	10.82	11.10	0.19
Garrett	28,393	15.85	16.91	0.35	Worcester	54,337	22.82	25.95	3.68

Population Density Overview

Table 5 shows:

- ▶ **Cigarette:** Worcester (22.82), Baltimore City (22.65), and Dorchester (16.60) have the highest number of licensed cigarette retailers per 10,000 residents.
- ▶ **OTP:** Worcester (25.95), Baltimore City (22.54), and Dorchester (17.20) have the highest number of licensed OTP retailers per 10,000 residents.
- ▶ **ESD:** Worcester (3.68), Allegany (0.60), and Calvert (0.53) have the highest number of licensed ESD retailers per 10,000 residents.

Key Observations:

- **Worcester** leads in all three categories on a per-capita basis despite ranking only 13th in total number of cigarette retailers and 12th in OTP retailers. It ranks 2nd in total ESD retailers.
- **Baltimore City** is second in cigarette and OTP retailers per 10,000 residents and ranks first in the total number of both license types. For ESDs, it ranks 5th in total number but does not make the top three on a per-capita basis.

Overall, the per-capita analysis highlights notable differences in retailer density that are not captured by total license counts alone. Worcester County consistently shows the highest density across all license types, underscoring the importance of considering population-adjusted measures when evaluating concentration and potential public health impacts. Baltimore City, while leading in total license counts, also demonstrates elevated per-capita rates for cigarette and OTP retailers, though its ESD density is comparatively lower.

17. U.S. Census Bureau. *Annual Estimates of the Resident Population for Counties in Maryland: April 1, 2020 to July 1, 2024*. Accessed August 2025. <https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-total.html>.

4

Assessing the Impact of Licensing Restrictions

There are over 6,800 businesses engaged in the sale of tobacco products in Maryland. These retail establishments contribute to over \$1 billion in sales of tobacco products within the State. In addition, thousands of Marylanders, to include in-store employees, drivers, warehouse staff, and administrators work within the manufacturing, wholesale, and retail tobacco products industry. In short, the sale and distribution of tobacco products in the State plays a significant role in Maryland's economy.

However, the impact that the long term use of these products have on the public health of Maryland's citizenry is serious and cannot go unnoticed. While the State has made strides in erecting barriers to access for tobacco products, more must be done to prevent underage access to ensure that only individuals over the age of 21 are allowed to purchase them. The legislature was keenly aware that the overabundance of tobacco products retailers in any given location, automatically led to increased opportunities for youth to purchase these products. That is why it asked the ATCC to study the density of these locations to establish a maximum number of tobacco retailer licenses.

To fully evaluate the feasibility and potential impact of limiting or establishing a maximum number of tobacco retailer licenses, the ATCC must first obtain a complete understanding of the retail

landscape, particularly for businesses that sell ESDs. As previously mentioned, under current law, a cigarette or OTP licensee may sell ESDs, which creates challenges in accurately identifying the total number of retailers engaged in this market.

The General Assembly may wish to consider creating a mandatory ESD license, which would authorize the sale of ESD products. The intent is not to suggest an exclusive license that would prevent retailers from holding other product licenses. Rather, establishing a distinct license would require retailers to obtain an endorsement for each product type they sell, allowing for a definitive count of ESD retailers and a more accurate assessment of the overall tobacco retail industry.

Excise tax data underscores the fiscal importance of cigarettes and OTP. In FY25, Maryland collected around \$390.4 million from cigarettes and \$65.4 million from OTP. ESDs, by contrast, are not subject to excise taxes, meaning they do not contribute to State revenue when produced or imported. While ESD products are subject to an enhanced sales tax, the ATCC has observed inconsistent awareness and application of the appropriate tax by retailers. This issue, coupled with their growing presence in the retail market, makes it essential to measure the scope of their distribution and market share, since any shifts in consumer behavior could affect state revenues and enforcement priorities.

5

Public Health Impacts and Prevalence of Tobacco Product Use

Tobacco product use among Maryland youth (under 18 years old) and young adults (18-25 years old) has significantly declined over the past decade, reflecting the success of statewide prevention policies. In 2019, Maryland and the United States (U.S.) federal government both raised the minimum legal sales age for tobacco products from 18 to 21 years old, an evidence-based policy strategy that prevents or delays initiation of tobacco use in most youth and young adults.^{18,19,20} Despite this progress, certain tobacco use behaviors, including using other tobacco products (OTP), electronic smoking devices (ESD), and flavored tobacco products, remain leading public health concerns negatively impacting youth and young adults in Maryland.

This section analyzes the prevalence, the public health impacts, and the economic impacts of tobacco use, including cigarettes, OTP, ESDs, and flavored tobacco products, in individuals under the age of 21. Maryland collects data on tobacco use in Maryland through



the biennial Youth Risk Behavior Survey/ Youth Tobacco Survey (YRBS/YTS) for middle and high school students (grades 6 through 12) and the adult (18 years and older) annual Behavioral Risk Factor Surveillance System (BRFSS). Both surveys collect jurisdiction-level data on tobacco use, including ESD use, and are being reported together to adequately capture individuals under age 21. The most recent

18. Federal Food, Drug, and Cosmetic Act. *General Provisions Respecting Control of Tobacco Products*. 21 U.S.C. §387f (2019). Accessed September 2025. [https://uscode.house.gov/view.xhtml?req=\(title:21%20section:387f%20edition:prelim\)](https://uscode.house.gov/view.xhtml?req=(title:21%20section:387f%20edition:prelim)).

19. Maryland General Assembly, Chapter 396 of the Acts of 2019 (HB 1169), Accessed September 5, 2025. https://mgaleg.maryland.gov/2019RS/chapters_noln/Ch_396_hb1169E.pdf.

20. Schneider SK, Buka SL, Dash K, et al. *Community reductions in youth smoking after raising the minimum tobacco sales age to 21*, *Tobacco Control*, 25 (2016):355-359. Accessed Sep 2025. PubMed, <https://pubmed.ncbi.nlm.nih.gov/26071428/>.

data available for the BRFSS is from 2023. The most recent data available for the YRBS/YTS comes from the 2022-23 school year. Although tobacco use in individuals under age 21 is the primary focus, where specified, data is reported by age groups, including youth (under 18 years old) and young adults (18-25 years old) due to how data is collected via the surveys and how public health tobacco interventions commonly target young adults through age 25.

Tobacco use in general, including cigarettes, OTP, and ESDs, results in significant negative health and economic consequences for Marylanders. These general impacts are described below

Prevalence

In 2023, 45,879 Maryland adults aged 18-20 currently used tobacco products, with ESDs being the most popular used product (10 percent).²¹ During the 2022-23 school year, 41,364 high school students and 13,221 middle school students in Maryland used tobacco products, of which 3.2 percent and 1.2 percent

smoked cigarettes, respectively.²² Approximately 8,100 Maryland youth try smoking for the first time every year.²³

Public Health Impacts

Tobacco use remains the leading cause of preventable death in the United States and Maryland; every year 480,000 Americans, including 7,500 Maryland adults, die from tobacco-related diseases such as cancer and heart disease.²⁴ Smoking directly contributes to 26 percent of cancer deaths in Maryland.²⁵ Cigarette smoke contains over 7,000 toxic chemicals and carcinogens and secondhand smoke (SHS) has immediate adverse cardiovascular health effects for anyone exposed, especially children.²⁶ SHS slows lung growth in children and causes various lung and heart problems, even leading to premature death and disease in children and adults who do not smoke. Since the Maryland Clean Indoor Air Act (CIAA) was enacted in 2008, SHS exposure in Maryland youth has decreased substantially.²⁷ The Maryland CIAA

Health Burden

480,000

U.S. deaths each year from tobacco

7,500

Maryland adult deaths annually

26%

Of cancer deaths in Maryland caused by smoking

Disparities

84%

Of Black Maryland adults who smoke use menthol (vs. 35% of White adults)

49%

Of high school tobacco users prefer menthol products

Youth & Schools

1,228

Maryland students suspended/expelled in 2022-23 for tobacco/vape use

103.6%

Increase from the prior school year

25

Brain development continues until age 25 — no safe level of nicotine for youth

21. MDH, "2023 Behavioral Risk Factor Surveillance System," IBIS Dataset Query System. Accessed July 31, 2025, <https://ibis.health.maryland.gov/ibisph-view/query/selection/brfss/BRFSSSelection.html>.
22. MDH, "2022-2023 Youth Risk Behavior Survey/Youth Tobacco Survey," IBIS Dataset Query System. Accessed July 31, 2025. <https://ibis.health.maryland.gov/ibisph-view/query/selection/yrebs2021/YRBSSelection.html>.
23. Campaign for Tobacco-Free Kids. "The Toll of Tobacco in Maryland." Accessed July 31, 2025. <https://www.tobaccofreekids.org/problem/toll-us/maryland>.
24. Campaign for Tobacco-Free Kids, "The Toll of Tobacco in Maryland."
25. Campaign for Tobacco-Free Kids, "The Toll of Tobacco in Maryland."
26. National Cancer Institute. Secondhand Tobacco Smoke (Environmental Tobacco Smoke). Cancer Causes and Prevention. June 13, 2024. Accessed August 8, 2025. <https://www.cancer.gov/about-cancer/causes-prevention/risk/substances/secondhand-smoke>.
27. MDH. The Maryland Clean Indoor Air Act 2024 Annual Report. In Prevention and Health Promotion Administration Reports. 2024. Accessed August 8, 2025. https://dlslibrary.state.md.us/publications/Exec/MDH/HG24-507%28b%29_2024.pdf.

was amended in 2024 to prohibit vaping tobacco, cannabis, and hemp products within most indoor public places. Smoking combustible tobacco, cannabis, and hemp products, including cigarettes and cigars, in indoor public places was already prohibited under the CIAA.²⁸

Tobacco-related health disparities also persist. Tobacco-related harms are disproportionately higher among: non-White populations; lesbian, gay, bisexual, transgender, queer, plus other diverse sexual orientations and gender identities (LGBTQ+) individuals; people with low socioeconomic status; individuals with disabilities; and those with behavioral health conditions.²⁹ In 2023, Black Maryland adults who smoke usually used menthol cigarettes significantly more than White Maryland adults who use tobacco (84.4 percent and 34.5 percent, respectively).³⁰ Tobacco companies add menthol to tobacco to make it seem less harsh and more appealing to youth and new users.³¹ In the 2022-23 school year, 49.3 percent of high school students that used tobacco indicated they usually use menthol tobacco products.³² The industry also disproportionately targets menthol advertising and availability towards certain populations, especially Black and LGBTQ+ populations.³³

Nicotine, a highly addictive substance found in most commercial tobacco products, harms the adolescent brain, which continues developing until age 25.³⁴ There is no 'safe' level of nicotine use for youth and young

adults because nicotine use disrupts brain growth in regions responsible for attention, learning, memory, and impulse control, with detrimental effects lasting into adulthood.³⁵ These include addiction to tobacco, alcohol, and other drugs.³⁶ Exposure to tobacco marketing and access to products during adolescence significantly increase the likelihood of lifelong nicotine dependence.³⁷ The negative health effects of tobacco use often translates to other public health impacts, including poor academic achievement and costly economic impacts.

The Maryland State Department of Education reported 1,228 public school students in Maryland were subjected to suspension or expulsion during the 2022-2023 school year for tobacco and vape product use on school grounds. This figure represents a 103.6 percent increase from the 603 students penalized in the 2021-2022 school year, predominantly affecting students in grades 6 through 10.³⁸ Furthermore, findings from the 2019 national YRBS indicate a relationship between academic grades and tobacco product use; students who use less tobacco achieve higher grades than their peers.³⁹ These findings underscore the necessity for comprehensive tobacco and nicotine prevention and cessation interventions targeting youth populations, given the potential adverse impacts on academic performance, including increased school absences due to disciplinary actions and the detrimental effects of nicotine on cognitive development.

28. MDH, *Clean Indoor Air Act*, 2024. Accessed 31 July 2025. <https://health.maryland.gov/phpa/OEHFP/EH/Pages/clean-indoor-act.aspx>.
29. U.S. Department of Health and Human Services. *Eliminating Tobacco-Related Disease and Death: Addressing Disparities: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. 2024. Accessed August 8, 2025. <https://www.hhs.gov/sites/default/files/2024-sgr-tobacco-related-health-disparities-full-report.pdf>.
30. MDH. "2023 Behavioral Risk Factor Surveillance System," IBIS Dataset Query System. Accessed July 31, 2025. <https://ibis.health.maryland.gov/ibisph-view/query/selection/brfss/BRFSSSelection.html>.
31. US Centers for Disease Control and Prevention. *Menthol Tobacco Products*, May 15, 2024. Accessed 31 July 2025, <https://www.cdc.gov/tobacco/menthol-tobacco/index.html>.
32. MDH. "2022-2023 Youth Risk Behavior Survey/Youth Tobacco Survey," IBIS Dataset Query System. Accessed July 31, 2025. <https://ibis.health.maryland.gov/ibisph-view/query/selection/yrb2021/YRBSSelection.html>.
33. U.S. Department of Health and Human Services, *Eliminating Tobacco-Related Disease and Death: Addressing Disparities*.
34. US Department of Health and Human Services, *E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General*, 2016. Accessed July 31, 2025. <https://www.ncbi.nlm.nih.gov/books/NBK538680>.
35. US Department of Health and Human Services, *E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General*.
36. National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. *Preventing Tobacco Use Among Youth and Young Adults: A report of the Surgeon General*. In NCBI Bookshelf. Centers for Disease Control and Prevention, 2012. Accessed July 31, 2025. <https://www.ncbi.nlm.nih.gov/books/NBK99237/>.
37. US Department of Health and Human Services, *E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General*.
38. Maryland State Department of Education. *Suspensions, Expulsions, and Health Related Exclusions Maryland Public Schools 2022-2023*. Maryland State Department of Education Division of Assessment, Accountability, and Performance Reporting, 2023. Accessed August 11, 2025.
39. U.S. Centers for Disease Control and Prevention. *Tobacco Product Use Behaviors and Academic Grades*. Healthy Schools. July 19, 2024. Accessed August 11, 2025.

