Monitoring Changing Tobacco Use Behaviors: 2000 - 2014

Maryland Department of Health and Mental Hygiene

Cigarette Restitution Fund
Center for Tobacco Prevention and Control

State Fiscal Year 2015

Larry Hogan
Governor
State of Maryland

Boyd Rutherford
Lieutenant Governor
State of Maryland

Van Mitchell
Secretary
Department of Health and Mental Hygiene

Statutory Authority and Requirements

Maryland's Health-General Article, Title 13, Subtitle 10, requires the Maryland Department of Health and Mental Hygiene (DHMH) to conduct a biennial tobacco study and report specific findings to the Maryland Governor and the General Assembly. The appendices to this report provide the detailed data for indicators DHMH is required to report in its biennial tobacco study for underage youth.

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STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van T. Mitchell, Secretary

May 24, 2016

The Honorable Larry Hogan
Governor
State of Maryland
Annapolis, MD 21401-1991

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
H-107 State House
Annapolis, MD 21401-1991

The Honorable Michael E. Busch
Speaker of the House
H-101 State House
Annapolis, MD 21401-1991

Re: Health-General Article, §13-1004(d), FY 2016 Biennial Tobacco Study Cigarette Restitution Fund Tobacco Use Prevention and Cessation Program

Dear Governor Hogan, President Miller, and Speaker Busch:

Pursuant to Health-General Article, §13-1004(d), Annotated Code of Maryland, the Department of Health and Mental Hygiene (the Department) is directed to produce a biennial legislative report on the results of the Biennial Tobacco Study.

The enclosed legislative report summarizes trends related to tobacco use behaviors among underage middle and high school youth and adults ages 18 and older since 2000. Included findings are derived from the results of the biennial Youth Tobacco Survey (2000-2012) and the corresponding expanded Youth Tobacco and Risk Behavior Survey (2013-2014). Findings on adult behaviors are derived from the results of the Behavioral Risk Factor Surveillance System (2000-2012). Data are presented for Maryland as a whole, as well as individually for each county and Baltimore City. Significant findings document continued reductions in tobacco use behaviors since program inception in Fiscal Year 2001.

This report was due December 31, 2015, and the Department apologizes for the lateness of this submission. The Department experienced a delay in its receipt of Maryland Youth Tobacco and Risk Behavior Survey data from the Centers for Disease Control and Prevention which then delayed required FY 2015 Biennial Tobacco Study secondary analysis by the Department of Health and Mental Hygiene (the Department) survey contractor. The Maryland Youth Tobacco and Risk Behavior Survey data serves as the basis for this report.

The Department appreciates your commitment to the progress we are making in reducing tobacco use in Maryland. If you have questions about this report, please contact Ms. Allison Taylor, Director of Governmental Affairs at (410) 767-6481.

Sincerely,

Van T. Mitchell
Secretary

Enclosure

cc: Allison W. Taylor, Director, Office of Governmental Affairs
Howard Haft, Deputy Secretary, Public Health Services
Michelle Spencer, Director, Prevention and Health Promotion Administration
Sarah Albert, MSAR #10377

In Brief

Maryland's tobacco-use prevention efforts have been impactful, with a steady increase in the proportion of adults who have never smoked cigarettes, as well as a significant decrease in the initiation of tobacco use by underage middle and high school adolescents. In 2014 over 60% of adults reported that they had never been a cigarette smoker, and among the 14.6% of adults who currently smoke cigarettes, almost three-fourths state that they would like to quit smoking.

Despite this progress, more than 880,000 Maryland residents still smoke or use some form of tobacco product, placing their health at significant risk. Approximately one-half of all long-term smokers will eventually die from their use of tobacco. The average number of annual deaths due to cigarette smoking is more than twice that of the combined number of average annual deaths resulting from accidental injury (including all motor vehicle accidents, poisonings, drug overdoses – including heroin, etc., HIV/AIDS, suicide, and homicide combined). Every year an estimated $3.5 billion is spent in Maryland treating cancer and disease caused by smoking.

The tobacco marketplace is changing. Cigarettes are overwhelmingly the tobacco product of choice for adults, but adolescents prefer small cigars and cigarillos to cigarettes. Adolescent tobacco users are also more likely than adults to use more than one type of tobacco product (43.7% compared to 11.6% of adult tobacco users). Electronic smoking devices (ESDs) such as e-cigarettes are increasingly common – currently used by an estimated 19.7% of underage high school youth and 4.5% of adults in Maryland.

Underage tobacco and ESD use is not uniform across the State and varies considerably between jurisdictions:

Product	Lowest	Highest	Maryland
Any tobacco product	9.9%	24.0%	14.9%
Cigarettes	4.6%	20.3%	8.2%
Cigars	6.4%	14.1%	9.9%
Smokeless tobacco	2.6%	12.9%	5.5%
E-cigarettes	14.7%	29.7%	19.7%

The marketplace may be changing, but what has not changed is that underage smoking continues to be associated with other risk behaviors. As compared to their non-smoking peers, Maryland underage high school youth who smoke cigarettes are four times more likely to use alcohol, five times more likely to smoke marijuana, and nine times more likely to abuse prescription drugs.

Adolescents under the age of eighteen are not legally permitted to purchase or possess tobacco products, and retailers are not permitted to sell tobacco to them. If a person reasonably appears to be less than 27 years of age, federal law mandates that tobacco retailers ask for and check government issued photo identification when that person is attempting to purchase tobacco. Recent efforts to promote compliance with these requirements have had a very significant and positive impact on preventing underage access to tobacco. Random unannounced undercover inspections conducted in 2015 found 31.4% of retailers willing to sell to underage youth; by 2016, the non-compliance rate had decreased to 13.8%. Nonetheless, in the fall of 2014, 63% of underage high school youth who attempted to purchase cigarettes from a retail store in Maryland stated that they were not asked for photo identification.

Protections from the negative health effects of secondhand smoke continue to increase. In 2014, 76% of middle and high school youth reported that they had not been exposed to secondhand smoke indoors as compared to just 44% in 2000. In addition to the protections afforded Marylanders by the State's Clean Indoor Air Act, households are increasingly adopting voluntary smoking bans inside their homes, in both smoking and non-smoking households. Since 2000, there has been a 37% increase in voluntary household bans among smoking households (now 66.7%) and a 12% increase among non-smoking households (now 94.2%).

Future Challenges

Future challenges in tobacco include ESDs, and tobacco sales to minors. ESDs are growing in popularity, and while the long-term health effects of ESDs remain unknown, evidence indicating these are not risk free is mounting. Recent efforts to promote compliance among tobacco retailers has had a significant positive impact on retailer compliance rates, but continued efforts on this front will be necessary to bring all retailers into compliance in stopping tobacco and ESD sales to minors.

Additionally, there is a need for underage youth to have greater exposure to tobacco control strategies other than school-based curricula. Even as exposure to school-based tobacco programs has increased since 2000 (up 20% among middle school youth and up 49% among high school youth), increasingly these youth see tobacco use as helping them to "look cool," and they believe that smokers have more friends than non-smokers.

From 2000 to 2014, among non-smoking underage high school youth, there was an:

- 83% increase in the proportion who thought smoking helps youth to "look cool" or "fit in;"
- 83% increase in the proportion who thought youth who smoked had more friends.

From 2000 to 2014, among underage high school youth who smoke, there was a:

- 70% increase in the proportion who thought smoking helps youth to "look cool" or "fit in;"
- 57% increase in the proportion who thought youth who smoked had more friends.

Commonly Used Acronyms Found in this Report

BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
DHMH	Department of Health and Mental Hygiene
HS	High School
MS	Middle School
NH	Non-Hispanic/Latino
MHCS	Maryland Healthier Communities Survey
YRBS	Youth Risk Behavior Survey
YTRBS	Youth Tobacco and Risk Behavior Survey
YTS	Youth Tobacco Survey

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About this Report

Data in this Report

When data appears in the report, whether in the body of the report, in a figure, or in the appendices, the source of that datum is noted with the relevant survey abbreviation. Distinct middle and high school data (as opposed to reported data which combines middle and high school data together) are noted with a MS or HS respectively immediately following the survey source. An example for high school data from the Youth Tobacco and Risk Behavior Survey (YTRBS) would be: 8.2% [YTRBS/HS]

Both youth and adult data in this report come from a variety of survey sources:

Youth Data

- Youth Tobacco Survey (YTS), 2000-2010
- YTRBS, 2013-2014
- The term "adolescents" as used in this report refers only to high school youth less than 18 years of age unless otherwise specifically noted

Adult Data

- Behavioral Risk Factor Surveillance System (BRFSS), 2000-2014
- Maryland Healthier Communities Survey (MHCS), 2014
- The term "adult" as used in this report refers to persons 18 years of age or older

Race and Ethnicity (youth and adult)

- When data is presented by race, that data is for non-Hispanic/Latino members of the identified race
- When data is presented for Hispanic or Latino populations, that data is for persons of that ethnicity regardless of their race

The youth data, whether from the YTS or the YTRBS, can be compared across all years. The youth data presented in this report, unless specifically noted otherwise, is limited to youth less than 18 years of age. In contrast, much of the youth data reported on the Department of Health and Mental Hygiene (the Department) web site and attributed to the Youth Risk Behavior Survey (YRBS) (a subset of the YTRBS) is for middle or high school youth regardless of their age. This dichotomy is because Maryland's statutory tobacco prevention program is required to provide data on underage youth. In contrast, the Centers for Disease

Control and Prevention (CDC) and other states utilize the YRBS reporting standard for making national and state-to-state comparisons.

