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.maryland.gov

ATCC

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)

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Introduction

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.

Board of Commissioners

Alan Silverstein
Chairman

Eric Morrissette
Vice Chairman

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Commissioner

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

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

Agency Collaboration on Report

ATCC
ALCOHOL TOBACCO AND CANNABIS COMMISSION

Maryland
DEPARTMENT OF HEALTH

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.

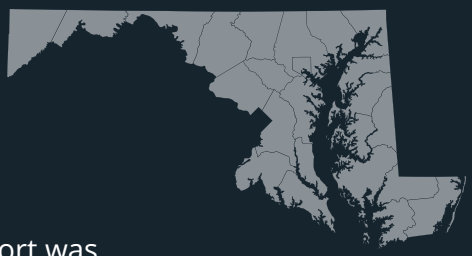
MDH focuses on the remaining component:

- 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 of 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
Elementary	793
Middle	207
High	184
PreK - 8	56
Special Education	27
Elementary/ Middle	27
Career Tech	20

School Type	Count
Middle/High	20
Alternate	20
Environmental Education	5
Elementary/ Middle/High	2
Science	2
Administrative	1

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. Geocod.io, "Guides," Accessed August 2025. https://www.geocod.io/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	Treament			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

11. Substance Abuse and Mental Health Services Administration (SAMHSA). *FindTreatment.gov.* Accessed May 2025. https://findtreatment.gov/locator.
12. Montgomery County, Maryland. Montgomery County Zoning Ordinance, §3.5.11.E.2.b, *Retail Sales and Service.* Accessed September 2025. https://codelibrary.amlegal.com/codes/montgomerycounty/latest/montgomeryco_md_zone2014/0-0-0-1946.
13. Prince George's County, Maryland. Prince George's County Zoning Ordinance, §27-5402(kkk)(1)(A), T*obacco 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).

- **Hosiptial 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.

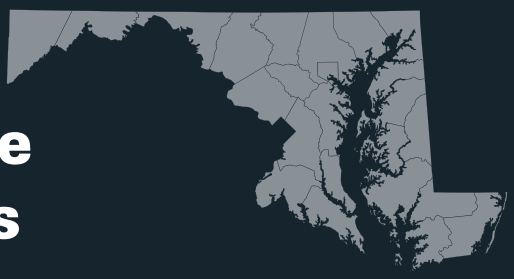
The analysis shows that a proportion of Maryland's licensed tobacco retailers are located within 1,000 feet of treatment centers, schools, or hospitals, though the extent differs across categories. These results indicate that treatment centers and schools are most affected by nearby retailers, while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

Table 3

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

County	Treament			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)	▸ Accepts applications and issues licenses.
Fiscal Clerk (Distinct roles needed for each county)	▸ 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)	▸ ***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)	▸ Sets up interactions with County Treasurer Reviewer, Planning/Zoning Reviewer, SDAT Reviewer, and Town Reviewer
Clerk Superuser Admin (One role statewide)	▸ 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	▸ 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 /mi²	OTP /mi²	ESD /mi²	County	Square Miles	Cig /mi²	OTP /mi²	ESD /mi²
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.

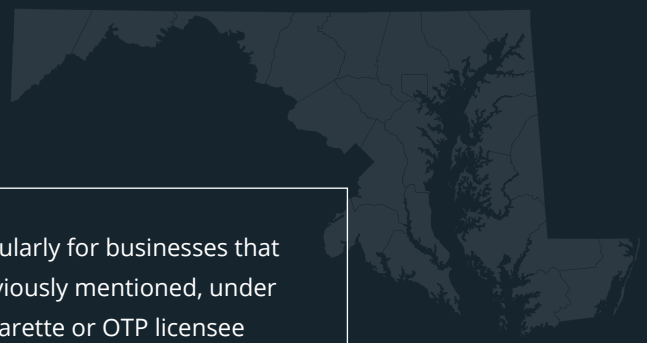
Key Observations:

- **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).
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/yrbs2021/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/yrbs2021/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.
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/NBK99237/.
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-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 Genera*l.
82. Erythropel, H. C., S. V. Jabba, R. A. Mellinghoff, 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.

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