Economic Impacts

The public health consequences of tobacco use place a high economic burden on Maryland taxpayers. Every year, Maryland spends \$3.14 billion on tobacco-related healthcare costs, with \$619.7 million spent on Medicaid alone.⁴⁰ Smoking-related illnesses result in \$6.4 billion in lost productivity annually.⁴¹ Past-year smoking quit attempts among Maryland adult smokers have risen, with about 68 percent of current and former smokers making an attempt to quit tobacco in 2022.⁴² However, fewer than one in ten adult smokers succeed in quitting.⁴³ Access to counseling and nicotine replacement therapy can support tobacco users who want to quit.

Maryland Tobacco Quitline Return on Investment

68%
Adult smokers tried to quit in 2022

<1 in 10
Succeed without help

\$2.75
ROI for every \$1 spent on the Maryland Tobacco Quitline

Callers who use the Maryland Tobacco Quitline (the Quitline) are five to nine times more likely to quit tobacco than those who try quitting on their own. Comparing these total estimated cost savings to state fiscal year 2023 Quitline operating costs, the Quitline saw a \$2.75 return on investment for every \$1 spent on Quitline services and tobacco cessation media. The Quitline also

offers 'Live Vape Free', a free, confidential text-based cessation service designed to help youth and young adults ages 13 to 24 quit using ESDs.

Tobacco use behaviors in youth and young adults vary by product type, including OTP, ESDs, and flavored tobacco products. These products also pose unique health risks.

Other Tobacco Products

4.1%
Maryland high school cigar use (2022–23)

2.6%
Smokeless tobacco use among high schoolers

↑
Cigar use rose from 2021–22 to 2022–23, bucking the decline in cigarettes/ESDs

In Maryland, OTP encompasses all tobacco products except for cigarettes and ESDs, and includes cigars, premium cigars, pipe tobacco, chewing tobacco, snuff, snus, and relevant accessories, including hookahs.⁴⁴ During the 2022-23 school year, 4.1 percent of Maryland high school students and 1.7 percent of Maryland middle school students used cigars, which are the most popular OTP with youth and young adults followed by smokeless tobacco

products (2.6 percent; 1.4 percent).⁴⁵ While cigarette and ESD use have decreased in recent years, cigar use increased between the 2021-22 and 2022-23 Maryland school years, reflecting a national trend.⁴⁶ Most OTP are cheaper than cigarettes or ESDs and are available in various appealing flavors. Many youth also view these products as less harmful than cigarettes.^{47,48,49,50} Cigars, including little cigars and cigarillos (LCCs), and hookah are combustible products and pose similar health risks

Continue →

40. Campaign for Tobacco-Free Kids. *The toll of tobacco in Maryland*.

41. Campaign for Tobacco-Free Kids. *The toll of tobacco in Maryland*.

42. MDH, "2023 Behavioral Risk Factor Surveillance System."

43. U.S. Centers for Disease Control and Prevention. *Smoking cessation: Fast facts*. Smoking and Tobacco Use. September 17, 2024. Retrieved July 31, 2025. <https://www.cdc.gov/tobacco/php/data-statistics/smoking-cessation/index.html>.

44. Md. Ann. Code, BR § 16.5-101 (j).

45. MDH, "2022–2023 Youth Risk Behavior Survey/Youth Tobacco Survey."

46. Birdsey, J., et al. *Tobacco Product Use Among U.S. Middle and High School Students – National Youth Tobacco Survey, 2023*. MMWR. Morbidity and Mortality Weekly Report 72, no. 44 (2023): 1173–82. Accessed July 31, 2025. <https://www.cdc.gov/mmwr/volumes/72/wr/mm7244a1.htm>.

47. Sterling, K. L., C. S. Fryer, and P. Fagan. *The Most Natural Tobacco Used: A Qualitative Investigation of Young Adult Smokers' Risk Perceptions of Flavored Little Cigars and Cigarillos*. *Nicotine & Tobacco Research* 18, no. 5 (2015): 827–33. <https://doi.org/10.1093/ntr/ntv151>.

48. Agaku, I., S. Odani, C. Vardavas, and L. Neff. *Self-Identified Tobacco Use and Harm Perceptions among US Youth*. *Pediatrics* 141, no. 4 (2018). <https://doi.org/10.1542/peds.2017-3523>.

49. Fitzpatrick, M., A. C. Johnson, K. P. Tercyak, K. B. Hawkins, A. C. Villanti, and D. Mays. *Adolescent Beliefs about Hookah and Hookah Tobacco Use and Implications for Preventing Use*. *Preventing Chronic Disease* 16 (2019). <https://doi.org/10.5888/pcd16.180093>.

50. Tosakoon, S., K. F. Romm, and C. J. Berg. *Nicotine Pouch Awareness, Use and Perceptions among Young Adults from Six Metropolitan Statistical Areas in the United States*. *Tobacco Prevention & Cessation* 9 (June 2023): 1–10. <https://doi.org/10.18332/tpc/163243>.

as smoking cigarettes, including cancer and heart disease. Many youth also use LCCs to smoke cannabis but do not perceive themselves as tobacco users.⁵¹

385M

Cans of Zyn sold in 2023 (+ 62% from 2022)

1.8%

U.S. middle and high school students used oral nicotine products in 2023–24

<\$5

Cost of a tin of 15 Zyn pouches in Maryland

Oral nicotine pouches are a smokeless product gaining popularity with youth and young adults. In the 2023-24 school year, 1.8 percent of U.S. middle and high school students used an oral nicotine product.⁵² These products do not contain tobacco leaf, but rather nicotine powder (and other ingredients) that is either derived from a tobacco plant or synthetically produced in a lab (i.e., non-tobacco nicotine). While

some products are marketed as ‘tobacco-free’, they still contain high levels of nicotine and are especially harmful to youth and young adults.⁵³ Many products are available in flavors, such as mint, cinnamon, fruits, and coffee, that appeal to youth and young adults.⁵⁴ Popular brand names include Zyn (Swedish Match), Velo (British American Tobacco), and On! (Altria), with Zyn leading the U.S. market and selling 385 million cans in 2023, a 62 percent increase from 2022.⁵⁵ Youth and young adults are also attracted to these products because they are discreet and low-cost; one tin of 15 Zyn pouches cost less than \$5.00 in Maryland in

2024.⁵⁶ Zyn has skyrocketed in popularity with youth and young adults via self-promotion of youth users, known as ‘ZYNfluencers’ and marketing on social media platforms.^{57,58} Although tobacco companies tout these products as safer alternatives or ways to quit combustible tobacco products, only about 35 percent of U.S. adult consumers have previously smoked cigarettes, and of those, only 10 percent stopped smoking and switched exclusively to pouches. Despite concerns with rising youth use and limited evidence for adult tobacco cessation with using these products, in 2025, the Food and Drug Administration (FDA) authorized several Zyn products for marketing and sale to adults, the first oral nicotine products to receive this designation.⁵⁹ Current data does not yet account for this policy change.

Electronic Smoking Devices

ESDs remain the most commonly used tobacco product among Maryland youth and young adults. In the 2022-23 school year, 14.3 percent of Maryland high school students and 5.9 percent of Maryland middle school students currently used ESDs (i.e., within the past 30 days) compared to just 5.1 percent of Maryland adults.^{60,61} The popularity of ESD use with Maryland youth is concerning because as previously noted, nicotine adversely affects adolescent brain

51. Trapl, E. S., D. O'Rourke-Suchoff, L. D. Yoder, L. E. Cofie, J. L. Frank, and C. S. Fryer. *Youth Acquisition and Situational Use of Cigars, Cigarillos, and Little Cigars*. *American Journal of Preventive Medicine* 52, no. 1 (2016): e9–e16. <https://doi.org/10.1016/j.amepre.2016.08.011>.

52. Park-Lee, E., A. Jamal, H. Cowan, M. D. Sawdey, M. R. Cooper, J. Birdsey, A. West, and K. A. Cullen. *Notes from the Field: E-Cigarette and Nicotine Pouch Use Among Middle and High School Students – United States, 2024*. *MMWR. Morbidity and Mortality Weekly Report* 73, no. 35 (2024): 774–78. <https://doi.org/10.15585/mmwr.mm7335a3>.

53. U.S. Centers for Disease Control and Prevention. *Nicotine Pouches*. Smoking and Tobacco Use. January 31, 2025. Accessed August 14, 2025. <https://www.cdc.gov/tobacco/nicotine-pouches/index.html>.

54. U.S. Centers for Disease Control and Prevention, *Nicotine Pouches*.

55. Truth Initiative. *Philip Morris International to Invest over \$800 Million to Meet Growing Zyn Market*. Press release, September 18, 2024. Retrieved August 14, 2025. <https://truthinitiative.org/research-resources/emerging-to-bacco-products/philip-morris-international-invest-over-800-million>.

56. Legal Resource Center for Public Health Policy. *Zyn Fact Sheet*. 2025. Retrieved August 14, 2025. <https://www.law.umaryland.edu/media/sol/>

[sol-2022-images-and-files/academics/programs-and-centers/legal-resource-center-for-public-health-policy/pdfs-docs-and-files/Zyn-Fact-Sheet.pdf](https://www.law.umaryland.edu/media/sol-2022-images-and-files/academics/programs-and-centers/legal-resource-center-for-public-health-policy/pdfs-docs-and-files/Zyn-Fact-Sheet.pdf).

57. Donaldson, S. I., K. La Capria, A. DeJesus, O. Ganz, C. D. Delnevo, and J. Allem. *Describing ZYN-Related Content on TikTok: Content Analysis*. *Nicotine & Tobacco Research*, 2025. <https://doi.org/10.1093/ntr/ntaf016>.

58. American Lung Association. *ZYN 101: What to Know about Big Tobacco's Latest Addiction*. July 31, 2024. Retrieved August 14, 2025. <https://www.lung.org/blog/zyn-nicotine-addiction>.

59. U.S. Food and Drug Administration. *FDA Authorizes Marketing of 20 ZYN Nicotine Pouch Products after Extensive Scientific Review*. Press release, January 16, 2025. Retrieved August 14, 2025. <https://www.fda.gov/news-events/press-announcements/fda-authorizes-marketing-20-zyn-nicotine-pouch-products-after-extensive-scientific-review>.

60. MDH, “2022-2023 Youth Risk Behavior Survey/Youth Tobacco Survey.”

61. MDH, “2023 Behavioral Risk Factor Surveillance System.”

62. US Department of Health and Human Services, *E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General*.

14.3%

Maryland high schoolers using ESDs (2022–23)

5.9%

Maryland middle schoolers using ESDs

13.9%

Maryland high schoolers who vaped cannabis (2022–23)

16.6%

Maryland adults using ESDs to try to quit smoking

development and mental health.⁶² ESDs can also be used to vape cannabis and hemp. In the 2022–23 school year, 13.9 percent of Maryland high school students had vaped cannabis.⁶³ In general, youth do not perceive vaping as risky and many are unaware that ESDs contain nicotine, despite many ESD products containing more nicotine than a pack of cigarettes.⁶⁴ Many youth also report using ESDs because they are curious about these products despite tobacco companies touting ESDs as tobacco cessation devices for adult consumers.⁶⁵ However, less than one in five (16.6 percent) Maryland adults who use ESDs (2023) do so to quit smoking and the FDA has never approved an ESD as a tobacco cessation device.^{66,67} Research suggests that youth who start using ESDs are more likely to dual use or completely transition to cigarettes, putting them at risk for a lifelong addiction to nicotine and other substances.⁶⁸

Aerosols released from ESDs are made of “tiny particles or droplets in the air,”⁶⁹ and are not a harmless water vapor contrary to a commonly held

belief. Environmental (i.e., exhaled or secondhand) ESD aerosol (often referred to as “vape” or “vapor”) has documented health effects, particularly with prolonged exposure. Users inhale the aerosol and expose bystanders when they exhale secondhand vape (SHV).⁷⁰ SHV can contain nicotine, THC (tetrahydrocannabinol) and other cannabinoids, heavy metals, tiny particles, cancer-causing chemicals, and other toxins that can cause respiratory distress and disease.⁷¹ Ventilation or air filtration may reduce toxins in SHV, but does not completely remove them.⁷² ESDs used to vape cannabis and hemp pose additional challenges with potential SHS and SHV exposure since Maryland legalized adult-use cannabis on July 1, 2023. Because of these risks, along with concerns about normalizing vaping in public, Maryland prohibited vaping tobacco and cannabis within most indoor public places under the Maryland Clean Indoor Air Act in 2024.⁷³

Disposable ESD products, pre-filled devices meant to be thrown away after a certain amount of use, have become the most popular ESDs with youth and young adults in the U.S. and Maryland.⁷⁴ In January and May 2025, the FDA seized more than \$7M and \$34M, respectively, in illegal ESD products from China.^{75,76} According to the Centers for Disease Control and Prevention, disposable ESD products have gained

Continue →

63. MDH, “2022–2023 Youth Risk Behavior Survey/Youth Tobacco Survey.”

64. Miech, R., et al. *Trends in Use and Perceptions of Nicotine Vaping Among US Youth from 2017 to 2020*. *JAMA Pediatrics* 175, no. 2 (2021): 185–90. Accessed July 31, 2025. <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2774132>.