Data from the BRFSS collected in 2010 or earlier cannot be directly compared to BRFSS data collected in 2011 or thereafter. The CDC made significant changes to BRFSS methodology in 2011, which resulted in the CDC determining that the data before and after were not comparable.

Behavioral Risk Factor Surveillance System

The BRFSS is a CDC-sponsored annual random-digit-dial telephone survey sponsored by the Department. Like the youth-oriented YRBS, the BRFSS focuses primarily on risk behaviors, but only those of adults, including the use of tobacco products. The survey is designed to produce primarily statewide estimates of such behaviors, although county-specific estimates can be calculated if the sample size within a county is large enough. BRFSS data presented in this report are single year data, that is from a single survey for the identified calendar year.

In recent years the BRFSS survey has expanded to include not only traditional landline telephones, but also cell phones. Those categories utilize distinct sample frames and weighting prior to being combined into a single data set. In 2014, there were more than 12,500 completed BRFSS telephone interviews.

BRFSS data is collected by a Department survey contractor and forwarded to the CDC and/or its' survey contractor for cleaning and weighting. Analysis of BRFSS data appearing in this report was conducted by the Department unless otherwise noted.

Maryland Healthier Communities Survey

The MHCS is an expanded version of the CDC-sponsored Adult Tobacco Survey and sponsored in Maryland by the Department. Like the BRFSS, the MHCS is a random-digit-dial telephone survey (both landline phones and cell phones), however, its focus is on tobacco-use behaviors supplemented by a number of other behaviors not typically addressed by the Maryland BRFSS.

The MHCS is designed to produce single year county-specific estimates of these behaviors by utilizing separate sample frames for each of Maryland's 23 counties and Baltimore City. In 2014, more than 19,000 adult Maryland residents were surveyed as part of this project.

MHCS data was collected by a Department survey contractor and forwarded to the CDC and/or its' survey contractor for cleaning and weighting. Analysis of MHCS data appearing in this report was variously conducted by the CDC or the Department.

Youth Risk Behavior Survey

The YRBS is a survey sponsored nationally by the CDC. In Maryland, the YRBS has been combined with the CDC's YTS and is called the YTRBS. The YTRBS is sponsored by the Department. The YRBS is the core of the Maryland YTRBS and the YTRBS is accepted by the CDC as an official YRBS CDC survey.

The YRBS uses distinct middle and high school survey instruments. The core of these survey instruments comes from the CDC's YRBS (of which Maryland is required to include two-thirds of the survey questions) supplemented by questions from the CDC's YTS, and a few additional state-specific questions.

The Department administers the paper and pencil surveys, utilizing a Scantron® type answer sheet to protect student anonymity, in the fall of even calendar years to youth enrolled in public middle (grades 6-8) and high (grades 9-12) schools. [1]

The CDC conducts the random selection of schools and supports the survey contractor in the random selection of classrooms within selected schools. The CDC and/or its' survey contractor also conducts all data cleaning, logic edits, weighting, and primary data analysis.

Youth Tobacco Survey

The YTS was first conducted in Maryland in 2000 and replicated biennially thereafter to maintain surveillance of youth tobacco use behaviors as mandated by the Health-General Article (Section 13-1004). The YTS was a comprehensive county-level survey that provided comprehensive data on tobacco use behaviors from 2000-2010. Thereafter, the YTS was combined with the YRBS. The YTS, the YRBS, and the YTRBS all employ the same methodology and model for conducting surveys.[2]

Youth Tobacco and Risk Behavior Survey

The YTRBS is Maryland's version of the CDC's YRBS survey combined with the CDC's YTS. The YTS and YRBS were combined for the first time in state fiscal year 2013 to (1) reduce the survey burden on Maryland schools and students, (2) produce county-specific estimates for YRBS variables which previously were collected only at the state-level, (3) continue to collect data necessary for

[1] Although scheduled for the fall of even calendar years, the fall 2012 round of surveys was delayed until the spring of 2013 due to contract procurement delays.
[2] See the YRBS for additional details.

support of youth-focused tobacco control efforts, and (4) reduce costs associated with youth risk behavior surveillance.[3]

YTRBS Survey Sample and Weighted Demographics

The YTRBS, YRBS, and YTS each use the same complex 2-stage cluster design for the purpose of producing valid weighted estimates of risk behaviors for middle and high school for each county and Baltimore City. In the first stage, eligible public schools are randomly selected. In the second stage, classrooms within selected schools are randomly selected. The cluster is the selected classroom, wherein all youth who desire to participate and have parental permission may elect to take the survey.

High School. Students voluntarily completed a self-administered, anonymous, 99 question survey. A total of 56,717 students in 183 Maryland public, charter, and vocational high schools took the survey in 2014. The results are representative of all students in grades 9-12.

The weighted demographics of the high school sample are as follows:

Gender		Grade Level		Race/Ethnicity	
Female	49.2%	9th grade	28.1%	Black*	34.7%
Male	50.8%	10th grade	25.1%	Hispanic/Latino	12.8%
		11th grade	23.5%	White*	41.9%
		12th grade	22.8%	All other races*	6.9%
		Other	0.4%	Multiple races*	3.6%

**Non-Hispanic*

Middle School. Students voluntarily completed a self-administered, anonymous, 83 question survey. A total of 27,104 students in 175 Maryland public, charter, and vocational schools completed the survey in 2014.

The weighted demographics of the middle school sample are as follows:

Gender		Grade Level		Race/Ethnicity	
Female	48.9%	6th grade	32.2%	Black*	33.8%
Male	51.1%	7th grade	34.2%	Hispanic/Latino	13.5%
		8th grade	33.2%	White*	41.3%
		Other	0.4%	All other races*	7.6%
				Multiple races*	3.9%

**Non-Hispanic*

[3] See the YRBS for additional details.

Initiation of Tobacco Use

The U.S. Surgeon General has declared that tobacco use is a "pediatric epidemic,"[4] concluding, "…given their developmental stage, adolescents and young adults are uniquely susceptible to social and environmental influences to use tobacco."[5] The evidence in Maryland supports the conclusion that tobacco use/nicotine addiction has its roots in adolescence.

In contrast, adult initiation of tobacco use in Maryland is rare. In 2014, just 0.8%[BRFSS] of the adult Maryland population were estimated to have used tobacco for the first time during the preceding 12 months, based upon respondents as part of the CDC's BRFSS.

Maryland data makes clear that the initiation of tobacco use begins predominately among adolescents and young adults. In the MHCS, 85.7%[MHCS] of adults who had ever smoked a whole cigarette reported doing so before 21 years of age.

The age at which adults report smoking their first whole cigarette, by race and gender is detailed in *Figure 1*. For all populations, a significant majority did so before 18 years of age (62.3%[MHCS]) and before 21 years of age (86.8%[MHCS]).

The non-Hispanic Black populations, overall, had the latest initiation of whole cigarette smoking, for both males and females. This is consistent with separate evidence of less cigarette smoking among non-Hispanic adolescent Black populations in Maryland as compared to non-Hispanic White adolescents.

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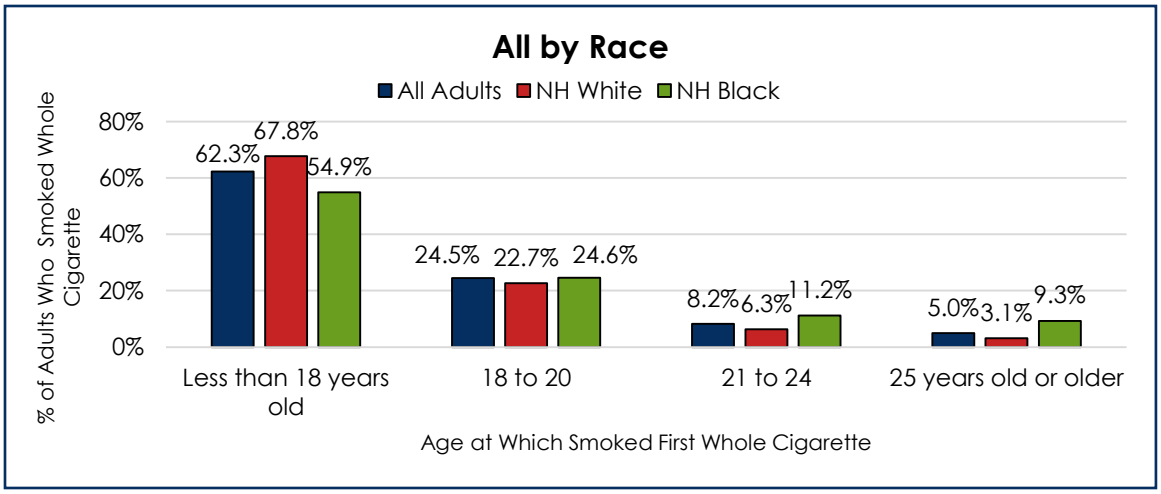
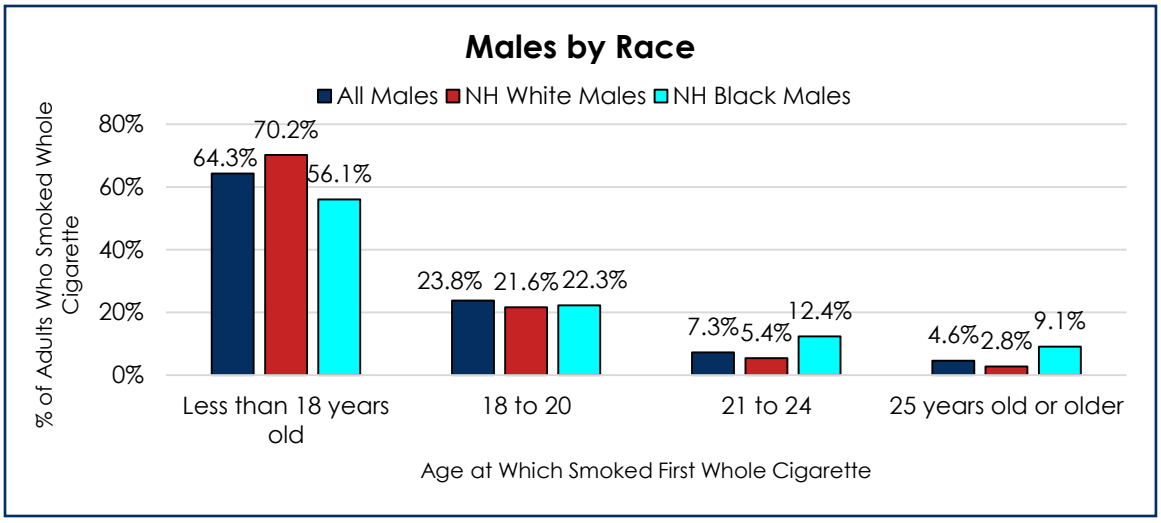
[4] U.S. Department of Health and Human Services, "Executive Summary: Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General," U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012, pg. 1 <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/exec-summary.pdf>.

