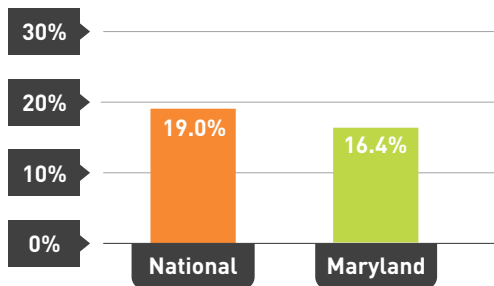


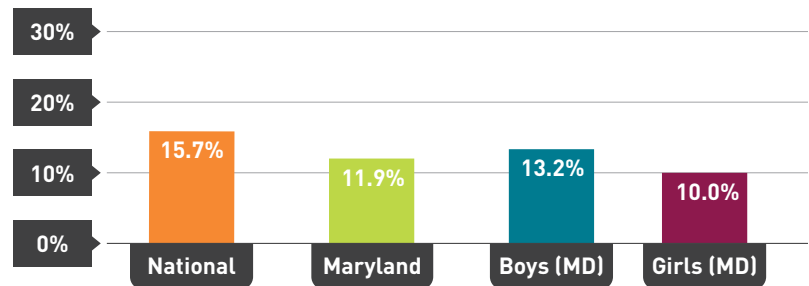
MARYLAND + TOBACCO

CIGARETTE USE

% of Adults Who Currently Smoke¹



% of High School Students Who Currently Smoke²



OTHER TOBACCO PRODUCT USE

- The prevalence of smokeless tobacco use among adults in Maryland was 2.5% in 2013. 5.5% of adult current cigarette smokers in Maryland were also current smokeless tobacco users in 2013.³
- In 2013, 7.4% of high school students in Maryland used chewing tobacco, snuff, or dip on at least one day in the past 30 days. Nationally, 8.8% of high school students used smokeless tobacco on at least one day in the past 30 days.²
- In 2013, 12.5% of high school students in Maryland smoked cigars, cigarillos, or little cigars on at least one day in the past 30 days. Nationally, 12.6% of high school students smoked cigars, cigarillos, or little cigars on at least one day in the past 30 days.²

ECONOMICS OF TOBACCO USE AND TOBACCO CONTROL

- In FY2015, Maryland allocated \$8.5 million in state funds to tobacco prevention, which is 17.7% of the Centers for Disease Control and Prevention's (CDC) Annual Spending Target.⁴
- The health care costs in Maryland, directly caused by smoking, amount to \$2.71 billion annually.⁴
- State and federal Medicaid costs for Maryland total \$576.4 million annually for smoking-caused health care.⁵
- Maryland loses \$2.22 billion in productivity each year due to smoking.⁵

- Maryland received an estimated \$543 million in tobacco settlement payments and taxes in FY2015.⁴

STATE TOBACCO LAWS^{6,7}

EXCISE TAX

- The state tax increased to \$2.00 per pack of cigarettes in January 2008. Cigars are taxed 70% of the wholesale price and premium cigars are taxed 15% of the wholesale price. All other tobacco products are taxed 30% of the wholesale price.

CLEAN INDOOR AIR ORDINANCES

- Smoking is prohibited in all schools, childcare facilities, government workplaces, private workplaces, restaurants, bars, casinos, retail stores, and recreational facilities.
- Smoking is prohibited in health care facilities, except in mental health facilities, facilities in which patients stay, on average, more than thirty days, and in a hospital if the attending physician authorizes smoking as part of the care for the patient. For these exceptions, separately ventilated areas for smoking are required.

YOUTH ACCESS LAWS

- The minimum age requirement for the purchase of tobacco products is 18, and penalties exist for both minors and merchants who violate this law.
- The sale to minors of electronic cigarettes is prohibited.

CESSATION STATISTICS AND BENEFITS

- The CDC estimates that 56.4% of adult smokers in Maryland tried to quit smoking in 2013.⁸
- Maryland's Medicaid program covers all seven recommended cessation medications, and covers phone and individual counseling. Coverage of group counseling varies by plan.^{7*}
- The state Medicaid program's barriers to coverage vary by health plan.^{7**}
- Maryland's state quitline invests \$2.10 per smoker; the national average investment per smoker is \$3.65.⁷
- Maryland has a private insurance mandate provision for cessation.⁷

REFERENCES

¹ CDC, Behavioral Risk Factor Surveillance System, 2013

² CDC, Youth Risk Behavior Surveillance System, 2013

³ CDC, State-Specific Prevalence of Cigarette Smoking and Smokeless Tobacco Use Among Adults—MMWR, United States, 2011-2013

⁴ Campaign for Tobacco-Free Kids, Broken Promises to Our Children: a State-by-State Look at the 1998 State Tobacco Settlement 16 Years Later FY2015, 2014

⁵ Campaign for Tobacco-Free Kids, State Tobacco-Related Costs and Revenues, 2014

⁶ American Lung Association, SLATI State Reports, 2015

⁷ American Lung Association, State of Tobacco Control, 2015

⁸ CDC, Behavioral Risk Factor Surveillance System, State Tobacco Activities Tracking and Evaluation System, 2013

* The seven recommended cessation medications are NRT Gum, NRT Patch, NRT Nasal Spray, NRT Inhaler, NRT Lozenge, Varenicline (Chantix), and Bupropion (Zyban).

Fiore MC, Jaen CR, Baker TB, Bailey WC, Benowitz NL, Curry SJ, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: US Department of Health and Human Services. Public Health Service: May 2008.

** Barriers could include: Duration limits, annual limits on quit attempts, prior authorization requirements, co-payments, requiring using one cessation treatment before using another and/or requiring counseling to get medications.