65. U.S. Department of Health and Human Services, *E-Cigarette Use Among Youth and Young Adults*.

66. MDH, “2023 Behavioral Risk Factor Surveillance System.”

67. U.S. Food and Drug Administration. *E-Cigarettes, Vapes, and Other Electronic Nicotine Delivery Systems (ENDS)*. July 1, 2023. Accessed July 31, 2025. <https://www.fda.gov/tobacco-products/products-ingredients-components/e-cigarettes-vapes-and-other-electronic-nicotine-delivery-systems-ends>.

68. National Center for Chronic Disease Prevention and Health Promotion (US), Office on Smoking and Health. *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Centers for Disease Control and Prevention, 2012. In NCBI Bookshelf. Accessed July 31, 2025. <https://www.ncbi.nlm.nih.gov/books/NBK992371>.

69. U.S. Environmental Protection Agency. *Secondhand Electronic-Cigarette Aerosol and Indoor Air Quality*. May 13, 2025. Accessed July 31, 2025. [https://www.epa.gov/indoor-air-quality-iaq/secondhand-electronic-ciga-](https://www.epa.gov/indoor-air-quality-iaq/secondhand-electronic-cigarette-aerosol-and-indoor-air-quality)

[rette-aerosol-and-indoor-air-quality](https://www.epa.gov/indoor-air-quality-iaq/secondhand-electronic-cigarette-aerosol-and-indoor-air-quality).

70. U.S. Environmental Protection Agency, *Secondhand Electronic-Cigarette Aerosol and Indoor Air Quality*.

71. U.S. Centers for Disease Control and Prevention. *About Electronic Cigarettes (E-Cigarettes)*. October 24, 2024. Accessed July 31, 2025. <https://www.cdc.gov/tobacco/e-cigarettes/about.html>.

72. MDH, “2022–2023 Youth Risk Behavior Survey/Youth Tobacco Survey.”

73. MDH, *Clean Indoor Air Act*.

74. Birdsey et al., *Tobacco Product Use Among U.S. Middle and High School Students – NYTS, 2023*.

75. U.S. Food and Drug Administration. *More Than \$7 Million Worth of Illegal E-Cigarettes Seized in Federal Operation*. Press release, January 10, 2025. Retrieved August 11, 2025. <https://www.fda.gov/tobacco-products/ctp-newsroom/more-7-million-worth-illegal-e-cigarettes-seized-federal-operation>.

76. U.S. Food and Drug Administration. *FDA and CBP Seize Nearly \$34 Million Worth of Illegal E-Cigarettes During Joint Operation*. Press release, May 22, 2025. Retrieved August 11, 2025. <https://www.fda.gov/news-events/press-announcements/fda-and-cbp-seize-nearly-34-million-worth-illegal-e-cigarettes-during-joint-operation>.

market share because of their high nicotine levels, low cost, and availability in appealing flavors.⁷⁷ Newer disposable ESD products, known as ‘smart vapes’, have electronic displays with features similar to smartphones, including video games and reward systems (e.g., points and rankings based on how much a user ‘vapes’), that further entice youth to use these products.⁷⁸ Two ‘smart vape’ brands, Geek Bar Pulse and RAZ, ranked in the top ten most popular ESD brands with U.S. youth in 2024.⁷⁹ These products pose significant negative public health impacts for tobacco users, especially youth.

Flavored Tobacco Products

97%

High school ESD users use flavors other than tobacco

22.5%

High schoolers used menthol/mint/wintergreen ESDs (2022–23)

53.2%

Maryland adult cigarette smokers who prefer menthol

Most ESD and OTP are available in enticing fruity, sweet, and other flavors appealing to youth and young adults. According to the 2022-23 Maryland YRBS/YTS, among Maryland high school students that have ever used ESD products, 97 percent use ESD products in flavors other than tobacco.⁸⁰ Flavors, including menthol, mask the harshness of tobacco, making it easier for the leading to addiction and trouble quitting these products.⁸¹ Some ESD products now contain artificial sweeteners, which are further enticing young consumers.⁸² Although the FDA has approved some chemical flavorings in small quantities for oral consumption, they have not been approved for inhalation, which could have adverse health effects associated with inhaling these additives.

During the 2022-23 school year, over one-fifth (22.5 percent) of high school students reported using menthol, mint, or wintergreen flavors in their ESDs.⁸³ Menthol flavoring has been evidenced to intensify nicotine dependence and the urge to smoke, making it harder for smokers using menthol to quit.⁸⁴ The FDA’s Tobacco Products Scientific Advisory Committee stated, “removal of menthol cigarettes from the marketplace would benefit public health in the United States.”⁸⁵ Statewide in 2023, 53.2 percent of current adult cigarette smokers usually smoked menthol cigarettes.⁸⁶ Menthol tobacco products are aggressively marketed and used at disproportionately higher rates by racial/ethnic minorities; persons of lower socio-economic status; and LGBTQ+ populations.^{87,88} In 2022, the FDA proposed a ban on menthol as a characterizing flavor in cigarettes and cigars to prevent youth initiation.⁸⁹ The FDA approved the final menthol rule and submitted it to the White House for final approval in 2023, but it was later withdrawn in January 2025 after pressure from the tobacco industry.⁹⁰ Six states and over 400 U.S. municipalities have passed varying restrictions on the sale of flavored tobacco products with at least 200 municipalities restricting the sale of menthol cigarettes.⁹¹ States that have banned flavored tobacco product sales, including menthol products, have seen positive public health benefits, including reduced sales without significant sales increases in neighboring states and reduced adolescent tobacco use (cigarettes and ESDs).^{92,93,94}

77. Birdsey et al., *Tobacco Product Use Among U.S. Middle and High School Students – NYTS, 2023*.

78. U.S. Centers for Disease Control and Prevention, *About Electronic Cigarettes (E-Cigarettes)*.

79. CDC Foundation. *Monitoring Sales: National Trends*. 2024. Retrieved August 14, 2025. https://www.cdcfoundation.org/MonthlyECigaretteData-Brief_06.16.2024.pdf?inline.

80. MDH, “2022–2023 Youth Risk Behavior Survey/Youth Tobacco Survey.”

81. US Department of Health and Human Services, *E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General*.

82. Erythropel, H. C., S. V. Jabba, R. A. Mellinshoff, V. Garcia-Gallet, P. Silinski, J. B. Zimmerman, and S. E. Jordt. *Prevalence of Artificial Sweetener Neotame in US-Marketed Disposable E-Cigarettes*. *JAMA*, 2025. <https://doi.org/10.1001/jama.2025.7398>.

83. MDH, “2022–2023 Youth Risk Behavior Survey/Youth Tobacco Survey.”

84. Ahijevych, K., and B. E. Garrett. *The Role of Menthol in Cigarettes as a Reinforcer of Smoking Behavior*. *Nicotine & Tobacco Research* 12, suppl. 2 (2010): S110–16. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3636955>.

85. Tobacco Products Scientific Advisory Committee (TPSAC), U.S. Food and Drug Administration. *Menthol Cigarettes and Public Health: Review of the Scientific Evidence and Recommendations*. 2011. <https://wayback.archive-it.org/7993/20170405201731/https://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/TobaccoProductsScientificAdvisoryCommittee/UCM269697.pdf>.

86. MDH, “2023 Behavioral Risk Factor Surveillance System.”

87. Fallin, A., et al. *Menthol Cigarette Smoking among Lesbian, Gay, Bisexual, and Transgender Adults*. *American Journal of Preventive Medicine* 48, no. 1 (2015): 93–97. <https://www.ncbi.nlm.nih.gov/pubmed/25245795>.

Impact of Legislative Activity

Public health efforts to reduce tobacco use and tobacco-related health disparities in Maryland have seen tremendous progress over the past few decades, but tobacco use remains a leading cause of morbidity and mortality. With the TRMA now effective, MDH is better equipped to ramp up local tobacco enforcement checks, tobacco cessation services, tobacco prevention messaging through mass-reach health communications, and surveillance activities of tobacco use behaviors. This is increasingly important due to the continued popularity of OTP, ESDs, and flavored tobacco products with Maryland youth and young adults. Efforts to mitigate exposure to SHS and SHV are supported by legislative efforts of the General Assembly, but the adverse public health impacts of tobacco product use are vast. The proliferation of flavored products and the lack of public awareness about the dangers and inclusion of nicotine in popular products continue to create challenges in mitigating the adverse impacts of tobacco use on public health in Maryland.



Final Words

This report provides an overview of the distribution, proximity to schools and health care facilities, and geographic density of Maryland licensed tobacco retailers. It also outlines the processes used to maintain licensing data and highlights considerations related to youth use, public health, and economic impacts. The information is intended to support the General Assembly for informed decision-making as the State continues to evaluate approaches to tobacco regulation and public health. Should additional information and research be required, the ATCC is available to assist.

88. Lawrence, D., et al. *National Patterns and Correlates of Mentholated Cigarette Use in the United States*. *Addiction* 105, suppl. 1 (December 2010): 13–31. <https://doi.org/10.1111/j.1360-0443.2010.03203.x>.
89. U.S. Food and Drug Administration. *FDA Proposes Rules Prohibiting Menthol Cigarettes and Flavored Cigars to Prevent Youth Initiation, Significantly Reduce Tobacco-Related Disease and Death*. Press release, April 28, 2022. Retrieved August 11, 2025. <https://www.fda.gov/news-events/press-announcements/fda-proposes-rules-prohibiting-menthol-cigarettes-and-flavored-cigars-prevent-youth-initiation>.
90. Public Health Law Center at Mitchell Hamline School of Law. *FDA Menthol Timeline*. Public Health Law Center, 2025. Retrieved July 31, 2025. <https://www.publichealthlawcenter.org/resources/fda-menthol-timeline>.
91. Campaign for Tobacco-Free Kids. *States and Localities That Have Restricted the Sale of Flavored Tobacco Products*. Accessed July 31, 2025. <https://www.tobaccofreekids.org/assets/factsheets/0398.pdf>.
92. Ali, F. R. M., A. M. Leventhal, M. C. Diaz, E. W. Crane, and K. Marynak. *Changes in E-Cigarette and Cigarette Sales in California and Neighboring States Following a Law Prohibiting Flavored Tobacco Product Sales*. *American Journal of Public Health*, 2025: e1–e5. <https://doi.org/10.2105/ajph.2025.308182>.
93. Ali, F. R. M., B. A. King, E. L. Seaman, D. Vallone, and B. Schillo. *Impact of Massachusetts Law Prohibiting Flavored Tobacco Products Sales on Cross-Border Cigarette Sales*. *PLOS ONE* 17, no. 9 (2022): e0274022. <https://doi.org/10.1371/journal.pone.0274022>.
94. Hawkins, S. S., C. Kruzik, M. O'Brien, and R. L. Coley. *Flavoured Tobacco Product Restrictions in Massachusetts Associated with Reductions in Adolescent Cigarette and E-Cigarette Use*. *Tobacco Control* 31, no. 4 (2021): 576–79. <https://doi.org/10.1136/tobaccocontrol-2020-056159>.

ATCC

ALCOHOL TOBACCO AND CANNABIS COMMISSION



1215 EAST FORT AVENUE

Suite 300
Baltimore, MD 21230

PHONE
(443) 300-6990

EMAIL
atcc.info@maryland.gov



atcc.maryland.gov

The Truth About the Tobacco Industry and the Retail Environment

Tobacco companies rely on the retail environment to reach both current and future customers by advertising and promoting their products and normalizing the presence of tobacco products in everyday life.¹⁻⁴ Point-of-sale tobacco marketing refers to advertising and promotions by the tobacco industry to sell its products in the retail environment, such as product displays and placement, exterior and interior advertisements, and promotional and price incentives for consumers.^{5,6}

The industry's investment in marketing in the retail environment reveals the importance it places on this sales tool. The tobacco industry spent almost \$9.5 billion marketing its cigarette, smokeless tobacco, and e-cigarette products in 2021, the most recent year with data for all three categories. Almost \$9.1 billion (or 95.6%) of that was spent on marketing in the retail environment that year, amounting to over \$1 million every hour.^{2,3,7}

This report reviews the science around marketing in the retail environment and the massive impact it has on driving tobacco use, particularly among youth and young adults. It examines how state and local governments have spearheaded innovative solutions to mitigate this impact and highlights endgame policies that restrict points of sale.¹

¹ While retail display, price discounting, and promotional practices and policies may include anything related to the retail environment (including health warnings, minimum legal sales age, tobacco taxation), this report focuses on tobacco retailer licensing, retailer density, price discounting, retail placement, and promotional practices. This report does not cover the online tobacco retail environment.