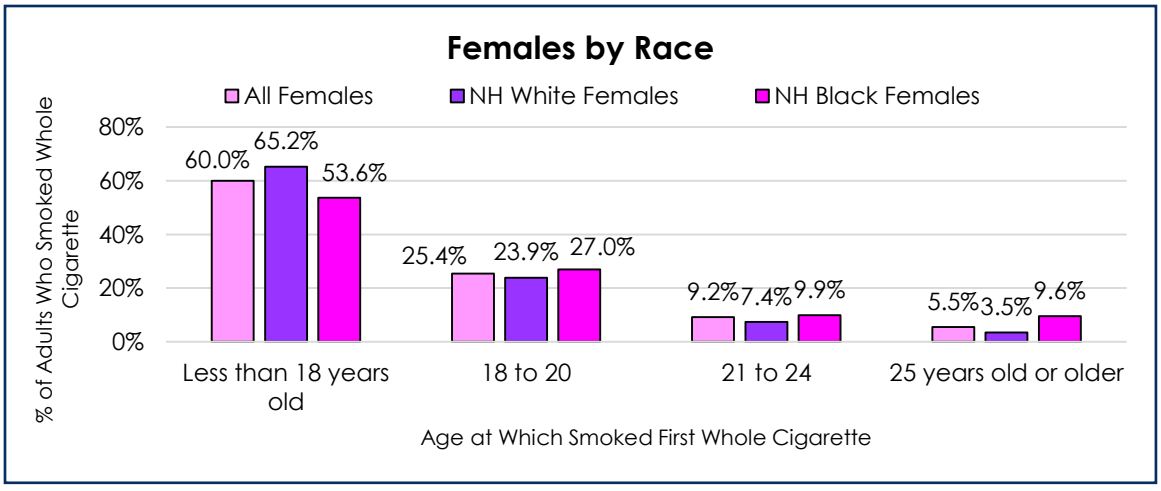
[5] U.S. Department of Health and Human Services, "Preventing Tobacco Use among Youth and Young Adults: A Report of the Surgeon General," U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012, pg. 10 < http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/full-report.pdf>.

Figure 1 MHCS

Age at Which Smoked First Whole Cigarette







Progression in Cigarette Smoking – First Whole Cigarette to Everyday Smoking

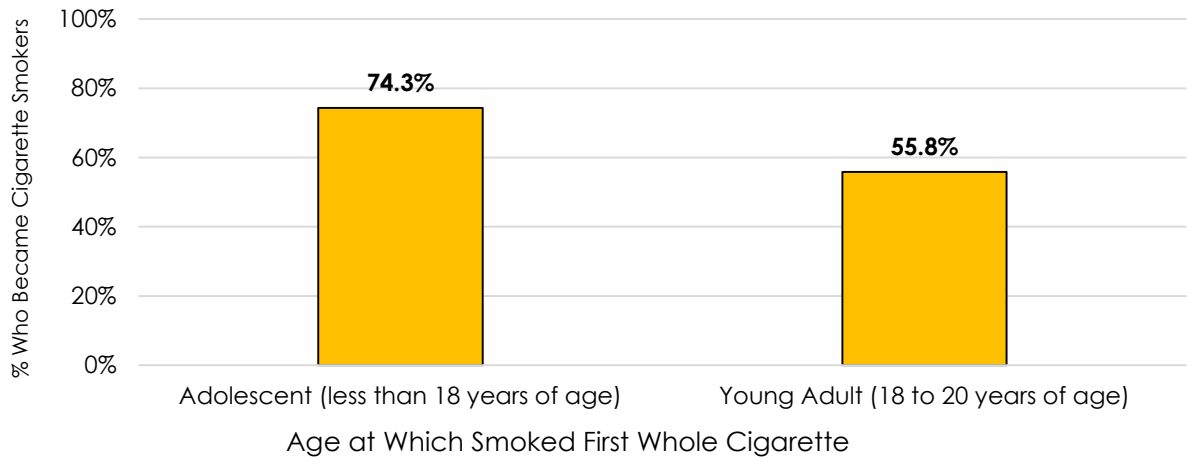
Unlike smoking cessation aides, which are designed and manufactured to *minimize* the risk of nicotine addiction, "cigarettes have been researched, designed, and manufactured to *increase* the likelihood that initiation will lead to dependence and difficulty achieving cessation…."[6] Additionally, "…young people are sensitive to nicotine. The younger they are when they start using tobacco, the more likely they are to become addicted to nicotine and the more heavily addicted they will become."[7]

According to the U.S. Surgeon General…
"**Young people are sensitive to nicotine. The younger they are when they start using tobacco, the more likely they are to become addicted to nicotine and the more heavily addicted they will become."[4]**

"Although not all smokers become nicotine dependent, the prevalence of individuals diagnosed as nicotine dependent is higher than that for any other

Figure 2 MHCS

Age First Whole Cigarette - % Who Ever Were Cigarette Smokers*



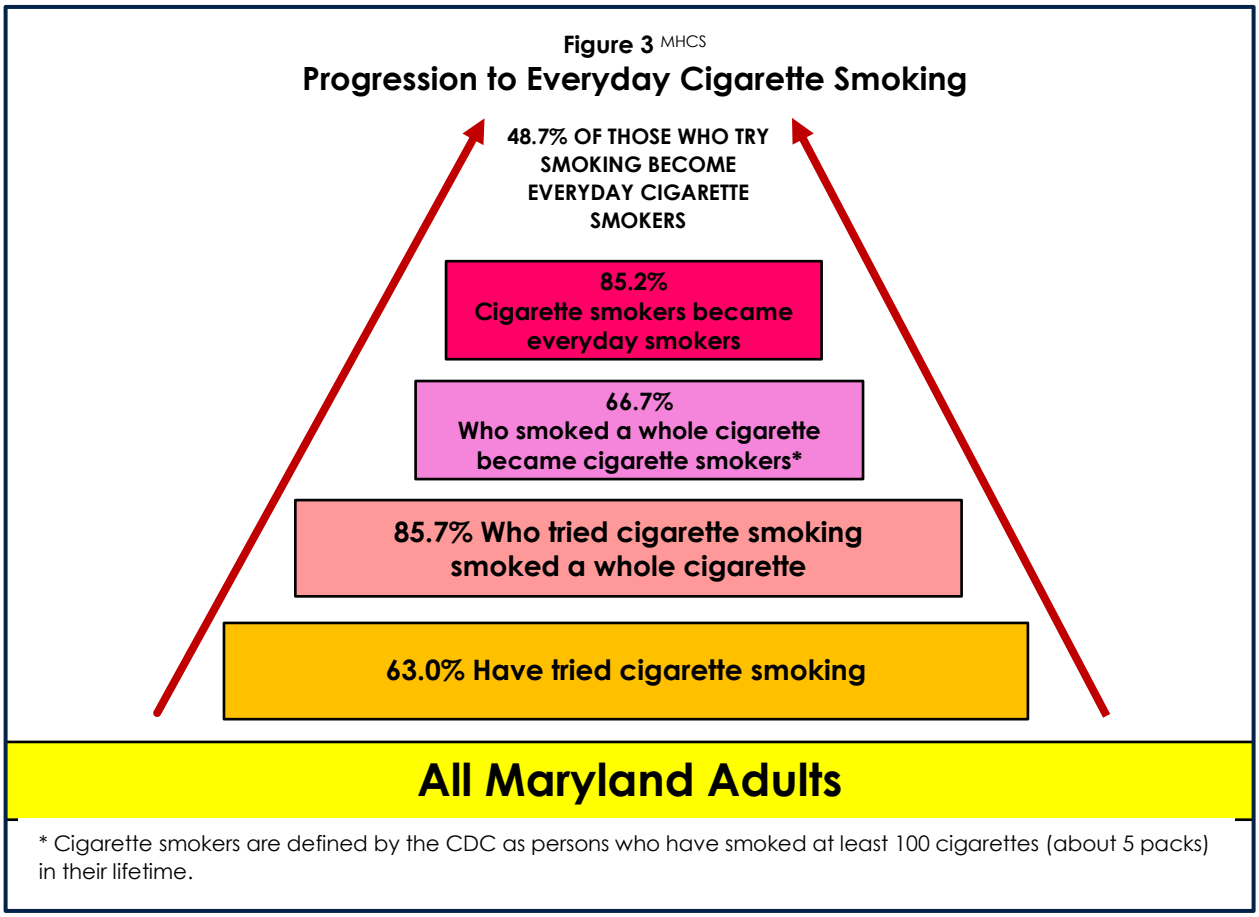
* An 'ever cigarette smoker' is an adult who has smoked at least 5 packs of cigarettes in their lifetime.