The impact of tobacco marketing in the retail environment

The reason the tobacco industry invests in the retail environment is simple: it works. When discounts and promotions are advertised in stores, tobacco product sales go up by as much as 30%.¹

Tobacco marketing in the retail environment is associated with impulse purchases of tobacco products. Cigarette displays at the point-of-sale tempt smokers to buy tobacco, even among customers not intending to do so and smokers trying to quit.^{8,9} A study of adult daily smokers found unintended cigarette purchases were made by 22% of study participants, and point-of-sale displays caused nearly four times as many unplanned purchases as planned purchases.¹⁰ Another study found that 11.3% of cigarette pack buying was described as unplanned. Young adults ages 18-24, in particular, were more likely to make unplanned cigarette pack purchases.¹¹ These impulse purchases are sometimes made instead of a planned purchase on items like food.¹²

Retail marketing and in-store advertising and display is also associated with compromising quit attempts.^{13,14} A study interviewing smokers who had attempted to quit in the last six months found that the high visibility of tobacco product advertising in-store was extremely tempting and stymied cessation attempts.¹⁴ Another study found that higher exposure to in-store advertising and price promotion at the point-of-sale was associated with a lower probability of successful quitting among adult smokers.¹⁵ Exposure to e-cigarette advertising in the retail environment is also associated with compromising cigarette smoking cessation. A study of 18- to 29-year-old current cigarette smokers found that exposure to e-cigarette product displays was associated with lowered odds of cigarette smoking abstinence at a six-month follow-up.¹⁶ A survey of young adult smokers found that one in three reported that frequent exposure to tobacco advertising made it difficult to quit.¹¹

Research shows point-of-sale marketing is more prevalent in communities with a greater number of low-income residents and groups that have been economically and socially marginalized, and it is more effective in garnering the attention of these communities and populations.¹⁷⁻²² A study of adult current smokers found that those with incomes below the poverty level were more likely to notice in-store tobacco promotions and ads and were more than twice as likely to purchase a tobacco product due to a special price promotion.²³ Black or Hispanic individuals have higher odds of reporting exposure to tobacco advertising than those who are White.^{21,22}

This phenomenon is not limited to cigarettes – geographic, socioeconomic, and racial and ethnic disparities also exist for exposure to e-cigarette advertising in the retail environment.²⁴ In one study of point-of-sale e-cigarette advertising in Omaha, Nebraska, higher levels of exposure to such advertising was significantly associated with lower median household income, higher percentage of Hispanic individuals, and higher percentage of young adults.²⁴

Youth

Youth are especially affected by tobacco marketing in the retail environment. Advertising and promotional efforts by tobacco companies influence the initiation and progression of tobacco use among young people.^{1,25–27} Studies show that tobacco use is associated with both exposure to retail advertising and relatively easy in-store access to tobacco products.¹ Frequent exposure to tobacco product advertising and retail marketing over time normalizes tobacco and smoking for youth and makes them more likely to smoke.^{26,28,29} In fact, youth who are more frequently exposed to point-of-sale tobacco promotion have 1.6 times higher odds of having tried smoking and around 1.3 times higher odds of being susceptible to future smoking, compared to those exposed less frequently.²⁶ Exposure and attention to the tobacco power wall, the area behind the cash register where tobacco advertising is concentrated and tobacco products are displayed, in particular, is associated with future smoking susceptibility.³⁰

The retail environment also has a great impact on youth use of e-cigarettes. E-cigarette use has increased greatly in recent years, especially among youth and young adults who use e-cigarettes more than any other age group. While youth prevalence has fallen in the past few years, current use is still concerning. Exposure to e-cigarette ads in the retail environment is associated with susceptibility to use among youth, higher likelihood of current e-cigarette use, and the perception of reduced harmfulness of e-cigarettes compared to regular cigarettes.^{31–33} Exposure to the tobacco power wall is associated with willingness to use e-cigarettes in the future.³⁴ In particular, youth visiting convenience stores at least weekly have 1.51 times the odds of e-cigarette susceptibility and 1.79 times the odds of e-cigarette initiation, compared to youth who never visit convenience stores.³¹

Tobacco marketing in the retail environment is also associated with youth brand preference.^{1,35} Youth who described frequent exposure to tobacco marketing in retail stores had a greater likelihood of attributing positive imagery to specific

tobacco product brands. Other studies show that youth who view photos of stores with tobacco displays and advertising have a greater likelihood of overestimating the percentage of adolescents and adults who smoke and believe that tobacco products are easier to buy than those who view photos without retail tobacco advertising. Research also shows that youth smokers prefer tobacco brands marketed most heavily in the convenience store closest to their schools.¹

Licensing and retailer density

Retailer density is an important predictor of youth and young adult smoking. This is unsurprising since, as previously noted, youth are especially susceptible to marketing in the retail environment. As the number of tobacco retailers increase, so does exposure to tobacco advertising and promotion. As of 2022, an estimated 380,000 retailers sell tobacco products in the U.S.³⁶ This number is equivalent to 25 tobacco retailers for every Starbucks or 28 tobacco retailers for every McDonalds.³⁷ According to data from 2016, an estimated 48% were convenience stores (with and without gas), 25% were supermarkets, 13% were off-premise liquor stores, 7% were pharmacies, 4% were tobacco shops, and 3% were discount department stores, warehouse stores, and newsstands.³⁸ The number of tobacco retailers that are pharmacies may be underestimated as many supermarkets and warehouses also contain retail pharmacies.

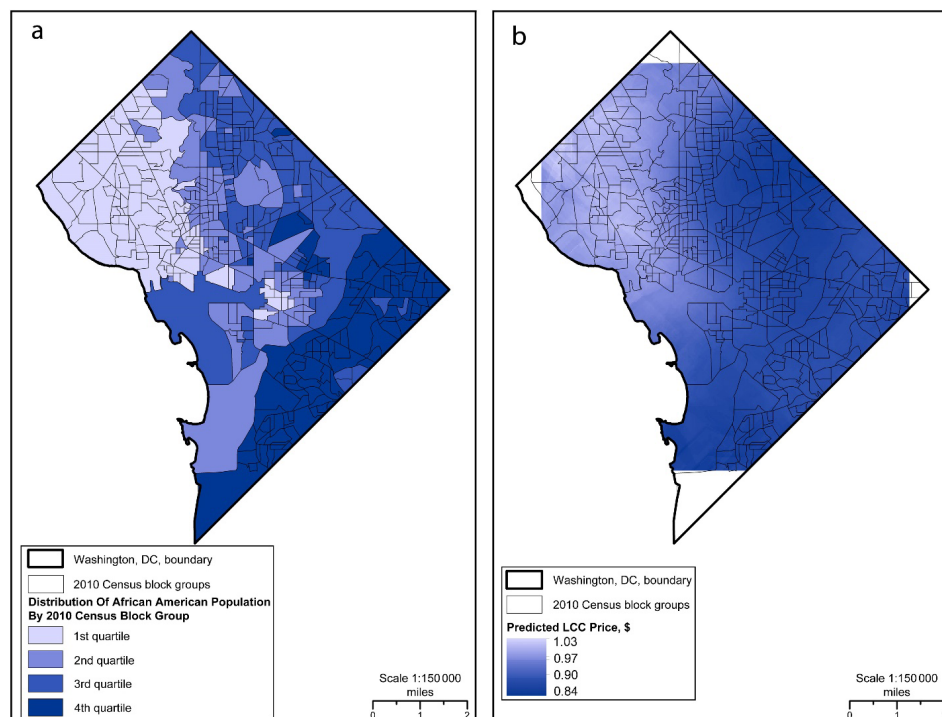
Experimental smoking among youth is correlated with the number of tobacco retailers in high school neighborhoods and in communities where youth live.¹ In one study, the incidence of smoking was significantly higher among students in schools with the highest density of surrounding tobacco retailers compared with students in schools without any tobacco retail outlets.³⁹

Tobacco retailers are often more heavily populated in areas with a greater number of minority and low-income residents.⁴⁰⁻⁴² This may account for the significantly higher prevalence of youth and adult smoking found within populations with low socioeconomic status (SES). Young adults living in communities having a high density of residents from racial/ethnic minority backgrounds and/or lower socioeconomic statuses are more likely to be exposed

to tobacco marketing, especially flavored tobacco marketing, than those who live outside these communities.⁴³ In Philadelphia, for example, low-income areas

have 69% more tobacco retailers per person and more tobacco retailers within 500 and 1,000 feet of schools than high-income neighborhoods. These low-income areas also have higher adult smoking rates than the high-income areas.⁴⁴ In major cities like Washington, D.C., there are up to 10 times more tobacco advertisements in neighborhoods with a majority of Black residents compared with other neighborhoods.^{17,45,46} Little cigars and cigarillos and menthol tobacco products are also cheaper in neighborhoods with a majority of Black or young adult residents, a technique used by the tobacco industry to increase demand, particularly among price-sensitive populations.^{19,45}

The figure below from 2017 shows that as the proportion of Black residents in Washington, D.C. neighborhoods increases, the predicted price per cigarillo decreases. Figure (a) shows the quartile distribution of the Black population in Washington, D.C., with darker blue representing a greater number of Black residents. Figure (b) shows a prediction map of price per cigarillo with darker colors representing lower prices.



Pharmacies play an important role in our health system as community resources for health information and services. Despite their increasing importance in health

care, pharmacies are also leading retailers of tobacco products.¹ In 2014, CVS Health stopped selling tobacco products and eight months later reported that cigarette purchases had dropped a percentage point in states where the company has a large presence. That amounted to 95 million fewer packs of cigarettes sold in those states in the eight months following the tobacco removal.⁴⁸ Consumers who purchased cigarettes exclusively at CVS were 38% more likely to cease buying cigarettes after their removal. Those who had bought three-or-more packs during the study's baseline, or had greater baseline cigarette consumption, were more than twice as likely to cease buying cigarettes.⁴⁹ Furthermore, a study using CDC data found 66% of U.S. adults favor a ban on tobacco products in pharmacy stores, including nearly half of smokers.⁵⁰ In 2015, almost 54,000 pharmacies in the United States sold tobacco products.⁴⁷

The tobacco industry understands the impact of policies that limit tobacco retailer licensing and density and has in fact sued to prevent such regulations. In 1999, Lorillard Tobacco Company sued the Attorney General of Massachusetts over a regulation prohibiting outdoor advertising within 1,000 feet of a school or playground.⁵¹

Price

Over time, tobacco company expenditures have become increasingly concentrated on marketing efforts that reduce the price of tobacco products, especially at the point-of-sale.¹ Tobacco companies employ several options for reducing the prices of their products, ranging from directly dropping the wholesale prices to engaging in a variety of price-reducing tactics such as couponing, multipack discounts (e.g. buy-two-get-one-free or buy-two-for-one deals), and price discounts (e.g. \$2.50 off one pack).¹ Retailers also frequently sell cigars, little cigars, and cigarillos as singles or in multi-packs for less than \$1. In the past decade, price-reducing promotions have been the primary means of price competition among manufacturers, with some evidence that these promotions have been targeted to specific brands or venues that are important for young people.¹ For example, from 1985-1986, RJ Reynolds promoted its Camel brand cigarettes to 18- to 24-year-old males in the Midwest with price-reducing promotions like “buy three, get three free” discounts, leading to a

dramatic increase in the brand's market share after a previously flat-to-declining-share trend.⁵²

These price-reducing promotions also mitigate the impact of tax increases. When retail prices rise following tax increases, tobacco companies engage in a variety of price-related marketing efforts to soften the impact of the increased prices, such as increased distribution of coupons and multipack discounts.¹ There is also evidence that the tobacco industry uses pricing promotion strategies to lower cigarette prices in states with stronger state and local tobacco control policies than in states with weaker policies. This strategy is used to offset the impact of these policies on tobacco use.¹ This was shown in a study using data from 1960-1990 that found states and localities with stronger tobacco control laws had lower cigarette prices, or price discrimination.⁵³

The industry knows that price increases have an immediate negative impact on sales. We know that both youth and adult smokers are sensitive to price promotions, and low-income and minority smokers have greater price-responsiveness.^{1,54-56} The Surgeon General's 2012 Report concluded that "the industry's extensive use of price-reducing promotions has led to higher rates of tobacco use among young people than would have occurred in the absence of these promotions".¹ Tobacco product coupons are received more often by individuals of lower educational attainment, higher intensity tobacco users, and people who identify as sexual and gender minorities.⁵⁶ Tobacco companies also target female, low socioeconomic status, and BIPOC customers with coupons.^{20,57-60} Receipt of coupons or redemption is associated with increased tobacco initiation among those who had not previously used tobacco products and reduced smoking cessation among current tobacco users.^{56,61} To increase demand particularly among price-sensitive populations, the tobacco industry has also lowered prices for little cigars and cigarillos in neighborhoods where the majority of residents are Black or young adults.⁴⁵ The tobacco industry has employed similar tactics to target Black people with menthol cigarettes: in California, for each 10 percentage point increase in the proportion of Black high school students in a given neighborhood, the cost of Newport cigarettes, a menthol brand, was 12 cents lower.¹⁹ In Los Angeles County, a disproportionate quantity of price promotions and the lowest advertised pack price for menthol cigarettes was found in stores located in neighborhoods with predominantly Black residents.⁶²

Keeping the price of tobacco products high is a great benefit to public health. In fact, a CDC study found that a \$10 per pack retail price (a target established in the 2014 Surgeon General's Report⁶³) combined with eliminating discounts could

result in almost 638,000 fewer youth smokers, almost 4.2 million fewer young adult smokers, and more than 7.7 million fewer adult smokers aged 26 years and older, just one year after implementation. A \$10 per pack retail price with no discounts would be expected to prevent the early deaths of approximately 1.5 million U.S. youth and young adults.⁶⁴

In-store promotion

The tobacco industry promotes its products at the point-of-sale through displays and advertisements, spending a great deal of money to do so. In 2014, the tobacco industry spent over \$270 million dollars promoting its products at the point-of-sale through displays and advertisements.^{65,66}

Tobacco companies provide retailers with incentives for advertising their products, and many retailers take advantage of these incentives. A majority of retail stores participate in at least one cigarette company incentive program and nearly four out of five participating retailers report that the tobacco company supervises the location of marketing materials in their stores.^{1,67} A 2014 study found that 96% of stores that sold cigarettes, including gas stations, convenience stores, and tobacco shops, had at least one tobacco marketing item, with an average of 29.5 items per store. These marketing items included branded signs, displays, shelving units, and functional items such as doormats.⁴⁷

The tobacco power wall, the area behind the cash register where tobacco advertising is concentrated and tobacco products are displayed, is invaluable for the industry in marketing its products in the retail environment.⁶⁸ A study using mobile eye-tracking technology found that 72% of retail customers, regardless of smoking status, fixated on the power wall at some point during the time period of selecting a candy bar to cashing out.⁶⁸ Additionally, in the post survey, 96% of study participants indicated they noticed a cigarette brand, and 64% were able to describe a specific part of the tobacco wall or recall a promotional offer.⁶⁸

Youth are frequently exposed to tobacco product in-store promotion. Stores where adolescents shop frequently have been found to have more cigarette marketing than other stores in the same community.^{1,69} Studies show that youth

are more likely to progress from never smoking to experimental smoking as the frequency of point-of-sale tobacco product advertising and promotion increases.¹ Frequency of walking to school and stopping at tobacco-selling retailers, mostly gas stations and convenience stores, is strongly associated with current use of

cigarettes, e-cigarettes, and cigars among youth, likely due to increased exposure to marketing both on the exterior and in retail stores.⁷⁰ Young adults are also frequently exposed to tobacco product in-store promotion. A study of college campuses in North Carolina and Virginia found that 94.4% of tobacco retailers located near campuses in 2013 displayed interior tobacco product advertising and 60.5% displayed exterior advertising.⁷¹

The convenience store environment, where 70% of youth shop at least once a week, heavily promotes tobacco products.¹ Convenience stores have more tobacco marketing and sell more cigarettes than any other type of retail store. Cigarette sales account for one-third of *all* purchases at convenience stores.¹ About 92% of convenience stores have at least one tobacco branded advertisement or display and a majority of youth in the U.S. describe seeing tobacco product advertising and promotion all or most of the time when they visit convenience stores.^{1,67}

Tobacco industry marketing differentially appeals to people with the lowest income and education through point-of-sale advertising. There is more in-store tobacco advertising in predominantly racially diverse and low-income neighborhoods.^{1,17,20} The marketing of smokeless tobacco products is greater in rural neighborhoods and neighborhoods with more White residents.²⁰ In California, for each 10 percentage point increase in the proportion of Black high school students, the proportion of menthol advertising in the neighborhood increased by 5.9 percentage points and the odds of a Newport promotion were 50% higher.¹⁹ This may account for the extraordinarily higher proportion of Black smokers who use menthol cigarettes as nearly 9 in 10 Black smokers (88.5%) ages 12 years and older use menthol cigarettes.⁷²

Restricting the promotion of tobacco products at the point-of-sale would benefit public health. A recent modelling study suggests that restricting tobacco product displays and advertisements in the retail environment in the U.S. would reduce smoking prevalence by approximately 16% by the year 2065, thus preventing about 630,000 smoking-attributable deaths, 215,000 low birth weight births, 140,000 preterm births, and 1,900 infant deaths from SIDS.⁷³

Placement

We know that point-of-sale marketing encourages impulse purchases and increased sales of tobacco products, so it's not surprising that tobacco

companies strategically place their products front and center, making them easy for customers to see. They frequently do this by entering into contractual agreements with retailers that receive financial incentives in return for the placement of tobacco products in highly visible locations around the counter. These incentives help those stores price their tobacco products lower than competitors.¹

In most retail stores, the cashier counter is the best place for advertising and is where impulse buying is encouraged since customers must stop there before leaving. Tobacco companies use this to their benefit and place their products and ads strategically around checkout counters to ensure the most exposure and stimulate impulse purchases of their products.¹ For example, in California, 85% of stores have marketing materials for tobacco products within four feet of the counter and nationally, 85% of tobacco shelving units and 93% of tobacco displays are located in the counter zone.¹

While the tobacco industry acknowledges that products and advertising should be placed at adult eye level to avoid young children being exposed, about one-third of stores have low-height interior tobacco ads. In a California study, almost half of stores had at least one cigarette marketing item at or below 3 feet from the floor and almost 25% had cigarette displays next to candy.¹ In New York City, 37.2% of cigarette, cigar, smokeless tobacco, and e-cigarette advertisements were placed at a height lower than three feet.⁷⁴ While the Tobacco Control Act requires cigarettes and smokeless tobacco products to be placed behind the counter, this does not apply to other tobacco products.^{75,76} Thus, products like little cigars and e-cigarettes, which often come in youth-appealing flavors, are not subject to the behind-the-counter restriction and may be placed on countertops in tobacco retailers where they are visible and easily accessible to youth. A study of tobacco retailers in North Carolina found that more than half of retailers (52.3%) placed e-cigarettes in front of the counter, on top of the counter, or in multiple locations, while only 47.7% placed them exclusively behind the counter.⁷⁷ Additionally, 13.6% of the tobacco retailers, all convenience stores, placed e-cigarettes next to candy.⁷⁷

Placement of tobacco products at the point-of-sale affects impulse purchases made by adults. One study used a virtual convenience store to create scenarios in which the tobacco product display was either fully visible or enclosed behind a cabinet (display ban). Compared with adult recent quitters in the fully visible tobacco product display conditions, adult recent quitters in the display ban condition had lower urges to smoke. Additionally, compared with adult current

smokers in the fully visible conditions, adult current smokers in the display ban conditions were less likely to attempt to purchase cigarettes in the virtual store.⁷⁸

Policy environment

FDA regulation

- **Promotion and placement:** The 2009 Tobacco Control Act gave the FDA the authority to regulate tobacco products. The law prohibits vending machine sales except in adult-only facilities and prohibits self-service displays and brand-name non-tobacco promotional items.⁷⁹ The 2009 Tobacco Control Act also preserves the authority of state and local governments to impose specific bans or restrictions on the time, place, and manner, but not content, of the advertising and promotion of tobacco products.⁸⁰ In May 2016, the FDA finalized its “deeming” regulation, extending its authority to all tobacco products, including e-cigarettes, cigars, hookah, pipe tobacco, nicotine gels, and dissolvables.
- **Price:** Other than taxation of tobacco products, the federal government has limited experience with policies impacting the price of tobacco products in the retail environment. The 2009 Tobacco Control Act prohibits the sale of packages of fewer than 20 cigarettes as well as free giveaways or free sample cigarettes or smokeless tobacco².⁷⁹ The finalization in 2016 of the FDA’s “deeming” regulation extended the prohibition of free samples to the newly regulated tobacco products, including any of their components or parts.
- **Licensing:** Licensing and commercial zoning are areas of local concern. The federal government has no regulations affecting tobacco retailer licensing and density.

Assurances of voluntary compliance

² Free samples of smokeless tobacco are allowed in adult-only facilities

The 1998 Master Settlement Agreement between the major tobacco companies, 46 U.S. states, the District of Columbia and five U.S. territories resulted in the tobacco companies paying the states and territories billions of dollars in yearly installments. The money served as compensation for taxpayer money that had been spent in connection with tobacco-related diseases and the loss to local economies. As part of the agreement, the major tobacco companies also agreed

to new restrictions, including prohibiting tobacco advertising that targets youth; eliminating cartoons in cigarette advertising and outdoor, billboard, and public transit advertising; and prohibiting brand name merchandise.

Assurances of Voluntary Compliance (AVCs) are legally binding and enforceable agreements about tobacco advertising restrictions between state attorneys general and retailers that the attorney general believes either violated or may violate state consumer protection law regarding the marketing and sale of tobacco products. Retailers with AVCs with one or many states include BP, Chevron, Circle K, Conoco-Phillips, Corner Store, CVS, Exxon, Kroger, Rite Aid, Safeway, Shell, 7-Eleven, Valero, Walgreens, and Walmart. While nearly all existing AVCs predate the introduction of e-cigarettes on the market, there is some evidence that they have an impact on illegal e-cigarette sales to minors.^{37,82}

Common AVC provisions include retailers agreeing to:

- Refrain from using tobacco advertising that targets youth
- Refrain from selling candy cigarettes and other tobacco product look-alikes
- Prohibit the use of vending machines on store premises
- Prohibit self-service tobacco displays
- Install and use cash registers that require store clerks to enter customers' birth dates before completing the sale
- Not sell smoking paraphernalia, including matches and lighters, to youth
- Use independent agencies to conduct unannounced compliance checks
- Not to hire anyone under the age of 18 for positions that involve selling tobacco products
- Train each new employee about the law and company policy regarding underage sales.^{37,82}

Other provisions in some AVCs that affect tobacco advertising at the retail environment include:

- Limiting tobacco signage to brand names, logos, and prices

- Confining all tobacco advertising signage inside the store to the area where tobacco products are sold
- Maintaining a company policy that prohibits tobacco advertising inside the store that appeals to, or directly or indirectly targets youth
- Prohibiting tobacco advertising signs that are located outdoors or on windows facing outward at stores located within 500 feet of any public playground area or any elementary or secondary school
- Maintaining a company policy that prohibits placement of tobacco signage adjacent (within two feet) to candy, toys or other products typically purchased by or for children.³⁷

State and local policies

The following are noteworthy examples of state and local policies regarding tobacco retailer licensing and density and the price, promotion, and placement of tobacco products in the retail environment. Please note this is not a comprehensive list of all such policies.