[6] U.S. Department of Health and Human Services, "The Health Consequences of Smoking—50 Years of Progress: 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, 2014, pg. 112 < http://www.surgeongeneral.gov/library/reports/50-years-of-progress/50-years-of-progress-by-section.html>.

[7] *Id.* fn. 2, Consumer Booklet version of the report above, pg. 4. See http://www.cdc.gov/tobacco/data_statistics/sgr/2012/consumer_booklet/pdfs/consumer.pdf.

substance abuse disorder."[8] "Nicotine addiction is the fundamental reason that individuals persist in using tobacco products, and this persistent tobacco use contributes to [the tobacco-caused cancers and disease]..."[9]

Roughly one-half (48.7%)[MHCS] of those who ever try cigarette smoking become everyday cigarette smokers. *Figure 3* details the steps and progression

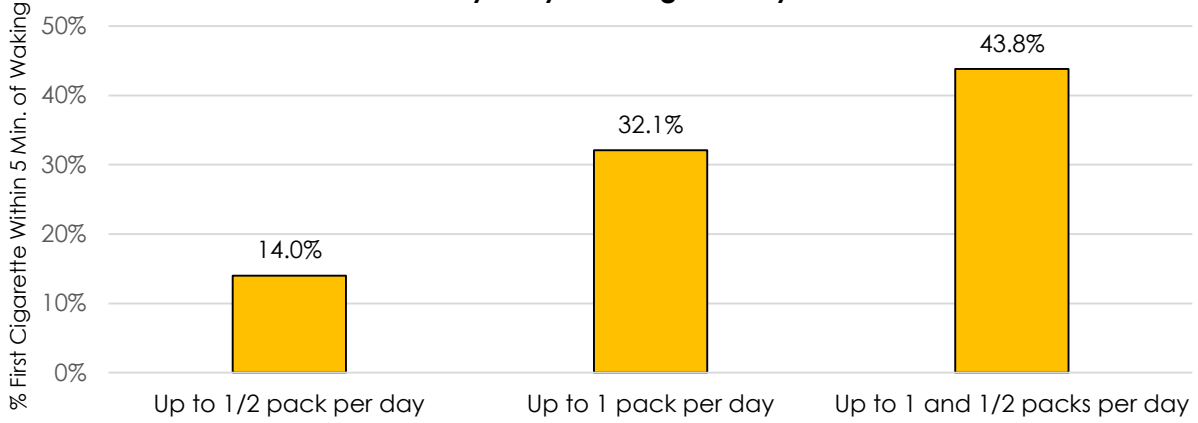


to becoming an every-day cigarette smoker. The health risks of tobacco use are dose-dependent, so the frequency, intensity, and duration of tobacco use is important.[10] The degree of nicotine addiction is an important factor in assessing

[8] Centers for Disease Control and Prevention; National Center for Chronic Disease Prevention and Health Promotion; Office on Smoking and Health. *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 2010. 4, Nicotine Addiction: Past and Present. Available from: http://ncbi.nlm.nih.gov/books/NBK53018/ last accessed 8/10/2015.
[9] Id.
[10] Pebbles Fagan and Nancy A. Rigotti. "Light and Intermittent Smoking: The Road Less Traveled," Nicotine & Tobacco Research, Volume (2009), Number 2, 107. Oxford Journals, August 12, 2015 < http://ntr.oxfordjournals.org/content/11/2/107.full.pdf+html>.

health risks and efforts to quit smoking. Currently, a single item – the amount of time after waking until the first cigarette, appears to be the variable most highly correlated to nicotine addiction, as shown in *Figure 4*.[11]

Figure 4 [MHCS]
% Smoking First Cigarette Within 5 Minutes of Waking, by Daily Smoking Intensity



Maryland's data on adult everyday smokers clearly establishes that those who smoke the most are more likely to smoke their first cigarette of the day within five minutes of waking. Among everyday smokers who smoke up to one-half a pack of cigarettes per day, just 14.0%[MHCS] smoke their first cigarette of the day within five minutes of waking. In contrast, among those who smoke up to one and one-half packs of cigarettes per day 43.8%[MHCS] report smoking their first cigarette of the day within five minutes of waking. Among the heaviest everyday smokers, 87.0%[MHCS] had smoked their first whole cigarette before they were 18 years of age, in contrast to the 68.4%[MHCS] among the lightest cigarette smokers.

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[11] Timothy B. Baker, Megan E. Piper, Danielle E. McCarthy, Daniel M. Bolt, Stevens S. Smith, Su-Young Kim, Suzanne Colby, David Conti, Gary A. Giovino, Dorothy Hatsukami, Andrew Hyland, Suchitra Krishnan-Sarin, Raymond Niaura, Kenneth A. Perkins, and Benjamin Toll, "Time to First Cigarette in the Morning as an Index of Ability to Quit Smoking: Implications for Nicotine Dependence," Nicotine & Tobacco Research, Volume 9, Supplement 4, (December 2007), Oxford Journals August 11, 2015 < http://ntr.oxfordjournals.org/content/9/Suppl_4/S555.long>.

Maryland has had success with tobacco use prevention efforts directed at adolescents and young adults. Past 12 month initiation of cigarette smoking among underage public middle and high school youth has decreased 59.5%[YTRBS] since 2000 (19.5% in 2000, 7.9% in 2014). At the same time, the proportion of Maryland adults who never were cigarette smokers continues to increase (see *Figures 5 and 6*). Notwithstanding these successes, up to 34,800 underage middle and high school youth initiated tobacco use during the past 12 months.

Figure 5 YTS & YTRBS/HS+MS

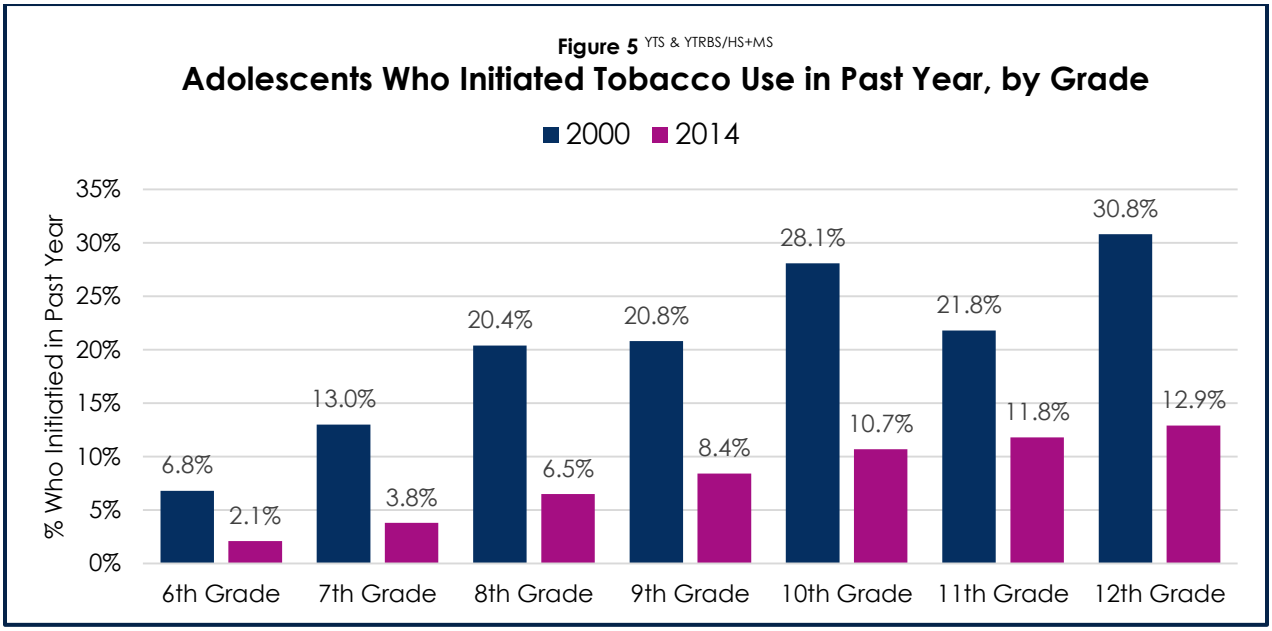
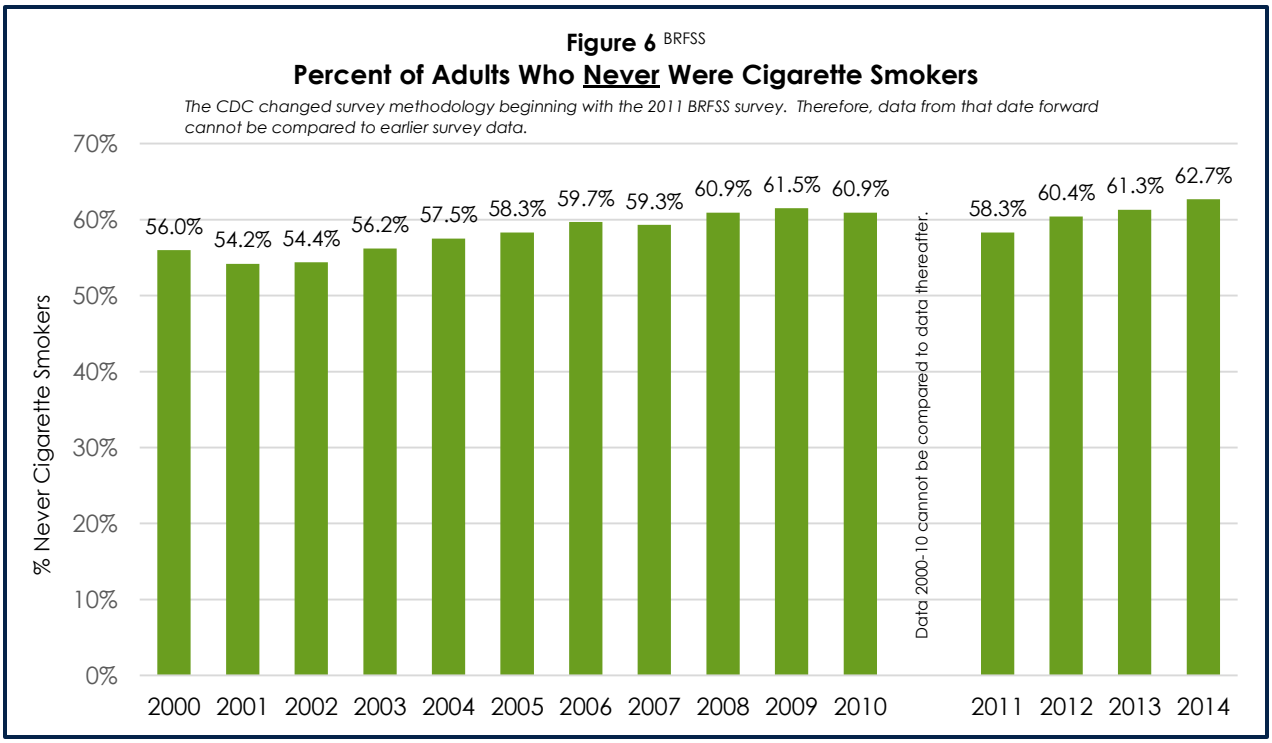


Figure 6 BRFSS



Chapter Conclusions

1. Almost 50% of those who try cigarette smoking will become everyday cigarette smokers.
2. Two-thirds of those who smoke a whole cigarette will become everyday cigarette smokers.
3. Almost 50% of those who try cigarette smoking will become everyday cigarette smokers.
4. Two-thirds of those who smoke a whole cigarette will become everyday cigarette smokers.
5. The younger a person is when they smoke their first whole cigarette, the more likely it is they will become a cigarette smoker.
6. 86.8% of those who ever smoked a whole cigarette did so before they were 21 years of age – 62.3% before they were age 18, and another 24.5% before they were age 21.
7. The vast majority of the heaviest smokers (87.0%) smoked their first whole cigarette before they were 18 years of age.
8. Tobacco-use prevention efforts have been impactful, with a steady increase in the proportion of Maryland adults who never have been a cigarette smoker, as well as a significant decrease in initiation by underage middle and high school adolescents.

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Use of Tobacco Products

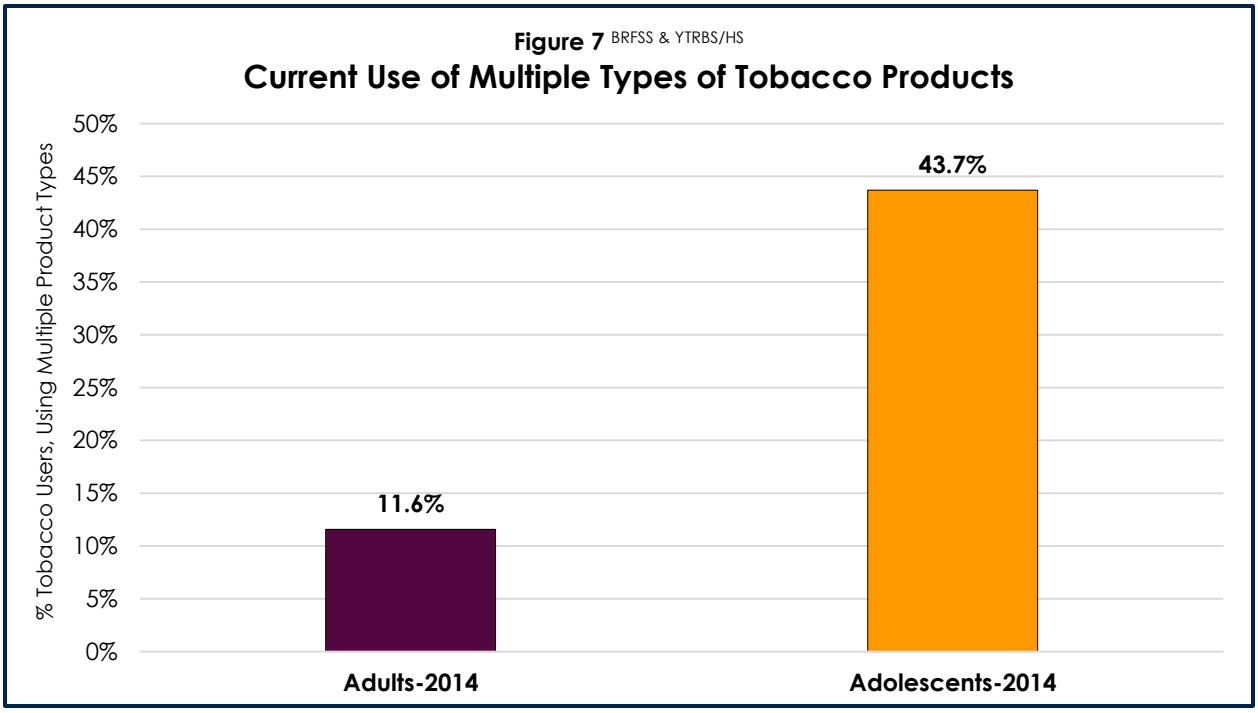
Among adults, cigarettes remain the most popular tobacco product in Maryland, followed by cigars, then smokeless tobacco. Among adolescents, however, cigars and cigarillos are more popular than cigarettes. This chapter examines overall use of any tobacco product, followed by the use of individual types of tobacco products by adolescents and adults. Throughout this chapter, unless specifically noted otherwise, "adolescents" refers to Maryland public high school youth less than 18 years of age (underage).

An estimated 19.0%[BRFSS] of Maryland adults were using some form of tobacco product in 2014 as compared to 14.9% [YTRBS] of underage Maryland public high school students – 884,461 adult tobacco users and 35,500[YTRBS] adolescent tobacco users.

Use of Multiple Types of Tobacco Products

In 2014, among adolescents who currently use tobacco, 43.7%[YTRBS] reported using more than one type of tobacco product during the past 30 days as compared to just 11.6% [BRFSS] of current adult tobacco users.

Figure 7 BRFSS & YTRBS/HS



Adolescent Use of Types of Tobacco Products

With respect to adolescents, the Centers for Disease Control and Prevention (CDC) defines "current" smoking or tobacco use as the use of tobacco, even if just a puff of a cigarette, during the past 30 days.[12] Among adolescents, cigar smoking has overtaken cigarette smoking as the most common tobacco use behavior. This began in 2008, coinciding with the excise tax on cigarettes increasing by $1/pack (total of $2/pack) while the excise tax on cigars remained unchanged.