Tobacco retailer licensing and density:

- Prohibit the sale of all tobacco products:
 - Beverly Hills, California, prohibits the sale of all tobacco products in the city. Cigar lounges are exempt and guests in the city's luxury hotels can acquire cigarettes through their concierge or room service.⁸³
 - Manhattan Beach, California, prohibits the sale of all tobacco products.⁸⁴
- Prohibit pharmacies from selling tobacco products:
 - Massachusetts, New York, and 255 municipalities in California, Massachusetts, Minnesota, and New York prohibit the sale of tobacco products in pharmacies.⁸⁵
- Sunset tobacco retail licenses:
 - Bloomington, Minnesota, and Somerville, Massachusetts, have sunset tobacco retail licenses so that no additional tobacco retail licenses are issued and when a store with an existing tobacco retail license closes, that license is eliminated.^{86,87}
- Limit the nicotine content in tobacco products sold:
 - Massachusetts restricts the sale of products with a nicotine content of more than 35 milligrams per milliliter to adult-only stores and smoking bars.⁸⁸

- Utah prohibits the sale of e-cigarettes with more than 4% nicotine, beginning January 1, 2025.⁸⁹
- Philadelphia, Pennsylvania, prohibits the sale of cartridges or pods containing more than 20 milligrams per millimeter of nicotine, except in adult-only stores.⁹⁰
- Cap the number of tobacco retail licenses:
 - Philadelphia, Pennsylvania, limits the number of tobacco retailers in each planning district to 1 per 1,000 people.⁹¹
 - San Francisco, California, caps the number of tobacco sales permits in each of the city's 11 districts to 45.⁹²
- Limit tobacco retailers near youth-sensitive areas:
 - Denver, Colorado, prohibits tobacco retailers within 1,000 feet of spaces that cater to children, like schools and city-owned recreation centers.⁹³

Price of tobacco products:

- Prohibit retailers from redeeming coupons or other discounts on tobacco products:
 - New Jersey, New York, Rhode Island, and at least 26 municipalities in California, Illinois, Maryland, Massachusetts, Minnesota, New York, and Rhode Island, including Chicago and New York City prohibit retailers from redeeming coupons or other discounts on tobacco products.
- Set a minimum price for tobacco products:
 - Colorado has established a minimum price of \$7 per pack of cigarettes. Beginning July 1, 2024, the minimum price will increase to \$7.50.⁹⁴
 - Minneapolis, Minnesota, has established a minimum price of \$2.60 for a single cigar, \$5.20 for a 2-pack or “double” pack, \$7.80 for a 3-pack, and \$10.40 for packs with 4 or more cigars.⁹⁵
 - New York City has established a price floor of \$13 for a pack of cigarettes, \$8 for smokeless tobacco, \$17 for shisha packages, \$6 plus \$1.75 per cigar in a package, and \$8 for individually packaged cigars.⁹⁶
 - San Diego County, California, requires a minimum price of \$10 for a pack of cigarettes, \$5 for cigars in a package, \$10 per package of 20 little cigars, \$20 for e-cigarettes per device, \$30 for e-cigarette starter kits, and \$10 for each unit of e-liquid.⁹⁷

- Set minimum packaging requirements for tobacco products:
 - Antioch, California, requires a minimum package of 20 for little cigars and 6 for all other cigars.⁹⁸
 - San Diego County, California, requires a minimum package of 6 for cigars, except those that cost \$10 or more per cigar.⁹⁷

Promotion of tobacco products:

While states and localities are permitted to regulate the time, place, and manner of tobacco advertising, policies dealing with advertising restrictions must be dealt with carefully, due to First Amendment considerations. However, there are some policies that pass constitutional muster and help restrict exposure to advertising in the retail environment.

- Prohibit giveaways:
 - New York City prohibits retailers from giving away or discounting other items, such as lighters, in connection with the sale of tobacco products.^{99–101}
- Limit the number, size, and placement of advertising signs:
 - California prohibits alcohol retail stores like grocery stores, liquor stores, and any other store that is licensed to sell alcohol for consumption away from the premises from covering more than 33% of the square footage of windows and clear doors with signs of any sort, including signs advertising tobacco products.¹⁰²
 - Nassau County, New York, prohibits businesses located within 1,000 feet of places where children frequent such as schools, parks, and child daycare centers from displaying advertising of products that are age-restricted, including tobacco products.¹⁰³
 - Philadelphia, Pennsylvania, allows only 20% of windows and transparent doors facing a street at businesses located in a fixed structure from being covered with signs.¹⁰⁴

Placement of tobacco products:

- Prohibit self-service displays and require tobacco products to be kept out of view or behind the counter:
 - Minnesota prohibits self-service sales, except in adult-only facilities.¹⁰⁵

- New York requires tobacco products to be stored for sale behind a counter in an area accessible only to store personnel or in a locked container, except in adult-only facilities.^{99–101}

Action Needed

Truth Initiative’s mission is to prevent youth and young adult nicotine addiction and empower quitting for all. Strong restrictions on advertising, discounting, promoting, and selling tobacco in the retail environment are important to protecting youth and young adults from a potential lifelong addiction and the disease and death that result from tobacco use. Regulation of tobacco marketing practices in the retail environment are not as widespread or commonly employed as taxation or clean indoor air laws; however, [evidence](#) suggests they are potentially powerful and underutilized policies. Restrictions on price, promotion, and placement of tobacco products to reduce supply, availability, and ultimately consumer demand should be more frequently added to the traditional tobacco control toolbox of taxation, public education, and clean air laws to accelerate tobacco prevalence declines through increased cessation and prevention of initiation and progression. Consistent with Truth Initiative’s commitment to a future free from lifelong addiction, we support the following policies regarding tobacco retail marketing, discounting, and promotion practices:

- **The FDA must use all its power to enforce restrictions in the retail environment, including:**
 - **Removing all tobacco products that have not submitted premarket review applications or otherwise are illegally on the market.** The FDA should prioritize enforcement against products that appeal to youth and have the highest addiction potential – including products with high nicotine concentrations or with other design features that enable the delivery of high levels of nicotine.
 - **Establishing strong protocols with other federal agencies,** such as the Department of Defense, Customs and Border Protection, the Department of Treasury, and others to ensure a seamless enforcement approach across all agencies. This will result in relieving the backlog of products requiring enforcement actions, and eventually ensuring that the products on the market

- are only those that have followed the appropriate procedures and have in fact received marketing orders.
- **Issuing a product standard capping nicotine in combustible products** to non-addictive levels. Following this, the FDA should prioritize work to evaluate nicotine limitations in all tobacco products.
 - **Issuing a final rule establishing 21 as the minimum sales age in the United States.** In December 2019, Congress passed a law raising the federal minimum age of sale of all tobacco products to 21. Persistence of underage retail source purchases suggests retailer non-compliance with this law. While the law went into effect immediately, the FDA was also required to promulgate a final rule to conform regulations to that statutory change. The FDA has yet to finalize the regulation, which would allow the legislation to be fully implemented and enforced. The agency must act swiftly to issue a final rule and to increase transparency around enforcement of this law.
 - **Requiring that all tobacco products be kept behind the counter.**
 - **Prohibiting vending machine sales** and free samples.
- Given the well-documented association of exposure to point-of-sale tobacco marketing and initiation and progression of tobacco use among youth and young adults, **state and local governments should use their authority to protect their citizens from tobacco and regulate the tobacco retail environment by:**
 - Requiring a license for tobacco retailers
 - Expanding the scope of Assurances of Voluntary Compliance (AVCs) with retailers to include the marketing and promotion of e-cigarettes
 - Requiring tobacco retailers to prominently display signs detailing health risks associated with tobacco use and tobacco cessation information
 - Requiring tobacco retailers to carry and offer for sale at least one type of nicotine replacement therapy drug, device, or combination product that has been approved by the FDA for cessation of tobacco use
 - Prohibiting the sale of tobacco products with high nicotine content

- Limiting the sales of all tobacco products to adult-only stores where persons under the age of 21 are not allowed to enter
 - Limiting the number and location of tobacco retail outlets, including prohibiting tobacco retailers from being close to youth-sensitive areas like schools and parks
 - Sunsetting tobacco retail licenses so that no new tobacco retail licenses are issued and eliminating licenses when a store with a tobacco retail license closes
 - Prohibiting pharmacies from selling tobacco products
 - Setting a minimum pack size for all tobacco products, including cigars
 - Requiring retail stores to keep all tobacco products out of view or behind the counter
 - Banning self-service displays for all tobacco products
 - Prohibiting couponing and other discounting tactics designed to circumvent the impact of tobacco taxes
 - Setting minimum prices for tobacco products
 - Placing restrictions on all advertising in retail stores so that no advertisements of any product are allowed near cash registers and restricting advertisements to a defined percentage of window space.
- **Retailers that sell tobacco products can also self-regulate and be responsible actors by:**
 - Selling only those tobacco products that have received marketing authorization by the FDA
 - Displaying signage regarding tobacco and nicotine cessation resources
 - Carrying and offering for sale at least one type of nicotine replacement therapy drug, device, or combination product that has been approved by the FDA for cessation of tobacco use
 - Requiring all tobacco be kept out of view or behind the counter
 - Confining all tobacco advertising inside the store to only the area where tobacco products are sold
 - Refraining from displaying tobacco advertisements near the counter
 - Refraining from using self-service tobacco displays or vending machines to sell tobacco products
 - Refraining from displaying tobacco product advertisements on the exterior windows of the store.



2021 Advertising and Promotional Expenditures by the Largest U.S. E-Cigarette Manufacturers⁷

	E-cigarettes
Point-of-Sale Advertisements (materials displayed or distributed at a retail location)	\$96,481,845
Price Discounts (payments made to retailers and wholesalers to reduce the price of products to consumers, including off invoice discounts, buy downs, voluntary price reductions, and trade programs)	\$261,600,780
Promotional Allowances (payments made to retailers and wholesalers to facilitate the sale or placement of products, including payments made for stocking, shelving, displaying and merchandising brands; volume rebates; incentive payments; the cost of products given to retailers for free for subsequent sale to consumers; value-added services; promotional execution and satisfaction of reporting requirements)	\$271,412,879
Coupons (for reduction of purchase price)	\$27,415,390
Sampling	\$59,455,666
Consumer Engagement – Retail (all costs of consumer engagement at retail locations open to underage individuals)	N/A
Retail Value Added (expenditures for promotions involving free products that are given to consumers in connection with a purchase of tobacco products)	\$883,087
Total	\$717,249,647



2022 Advertising and Promotional Expenditures by the Largest U.S. Cigarette and Smokeless Tobacco Manufacturers^{2,3}

	Cigarettes	Smokeless Tobacco	Total
Point-of-Sale Advertisements (materials displayed or distributed at a retail location)	\$37,304,000	\$14,085,000	\$51,389,000
Price Discounts (payments made to retailers and wholesalers to reduce the price of products to consumers, including off invoice discounts, buy downs, voluntary price reductions, and trade programs)	\$6,876,324,000	\$394,304,000	\$7,270,628,000
Promotional Allowances (payments made to retailers and wholesalers to facilitate the sale or placement of products, including payments made for stocking, shelving, displaying and merchandising brands; volume rebates; incentive payments; the cost of products given to retailers for free for subsequent sale to consumers; value-added services; promotional execution and satisfaction of reporting requirements)	\$824,690,000	\$72,892,000	\$897,582,000
Coupons (for reduction of purchase price)	\$89,452,000	\$29,921,000	\$119,373,000
Sampling	N/A	\$220,000	\$220,000
Total	\$7,827,770,000	\$511,422,000	\$8,339,192,000

References

1. U. S. Department of Health and Human Services. (2012). *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
2. Federal Trade Commission. *Federal Trade Commission Cigarette Report for 2022*. https://www.ftc.gov/system/files/ftc_gov/pdf/2022-Cigarette-Report.pdf. Published 2023. (n.d.).
3. Federal Trade Commission. *Federal Trade Commission Smokeless Tobacco Report for 2022*. https://www.ftc.gov/system/files/ftc_gov/pdf/2022-Smokeless-Tobacco-Report.pdf. Published 2023. (n.d.).
4. Federal Trade Commission. *Federal Trade Commission E-Cigarette Report for 2019-2020*. https://www.ftc.gov/system/files/ftc_gov/pdf/E-Cigarette%20Report%202019-20%20final.pdf. Published 2022. (n.d.).
5. Lavack, A. M., & Toth, G. (2006). Tobacco point-of-purchase promotion: Examining tobacco industry documents. *Tob Control*, 15(5), 377–384. <https://doi.org/10.1136/tc.2005.014639>
6. Bloom, P. N. (2001). Role of slotting fees and trade promotions in shaping how tobacco is marketed in retail stores. *Tob Control*, 10(4), 340–344.
7. Federal Trade Commission. (2024). *E-Cigarette Report for 2021*. https://www.ftc.gov/system/files/ftc_gov/pdf/E-CigaretteReportfor2021.pdf
8. Wakefield, M., Germain, D., & Henriksen, L. (2008). The effect of retail cigarette pack displays on impulse purchase. *Addiction*, 103(2), 322–328. <https://doi.org/10.1111/j.1360-0443.2007.02062.x>
9. Siahpush, M., Shaikh, R. A., Hyland, A., Smith, D., Sikora Kessler, A., Meza, J., Wan, N., & Wakefield, M. (2016). Point-of-Sale Cigarette Marketing, Urge to Buy Cigarettes, and Impulse Purchases of Cigarettes: Results From a Population-Based Survey. *Nicotine & Tobacco Research: Official Journal of the Society for Research on Nicotine and Tobacco*, 18(5), 1357–1362. <https://doi.org/10.1093/ntr/ntv181>
10. Carter, O. B., Mills, B. W., & Donovan, R. J. (2009). The effect of retail cigarette pack displays on unplanned purchases: Results from immediate postpurchase interviews. *Tob Control*, 18(3), 218–221. <https://doi.org/10.1136/tc.2008.027870>
11. Clattenburg, E. J., Elf, J. L., & Apelberg, B. J. (2013). Unplanned cigarette purchases and tobacco point of sale advertising: A potential barrier to smoking cessation. *Tob Control*, 22(6), 376–381. <https://doi.org/10.1136/tobaccocontrol-2012-050427>
12. Siahpush, M., Shaikh, R. A., Robbins, R., Tibbits, M., Kessler, A. S., Soliman, G., McCarthy, M., & Singh, G. K. (2016). Point-of-sale cigarette marketing and smoking-induced deprivation in smokers: Results from a population-based survey. *BMC Public Health*, 16, 302. <https://doi.org/10.1186/s12889-016-2992-2>