Figure 8 YTS/HS & YTRBS/HS

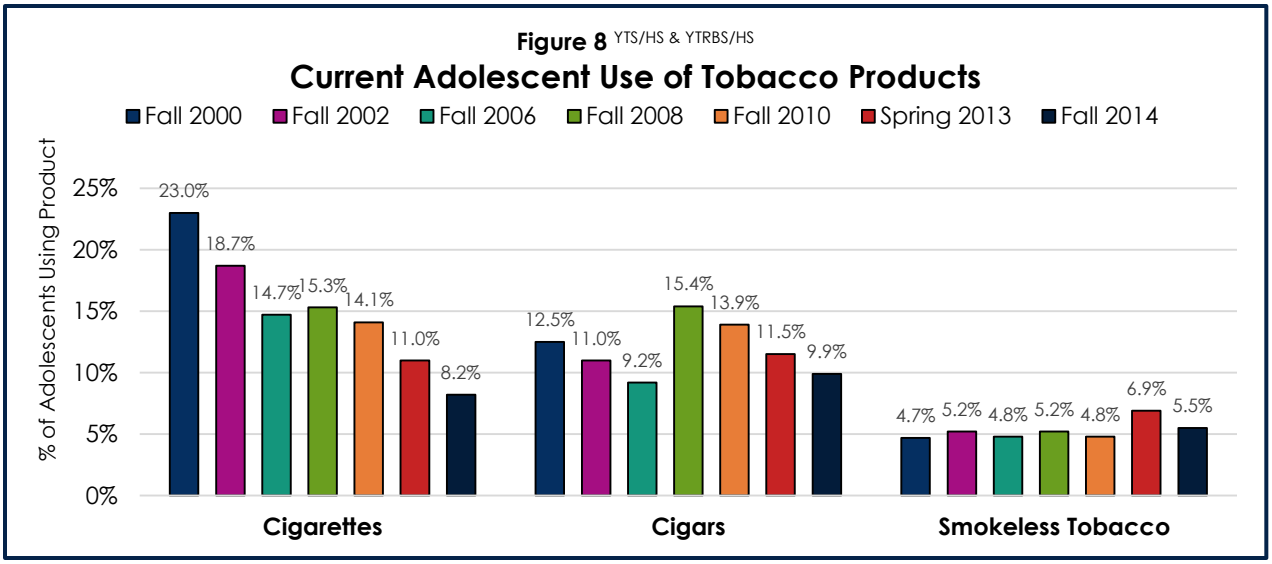
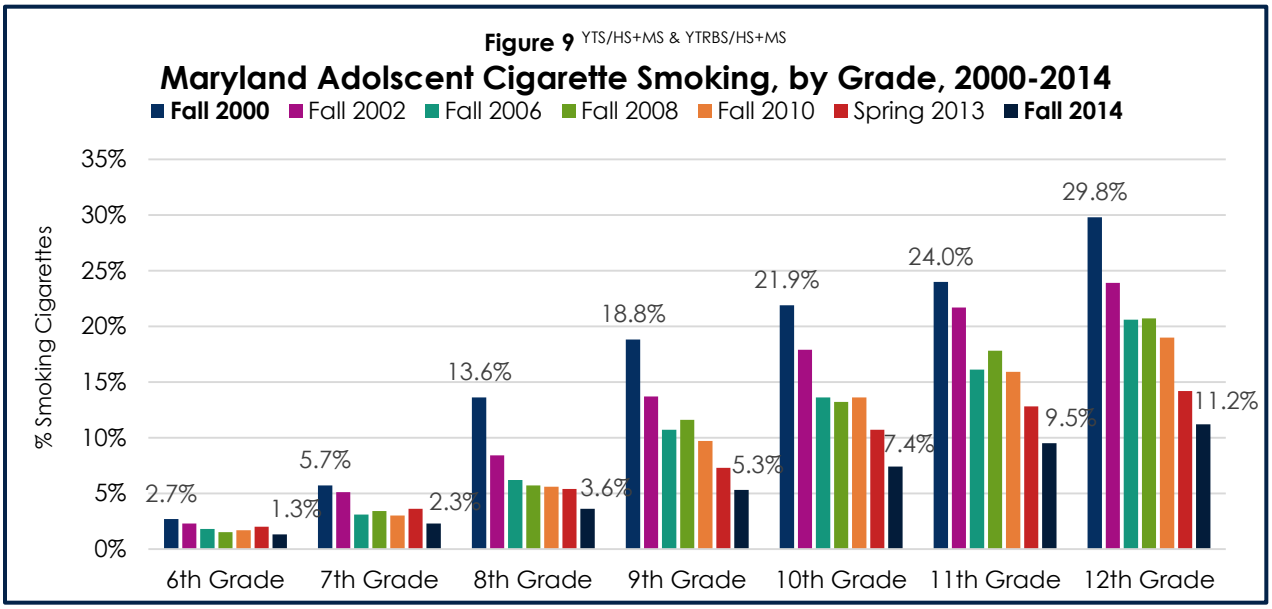


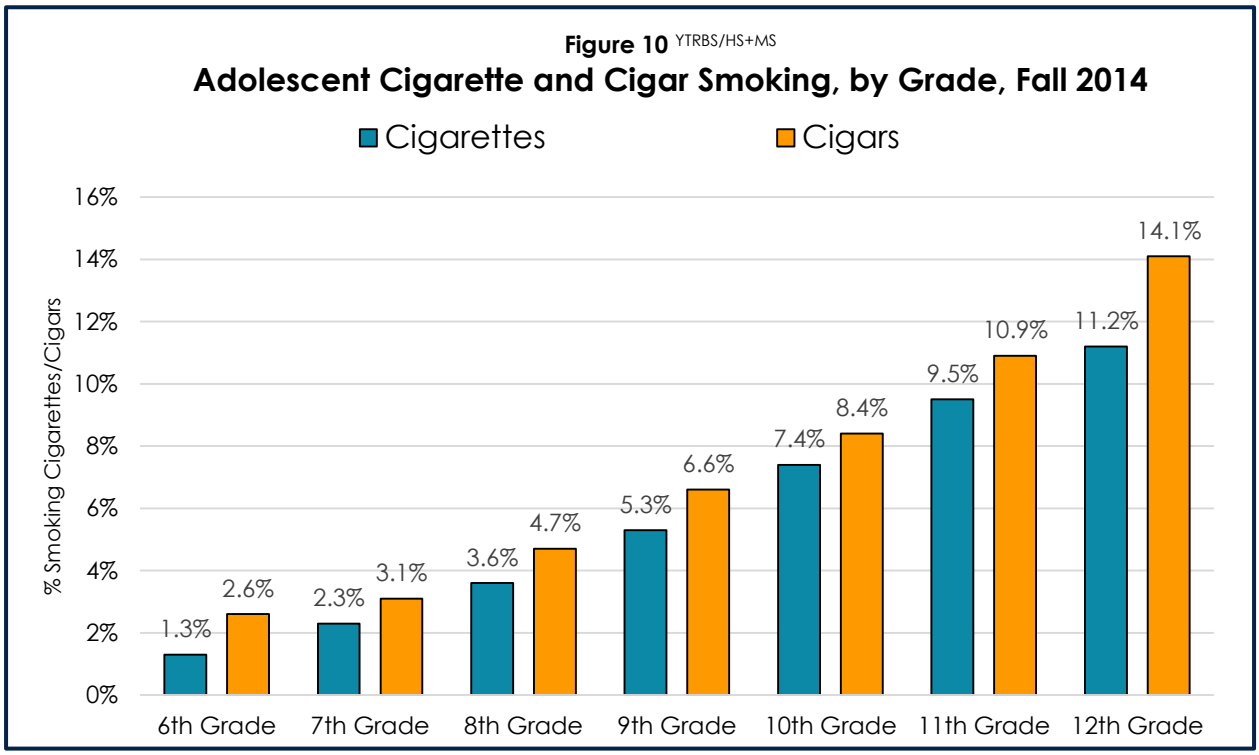
Figure 9 YTS/HS+MS & YTRBS/HS+MS



[12] In contrast, the CDC defines current adult cigarette smokers as persons who (a) have smoked at least 100 cigarettes in their lifetime (approximately 5 packs of cigarettes) and (b) who now report that they smoke either everyday or on some days.

Figure 10 YTRBS/HS+MS

Adolescent Cigarette and Cigar Smoking, by Grade, Fall 2014



As shown in *Figure* 9, current cigarette smoking has decreased significantly since 2000 at every grade level. However, *Figure 10* highlights that cigars are more popular than cigarettes at every grade

Figures 11 through 14 detail estimates of overall tobacco use and the use of specific products by local jurisdiction against the statewide estimates. These figures are striking in that at least 19 jurisdictions have estimates that are greater than the statewide estimate as well as the range among jurisdictions. For example, with regard to use of any type of tobacco product, the range is from a low of 9.3% to a high of 30.0%, with a statewide estimate of 14.9%.

Figure 12 details cigar smoking by county. Through prevention efforts such as "The Cigar Trap" campaign (www.TheCigarTrap.com) and the General Assembly increasing the excise tax on cheap cigars in 2012, the proportion of adolescents smoking cigars has steadily declined since 2008, although still higher than cigarettes. The proportion of adolescents who use smokeless tobacco had remained relatively steady for many years (2000-10). However, since 2013 the use of smokeless tobacco is more common than at any previous time.