13. Germain, D., McCarthy, M., & Wakefield, M. (2010). Smoker sensitivity to retail tobacco displays and quitting: A cohort study. *Addiction*, *105*(1), 159–163. <https://doi.org/10.1111/j.1360-0443.2009.02714.x>
14. Hoek, J., Gifford, H., Pirikahu, G., Thomson, G., & Edwards, R. (2010). How do tobacco retail displays affect cessation attempts? Findings from a qualitative study. *Tob Control*, *19*(4), 334–337. <https://doi.org/10.1136/tc.2009.031203>
15. Siahpush, M., Shaikh, R. A., Smith, D., Hyland, A., Cummings, K. M., Kessler, A. S., Dodd, M. D., Carlson, L., Meza, J., & Wakefield, M. (2016). The Association of Exposure to Point-of-Sale Tobacco Marketing with Quit Attempt and Quit Success: Results from a Prospective Study of Smokers in the United States. *Int J Environ Res Public Health*, *13*(2), 203. <https://doi.org/10.3390/ijerph13020203>
16. Mantey, D. S., Pasch, K. E., Loukas, A., & Perry, C. L. (2019). Exposure to Point-of-Sale Marketing of Cigarettes and E-Cigarettes as Predictors of Smoking Cessation Behaviors. *Nicotine & Tobacco Research: Official Journal of the Society for Research on Nicotine and Tobacco*, *21*(2), 212–219. <https://doi.org/10.1093/ntr/ntx246>
17. Moreland-Russell, S., Harris, J., Snider, D., Walsh, H., Cyr, J., & Barnoya, J. (2013). Disparities and menthol marketing: Additional evidence in support of point of sale policies. *Int J Environ Res Public Health*, *10*(10), 4571–4583. <https://doi.org/10.3390/ijerph10104571>
18. Widome, R., Brock, B., Noble, P., & Forster, J. L. (2013). The relationship of neighborhood demographic characteristics to point-of-sale tobacco advertising and marketing. *Ethn Health*, *18*(2), 136–151. <https://doi.org/10.1080/13557858.2012.701273>
19. Henriksen, L., Schleicher, N. C., Dauphinee, A. L., & Fortmann, S. P. (2012). Targeted advertising, promotion, and price for menthol cigarettes in California high school neighborhoods. *Nicotine Tob Res*, *14*(1), 116–121. <https://doi.org/10.1093/ntr/ntr122>
20. Lee, J. G., Henriksen, L., Rose, S. W., Moreland-Russell, S., & Ribisl, K. M. (2015). A Systematic Review of Neighborhood Disparities in Point-of-Sale Tobacco Marketing. *Am J Public Health*, *105*(9), e8-18. <https://doi.org/10.2105/ajph.2015.302777>
21. Siahpush, M., Farazi, P. A., Kim, J., Michaud, T. L., Yoder, A. M., Soliman, G., Tibbits, M. K., Nguyen, M. N., & Shaikh, R. A. (2016). Social Disparities in Exposure to Point-of-Sale Cigarette Marketing. *International Journal of Environmental Research and Public Health*, *13*(12), 1263. <https://doi.org/10.3390/ijerph13121263>
22. Rose, S. W., Anesetti-Rothermel, A., Elmasry, H., & Niaura, R. (2017). Young adult non-smokers' exposure to real-world tobacco marketing: Results of an ecological momentary assessment pilot study. *BMC Research Notes*, *10*(1), 435. <https://doi.org/10.1186/s13104-017-2758-7>
23. Groom, A. L., Cruz-Cano, R., Mead, E. L., Giachello, A. L., Hart, J. L., Walker, K. L., Oncken, C., & Robertson, R. M. (2020). Tobacco Point-of-Sale Influence on U.S. Adult Smokers. *Journal of Health Care for the Poor and Underserved*, *31*(1), 249–264. <https://doi.org/10.1353/hpu.2020.0021>

24. Wan, N., Siahpush, M., Shaikh, R. A., McCarthy, M., Ramos, A., & Correa, A. (2018). The Association of Point-of-Sale E-cigarette Advertising with Socio-Demographic Characteristics of Neighborhoods. *The Journal of Primary Prevention, 39*(3), 191–203. <https://doi.org/10.1007/s10935-018-0506-y>
25. Paynter, J., & Edwards, R. (2009). The impact of tobacco promotion at the point of sale: A systematic review. *Nicotine Tob Res, 11*(1), 25–35. <https://doi.org/10.1093/ntr/ntn002>
26. Robertson, L., Cameron, C., McGee, R., Marsh, L., & Hoek, J. (2016). Point-of-sale tobacco promotion and youth smoking: A meta-analysis. *Tob Control, 25*(e2), e83–e89. <https://doi.org/10.1136/tobaccocontrol-2015-052586>
27. Henriksen, L., Schleicher, N. C., Feighery, E. C., & Fortmann, S. P. (2010). A longitudinal study of exposure to retail cigarette advertising and smoking initiation. *Pediatrics, 126*(2), 232–238. <https://doi.org/10.1542/peds.2009-3021>
28. Dube, S. R., Arrazola, R. A., Lee, J., Engstrom, M., & Malarcher, A. (2013). Pro-tobacco influences and susceptibility to smoking cigarettes among middle and high school students—United States, 2011. *J Adolesc Health, 52*(5 Suppl), S45–51. <https://doi.org/10.1016/j.jadohealth.2012.07.007>
29. Portnoy, D. B., Wu, C. C., Tworek, C., Chen, J., & Borek, N. (2014). Youth curiosity about cigarettes, smokeless tobacco, and cigars: Prevalence and associations with advertising. *Am J Prev Med, 47*(2 Suppl 1), S76–86. <https://doi.org/10.1016/j.amepre.2014.04.012>
30. Martino, S. C., Setodji, C. M., Dunbar, M. S., & Shadel, W. G. (2019). Increased attention to the tobacco power wall predicts increased smoking risk among adolescents. *Addictive Behaviors, 88*, 1–5. <https://doi.org/10.1016/j.addbeh.2018.07.024>
31. D'Angelo, H., Patel, M., & Rose, S. W. (2021). Convenience Store Access and E-cigarette Advertising Exposure Is Associated With Future E-cigarette Initiation Among Tobacco-Naïve Youth in the PATH Study (2013-2016). *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine, 68*(4), 794–800. <https://doi.org/10.1016/j.jadohealth.2020.08.030>
32. Nicksic, N. E., Harrell, M. B., Pérez, A., Pasch, K. E., & Perry, C. L. (2017). Recall of E-cigarette Advertisements and Adolescent E-cigarette Use. *Tobacco Regulatory Science, 3*(2), 210–221. <https://doi.org/10.18001/TRS.3.2.9>
33. Pu, J., & Zhang, X. (2017). Exposure to advertising and perception, interest, and use of e-cigarettes among adolescents: Findings from the US National Youth Tobacco Survey. *Perspectives in Public Health, 137*(6), 322–325. <https://doi.org/10.1177/1757913917703151>
34. Dunbar, M. S., Martino, S. C., Setodji, C. M., & Shadel, W. G. (2019). Exposure to the Tobacco Power Wall Increases Adolescents' Willingness to Use E-cigarettes in the Future. *Nicotine & Tobacco Research: Official Journal of the Society for Research on Nicotine and Tobacco, 21*(10), 1429–1433. <https://doi.org/10.1093/ntr/nty112>
35. Wakefield, M. A., Ruel, E. E., Chaloupka, F. J., Slater, S. J., & Kaufman, N. J. (2002). Association of point-of-purchase tobacco advertising and promotions with

- choice of usual brand among teenage smokers. *J Health Commun*, 7(2), 113–121. <https://doi.org/10.1080/10810730290087996>
36. Centers for Disease Control and Prevention. STATE System Licensure Fact Sheet. [https://www.cdc.gov/statesystem/factsheets/licensure/Licensure.html#:~:text=There%20are%20at%20least%20380%2C000%20tobacco%20retailers%20in%20the%20United%20States.&text=As%20of%20March%2031%2C%202023%2C%2007%20states%2C%20American%20Samoa,products%E2%80%9D\)%20over%20the%20counter.](https://www.cdc.gov/statesystem/factsheets/licensure/Licensure.html#:~:text=There%20are%20at%20least%20380%2C000%20tobacco%20retailers%20in%20the%20United%20States.&text=As%20of%20March%2031%2C%202023%2C%2007%20states%2C%20American%20Samoa,products%E2%80%9D)%20over%20the%20counter.) Published 2023. (n.d.).
37. Public Health Law Center,. (n.d.). *Using Retailer AVCs as a Tool in Tobacco Control*. Retrieved April 4, 2024, from <https://publichealthlawcenter.org/sites/default/files/resources/Retailer-AVCs-as-a-Tool-in-Tobacco-Control.pdf>
38. Center for Public Health Systems Science. Point-of-Sale Report to the Nation: The Tobacco Retail and Policy Landscape. *St. Louis, MO: Center for Public Health Systems Science at the Brown School at Washington University in St. Louis and the National Cancer Institute, State and Community Tobacco Control Research Initiative, 2014.* (n.d.).
39. Henriksen, L., Feighery, E. C., Schleicher, N. C., Cowling, D. W., Kline, R. S., & Fortmann, S. P. (2008). Is adolescent smoking related to the density and proximity of tobacco outlets and retail cigarette advertising near schools? *Prev Med*, 47(2), 210–214. <https://doi.org/10.1016/j.ypmed.2008.04.008>
40. Loomis, B. R., Kim, A. E., Goetz, J. L., & Juster, H. R. (2013). Density of tobacco retailers and its association with sociodemographic characteristics of communities across New York. *Public Health*, 127(4), 333–338. <https://doi.org/10.1016/j.puhe.2013.01.013>
41. Lee, J. G., Sun, D. L., Schleicher, N. M., Ribisl, K. M., Luke, D. A., & Henriksen, L. (2017). Inequalities in tobacco outlet density by race, ethnicity and socioeconomic status, 2012, USA: results from the ASPIRE Study. *J Epidemiol Community Health*. <https://doi.org/10.1136/jech-2016-208475>
42. Ribisl, K. M., Luke, D. A., Bohannon, D. L., Sorg, A. A., & Moreland-Russell, S. (2017). Reducing Disparities in Tobacco Retailer Density by Banning Tobacco Product Sales Near Schools. *Nicotine & Tobacco Research: Official Journal of the Society for Research on Nicotine and Tobacco*, 19(2), 239–244. <https://doi.org/10.1093/ntr/ntw185>
43. Chen-Sankey, J. C., van de Venne, J., Westneat, S., Rahman, B., Folger, S., Anesetti-Rothermel, A., Debnam, C., Ribisl, K. M., Cohn, A., & Rose, S. W. (2022). Real-Time Context of Tobacco Marketing Exposure and Community Vulnerability-An Ecological Momentary Assessment Among Young Adults. *Annals of Behavioral Medicine: A Publication of the Society of Behavioral Medicine*, 56(6), 620–631. <https://doi.org/10.1093/abm/kaab066>
44. Philadelphia Department of Public Health. (2016). *Tobacco Sales and Neighborhood Income in Philadelphia*.
45. Cantrell, J., Kreslake, J. M., Ganz, O., Pearson, J. L., Vallone, D., Anesetti-Rothermel, A., Xiao, H., & Kirchner, T. R. (2013). Marketing little cigars and cigarillos: Advertising, price, and associations with neighborhood demographics.

-
- Am J Public Health*, 103(10), 1902–1909.
<https://doi.org/10.2105/ajph.2013.301362>
46. Seidenberg, A. B., Caughey, R. W., Rees, V. W., & Connolly, G. N. (2010). Storefront cigarette advertising differs by community demographic profile. *Am J Health Promot*, 24(6), e26-31. <https://doi.org/10.4278/ajhp.090618-QUAN-196>
47. Center for Public Health Systems Science. Point-of-Sale Report to the Nation: Realizing the Power of States and Communities to Change the Tobacco Retail and Policy Landscape. St. Louis, MO: Center for Public Health Systems Science at the Brown School at Washington University in St. Louis and the National Cancer Institute, State and Community Tobacco Control Research Initiative, 2016. (n.d.).
48. Polinski, J. M., Howell, B., Brennan, T. A., & Shrank, W. H. (2015). *Impact of the CVS tobacco sales removal on smoking cessation: When CVS Health quit tobacco, many smokers quit, too.*
49. Polinski, J. M., Howell, B., Gagnon, M. A., Kymes, S. M., Brennan, T. A., & Shrank, W. H. (2017). Impact of CVS Pharmacy's Discontinuance of Tobacco Sales on Cigarette Purchasing (2012-2014). *Am J Public Health*, 107(4), 556–562. <https://doi.org/10.2105/ajph.2016.303612>
50. Wang, T. W., Agaku, I. T., Marynak, K. L., & King, B. A. (2016). Attitudes Toward Prohibiting Tobacco Sales in Pharmacy Stores Among U.S. Adults. *Am J Prev Med*, 51(6), 1038–1043. <https://doi.org/10.1016/j.amepre.2016.06.017>
51. *Lorillard Tobacco v Reilly*, 533 U.S. 525 (2001).
52. Creighton, Fran V.. *Camel Growth Among Males 18-24 Years Old in the Midwest. 1986 July 25. Joe Camel Collection. Unknown.*
<https://www.industrydocumentslibrary.ucsf.edu/tobacco/docs/lfyg0097>. (n.d.).
53. Keeler, T. E., Hu, T. W., Barnett, P. G., Manning, W. G., & Sung, H. Y. (1996). Do cigarette producers price-discriminate by state? An empirical analysis of local cigarette pricing and taxation. *J Health Econ*, 15(4), 499–512.
54. Hill, S., Amos, A., Clifford, D., & Platt, S. (2014). Impact of tobacco control interventions on socioeconomic inequalities in smoking: Review of the evidence. *Tob Control*, 23(e2), e89-97. <https://doi.org/10.1136/tobaccocontrol-2013-051110>
55. Garrett, B. E., Gardiner, P. S., Wright, L. T. C., & Pechacek, T. F. (2016). The African American Youth Smoking Experience: An Overview. *Nicotine Tob Res*, 18(Suppl 1), S11-5. <https://doi.org/10.1093/ntr/ntv203>
56. Liber, A. C., Sánchez-Romero, L. M., Cadham, C. J., Yuan, Z., Li, Y., Oh, H., Cook, S., Warner, K. E., Henriksen, L., Mistry, R., Meza, R., Fleischer, N. L., & Levy, D. T. (2022). Tobacco Couponing: A Systematic Review of Exposures and Effects on Tobacco Initiation and Cessation. *Nicotine & Tobacco Research: Official Journal of the Society for Research on Nicotine and Tobacco*, 24(10), 1523–1533. <https://doi.org/10.1093/ntr/ntac037>
57. Chaloupka, F. J., Cummings, K. M., Morley, C. P., & Horan, J. K. (2002). Tax, price and cigarette smoking: Evidence from the tobacco documents and implications for tobacco company marketing strategies. *Tob Control*, 11 Suppl 1, I62-72.

-
58. Cruz, T. B., Wright, L. T., & Crawford, G. (2010). The menthol marketing mix: Targeted promotions for focus communities in the United States. *Nicotine Tob Res*, *12 Suppl 2*, S147-53. <https://doi.org/10.1093/ntr/ntq201>
 59. Lempert, L. K., & Glantz, S. A. (2019). Tobacco Industry Promotional Strategies Targeting American Indians/Alaska Natives and Exploiting Tribal Sovereignty. *Nicotine & Tobacco Research: Official Journal of the Society for Research on Nicotine and Tobacco*, *21*(7), 940–948. <https://doi.org/10.1093/ntr/nty048>
 60. Brown-Johnson, C. G., England, L. J., Glantz, S. A., & Ling, P. M. (2014). Tobacco industry marketing to low socioeconomic status women in the U.S.A. *Tobacco Control*, *23*(e2), e139-146. <https://doi.org/10.1136/tobaccocontrol-2013-051224>
 61. Wang, Y., Duan, Z., Weaver, S. R., Self-Brown, S. R., Ashley, D. L., Emery, S. L., Pechacek, T. F., & Huang, J. (2023). Cigarette Coupon Receipt and Smoking Relapse by Duration of Smoking Abstinence. *American Journal of Preventive Medicine*, *65*(3), 485–496. <https://doi.org/10.1016/j.amepre.2023.02.011>
 62. Smiley, S. L., Cho, J., Blackman, K. C. A., Cruz, T. B., Pentz, M. A., Samet, J. M., & Baezconde-Garbanati, L. (2021). Retail Marketing of Menthol Cigarettes in Los Angeles, California: A Challenge to Health Equity. *Preventing Chronic Disease*, *18*, E11. <https://doi.org/10.5888/pcd18.200144>
 63. U. S. Department of Health and Human Services. (2014). *The health consequences of smoking – 50 years of progress: A report of the Surgeon General* (U.S. Public Health Service). U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
 64. Marynak, K. L., Xu, X., Wang, X., Holmes, C. B., Tynan, M. A., & Pechacek, T. (2016). Estimating the Impact of Raising Prices and Eliminating Discounts on Cigarette Smoking Prevalence in the United States. *Public Health Rep*, *131*(4), 536–543. <https://doi.org/10.1177/0033354916662211>
 65. Federal Trade Commission. (2016). *Federal Trade Commission Cigarette Report for 2014*. Retrieved from https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2014-federal-trade-commission-smokeless-tobacco-report/ftc_cigarette_report_2014.pdf.
 66. Federal Trade Commission. (2016). *Federal Trade Commission Smokeless Tobacco Report for 2014*. Retrieved from https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2014-federal-trade-commission-smokeless-tobacco-report/ftc_smokeless_tobacco_report_2014.pdf.
 67. Feighery, E. C., Ribisl, K. M., Schleicher, N. C., & Clark, P. I. (2004). Retailer participation in cigarette company incentive programs is related to increased levels of cigarette advertising and cheaper cigarette prices in stores. *Prev Med*, *38*(6), 876–884. <https://doi.org/10.1016/j.ypmed.2003.12.027>
 68. Bansal-Travers, M., Adkison, S. E., O'Connor, R. J., & Thrasher, J. F. (2016). Attention and Recall of Point-of-sale Tobacco Marketing: A Mobile Eye-Tracking Pilot Study. *AIMS Public Health*, *3*(1), 13–24. <https://doi.org/10.3934/publichealth.2016.1.13>

-
69. Henriksen, L., Feighery, E. C., Schleicher, N. C., Haladjian, H. H., & Fortmann, S. P. (2004). Reaching youth at the point of sale: Cigarette marketing is more prevalent in stores where adolescents shop frequently. *Tob Control*, *13*(3), 315–318. <https://doi.org/10.1136/tc.2003.006577>
 70. Trapl, E., Anesetti-Rothermel, A., Pike Moore, S., & Gittleman, H. (2021). Association between school-based tobacco retailer exposures and young adolescent cigarette, cigar and e-cigarette use. *Tobacco Control*, *30*(e2), e104–e110. <https://doi.org/10.1136/tobaccocontrol-2020-055764>
 71. Wagoner, K. G., Sutfin, E. L., Song, E. Y., King, J. L., Egan, K. L., Reboussin, B., Debinski, B., Spangler, J., & Wolfson, M. (2018). Trends in point-of-sale tobacco marketing around college campuses: Opportunities for enhanced tobacco control efforts. *Journal of American College Health: J of ACH*, *66*(3), 145–154. <https://doi.org/10.1080/07448481.2017.1389734>
 72. Giovino, G. A., Villanti, A. C., Mowery, P. D., Sevilimedu, V., Niaura, R. S., Vallone, D. M., & Abrams, D. B. (2013). Differential trends in cigarette smoking in the USA: is menthol slowing progress? *Tob Control*. <https://doi.org/10.1136/tobaccocontrol-2013-051159>
 73. Levy, D. T., Lindblom, E. N., Fleischer, N. L., Thrasher, J., Mohlman, M. K., Zhang, Y., Monshouer, K., & Nagelhout, G. E. (2015). Public Health Effects of Restricting Retail Tobacco Product Displays and Ads. *Tob Regul Sci*, *1*(1), 61–75.
 74. Giovenco, D. P., Spillane, T. E., Wong, B. A., & Wackowski, O. A. (2019). Characteristics of storefront tobacco advertisements and differences by product type: A content analysis of retailers in New York City, USA. *Preventive Medicine*, *123*, 204–207. <https://doi.org/10.1016/j.ypmed.2019.03.045>
 75. *Regulations Restricting the Sale and Distribution of Cigarettes and Smokeless Tobacco Products to Protect Children and Adolescents*, 61 Fed. Reg. 44,396 (1996). (n.d.).
 76. H. R. 1256--111th Congress: Family Smoking Prevention and Tobacco Control Act. (2009).
 77. Wagoner, K. G., Song, E. Y., King, J. L., Egan, K. L., Debinski, B., Wolfson, M., Spangler, J., & Sutfin, E. L. (2018). Availability and Placement of Electronic Nicotine Delivery Systems at the Point-of-Sale. *Nicotine & Tobacco Research: Official Journal of the Society for Research on Nicotine and Tobacco*, *20*(8), 1020–1024. <https://doi.org/10.1093/ntr/ntx207>
 78. Nonnemaker, J., Kim, A., Shafer, P., Loomis, B., Hill, E., Holloway, J., & Farrelly, M. (2016). Influence of point-of-sale tobacco displays and plain black and white cigarette packaging and advertisements on adults: Evidence from a virtual store experimental study. *Addict Behav*, *56*, 15–22. <https://doi.org/10.1016/j.addbeh.2016.01.001>
 79. Food, Drug and Cosmetic Act as Amended by the Family Smoking Prevention and Tobacco Control Act. §102 (2009).
 80. Food, Drug and Cosmetic Act as Amended by the Family Smoking Prevention and Tobacco Control Act. §203 and §916 (2009).

-
81. Food and Drug Administration. (2014). *Deeming Tobacco Products To Be Subject to the Federal Food, Drug, and Cosmetic Act, as Amended by the Family Smoking Prevention and Tobacco Control Act; Regulations on the Sale and Distribution of Tobacco Products and Required Warning Statements for Tobacco Products*.
 82. Counter Tobacco,. (n.d.). *Assurances of Voluntary Compliance*. Retrieved April 4, 2024, from <https://countertobacco.org/resources-tools/store-assessment-tools/assurances-of-voluntary-compliance/>
 83. Beverly Hills,. (n.d.). *Information for Businesses: Ban on the Sale of All Tobacco Products in Beverly Hills*. <https://www.beverlyhills.org/276/Information-for-Businesses>
 84. *City of Manhattan Beach. Tobacco Retail Ordinance. Ordinance No. 20-0007*. (n.d.).
 85. Americans Nonsmokers' Rights Foundation. (n.d.). *Municipalities with Tobacco-Free Pharmacy Laws*.
 86. City of Somerville,. (n.d.). *Somerville Board of Health Updating Tobacco and Nicotine Regulations*. <https://www.somervillema.gov/news/somerville-board-health-updating-tobacco-and-nicotine-regulations>
 87. Bloomington. (2021). *Tobacco ordinances*.
 88. Massachusetts. (n.d.). *2019 Tobacco Control Law*. <https://www.mass.gov/guides/2019-tobacco-control-law>
 89. Utah State Legislature. (n.d.). *S.B. 61 Electronic Cigarette Amendments*. <https://le.utah.gov/~2024/bills/static/SB0061.html>
 90. Truth Initiative, *Local restrictions on flavored tobacco and e-cigarette products*. <https://truthinitiative.org/research-resources/emerging-tobacco-products/local-restrictions-flavored-tobacco-and-e-cigarette>. (n.d.).
 91. City of Philadelphia Department of Public Health. (2016). *Regulation Relating to Tobacco Retailing*.
 92. San Francisco Board of Supervisors. (2014). *San Francisco Health Code Article 19H*.
 93. Denver. (n.d.). *Retail Tobacco Store License Frequently Asked Questions (FAQ)*. [https://denvergov.org/files/assets/public/v/1/public-health-and-environment/documents/cbh/licensure-updated-faq_9.15.23\[73\].pdf](https://denvergov.org/files/assets/public/v/1/public-health-and-environment/documents/cbh/licensure-updated-faq_9.15.23[73].pdf)
 94. Colorado General Assembly. (n.d.). *HB20-1427. Cigarette Tobacco And Nicotine Products Tax*. <https://leg.colorado.gov/bills/hb20-1427>
 95. City of Minneapolis. (2016). *Complying with Minneapolis' Tobacco Flavor and Pricing Requirements*.
 96. New York City,. (n.d.). *Chapter 13. Cigarette and Tobacco Product Sales*. <https://www.nyc.gov/assets/doh/downloads/pdf/about/healthcode/health-code-chapter13.pdf>
 97. San Diego County,. (n.d.). *SEC. 21.2605. TOBACCO PRODUCT PRICING AND PACKAGING*. https://codelibrary.amlegal.com/codes/san_diego/latest/sandiego_regs/0-0-0-101654
 98. Antioch,. (n.d.). *Code Enforcement: Tobacco Retailer*. <https://www.antiochca.gov/community-development-department/code-enforcement/tobacco-retailer-ordinance/>



-
99. New York City Department of Health and Mental Hygiene. (n.d.). *New Law Regulating Tobacco Sales in New York City Tobacco Retail Stores: What You Need to Know.*
 100. New York City Department of Health and Mental Hygiene. (n.d.). *New Laws Governing Cigar Sales in New York City Tobacco Retail Stores: What You Need to Know.*
 101. New York City Department of Health and Mental Hygiene. (n.d.). *Smoking and Tobacco Control Laws.*
 102. California Business and Professions Code. (n.d.). § 25612.5(c)(7).
 103. Nassau County,. (n.d.). *A Local Law to Amend Nassau County Miscellaneous Laws in Relation to Restricting Advertising of Age-Restricted Products.*
<https://www.nassaucountyny.gov/DocumentCenter/View/27121/Local-Law-25-2019>
 104. *Philadelphia's Window Sign Law: What Businesses Need to Know.* (City of Philadelphia,).
 105. *Minn. Stat. §461.18, subd. 1.* (n.d.).