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Figure 11 YTRBS/HS

Adolescent Current Use of *Any Tobacco Product*, by Jurisdiction, Fall 2014

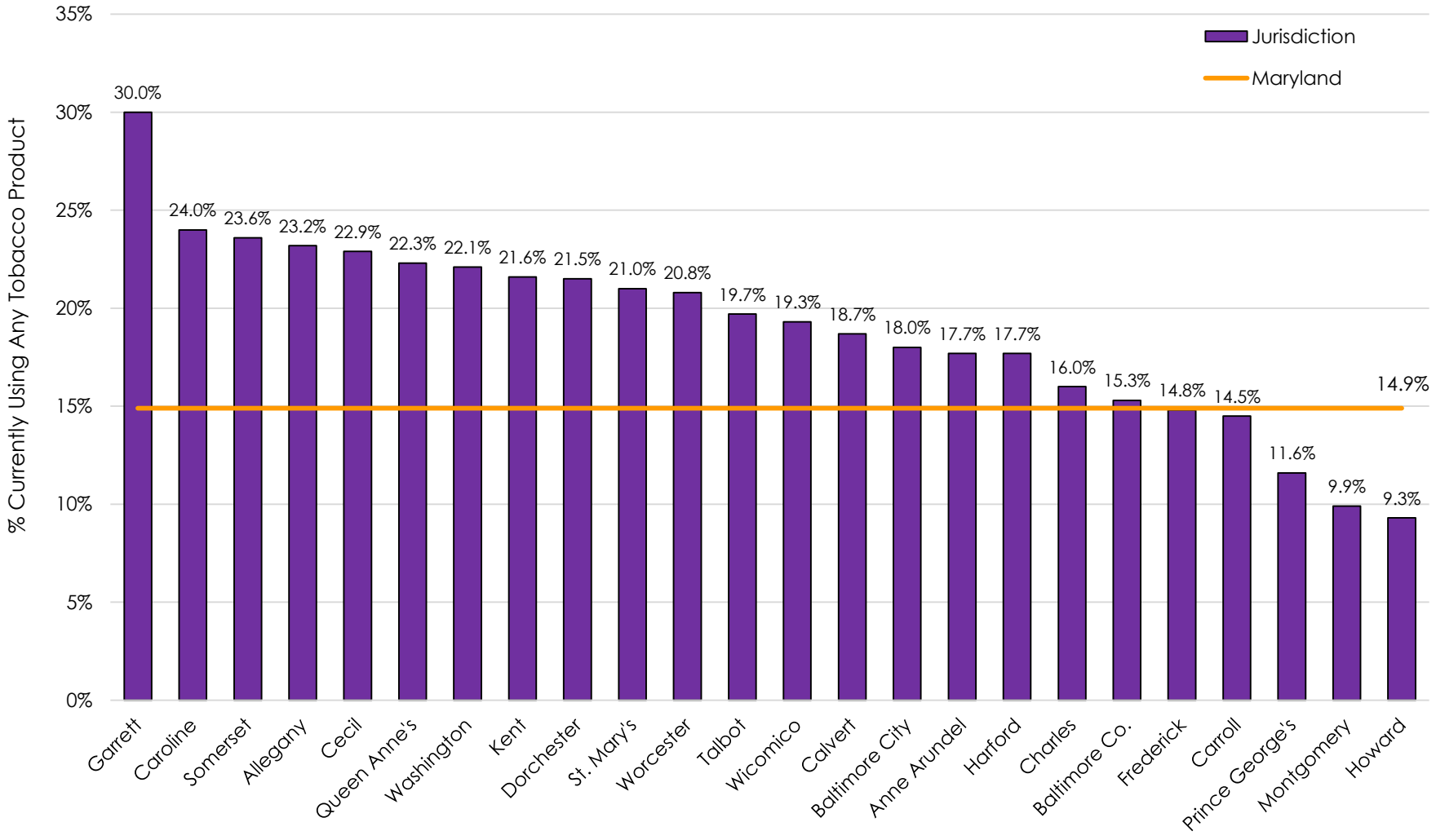


Figure 12 YTRBS/HS

Adolescent Current *Cigar Smoking* by Jurisdiction, Fall 2014

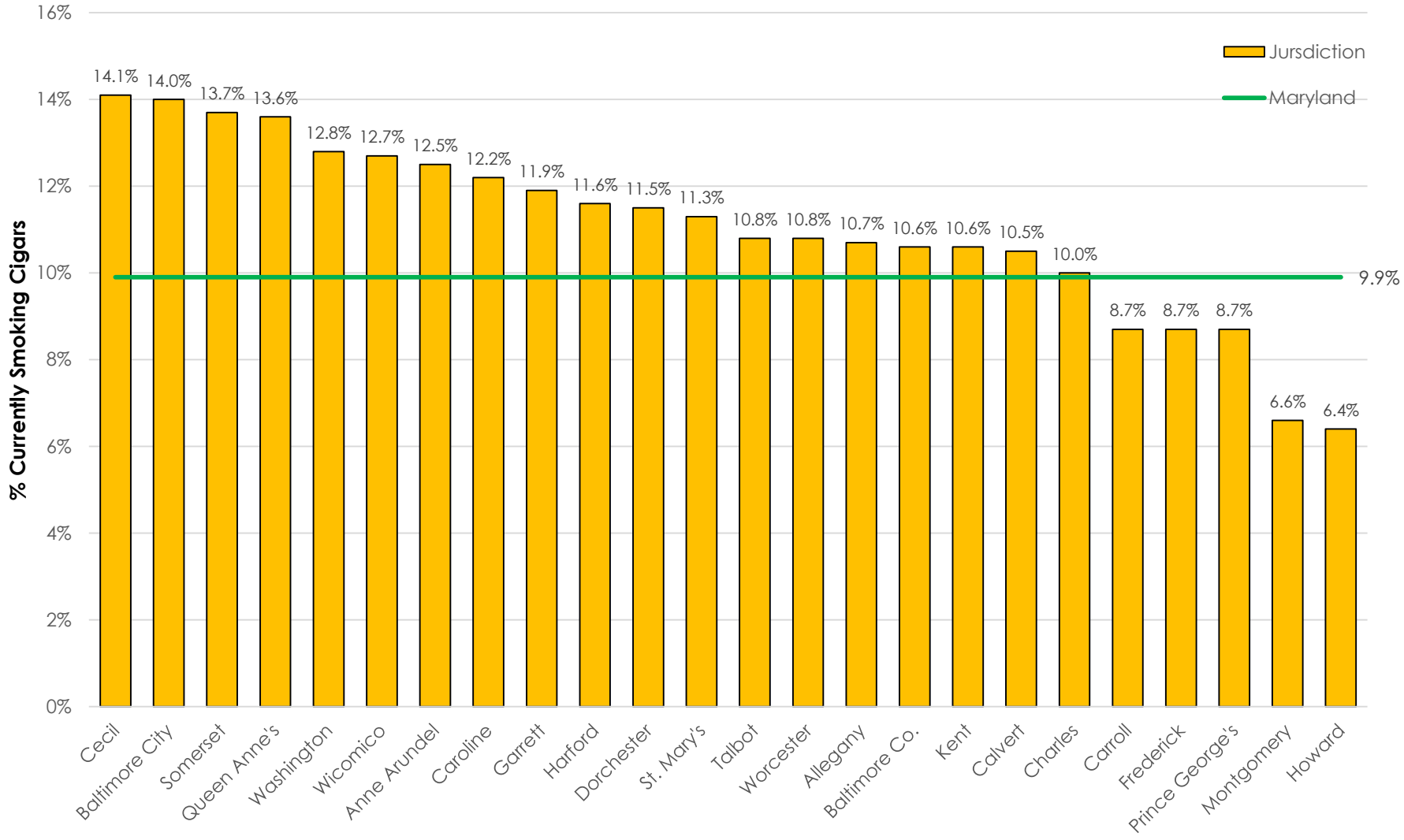


Figure 13 YTRBS/HS

Adolescent Current *Cigarette Smoking*, by Jurisdiction, Fall 2014

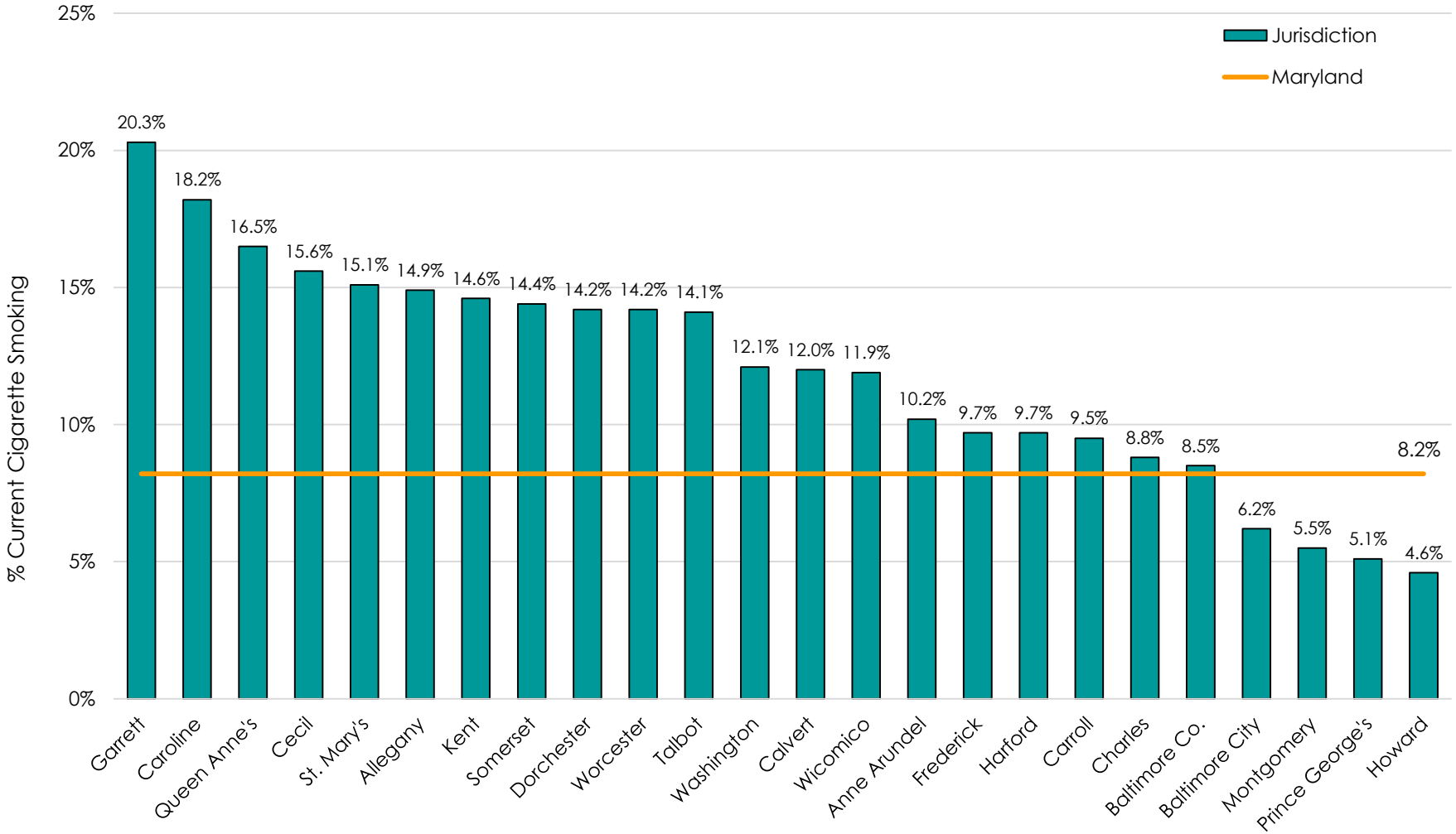
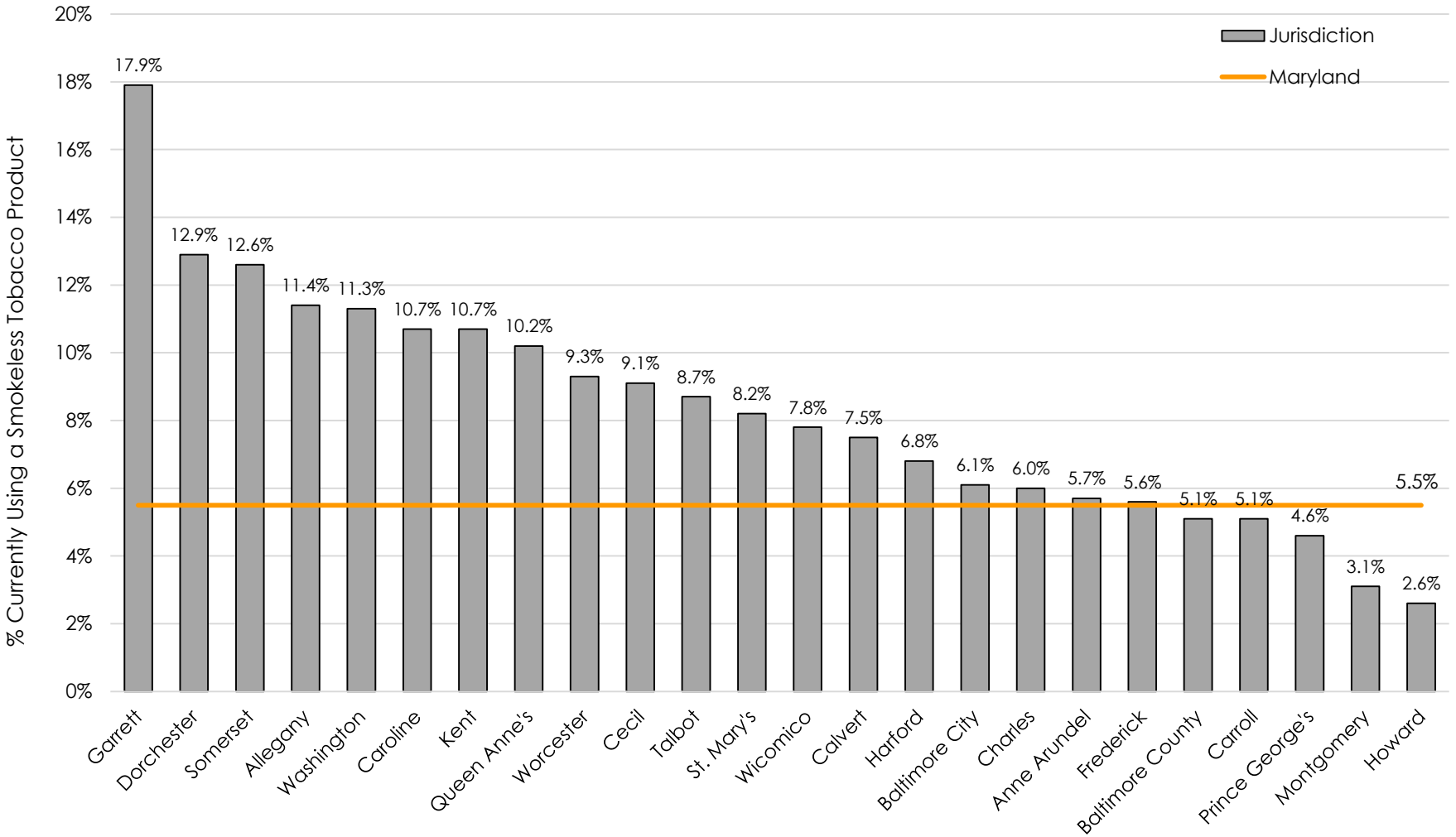


Figure 14 YTRBS/HS

Adolescent Current *Smokeless Tobacco Use*, by Jurisdiction, Fall 2014



Cigarette smoking and tobacco use by adolescents is highly correlated with other risk behaviors such as alcohol use, marijuana use, prescription drug abuse, and the use of other illegal drugs. Adolescents who smoke are 4 times more likely than their non-smoking peers to currently drink, 5 times more likely to currently use marijuana, and 9 times more likely to currently abuse prescription drugs.

Figure 15 YTRBS/HS

Relative Risk of Alcohol, Marijuana, and Other Drug Use by Adolescents, By Smoking Status – 2014

Smoking Status	Currently Drinks Alcohol	Currently Uses Marijuana	Currently Abuses Rx Drugs	Ever Used Other Illegal Drugs
Non-smokers	20.5%	13.3%	4.2%	9.6%
Cigarette Smokers	82.3%	70.8%	38.2%	63.2%
Increased Likelihood of Smokers Engaging in Behavior*	**4x**	**5x**	**9x**	**7x**

** The increased likelihood represents the relative risk of an adolescent smoker engaging in the behavior vs. that of a non-smoking adolescent. Note that the data above represent observed correlations in risk behaviors and are not presented as evidence of causality.*

With the notable exception of menthol cigarettes, currently only tobacco products other than cigarettes may be sold in flavored form. Common flavors include candy and fruit or dessert flavors such as grape, strawberry, peach, and chocolate, among others. With 60.0% of adolescent tobacco users (cigarettes, cigars, or smokeless tobacco) using flavored products other than menthol cigarettes, it is apparent that flavored OTP are a major factor in underage tobacco use in Maryland.

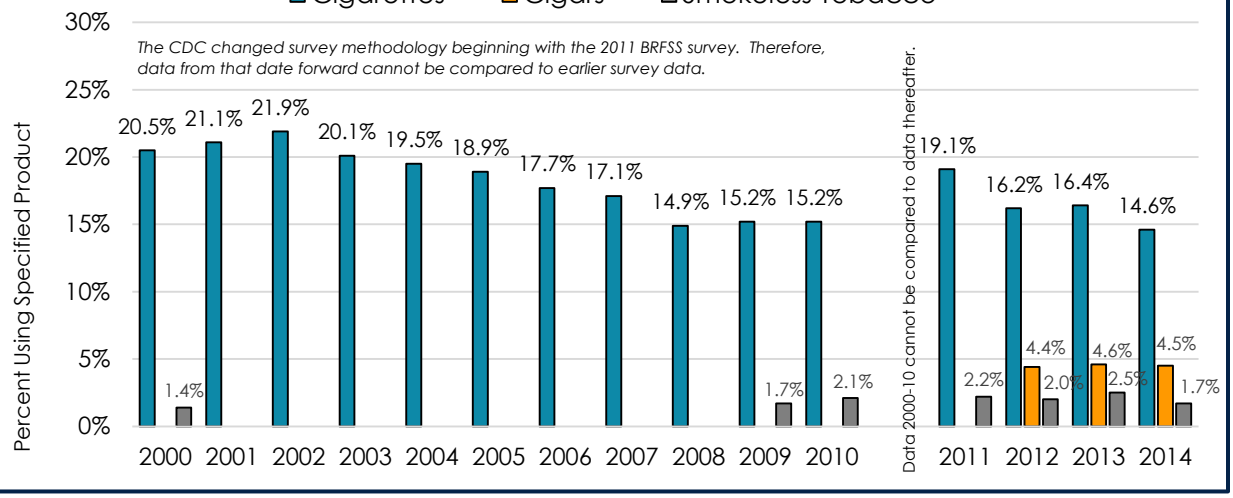
Adult Use of Cigarettes, Cigars, or Smokeless Tobacco

Among adults, cigarettes are the overwhelmingly preferred type of tobacco product – even though the proportion of Maryland adults who smoke

cigarettes has decreased significantly since 2000 (see *Figure 16*[13]).

Figure 16 BRFSS

Current Adult Use of Cigarettes, Cigars, and Smokeless Tobacco, 2000-2014



As evidenced by *Figures 17 and 18*, the higher the education level, the less likely a person is to be a smoker. The higher the annual household income, the less likely adult members of that household are to be smokers.

Figure 17 BRFSS

Current Adult Cigarette Smoking by Annual Household Income - 2014

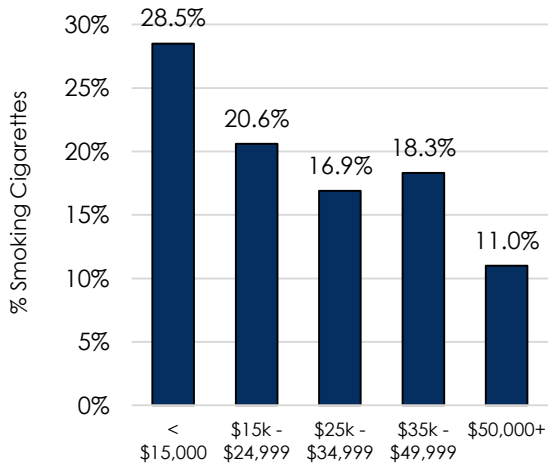
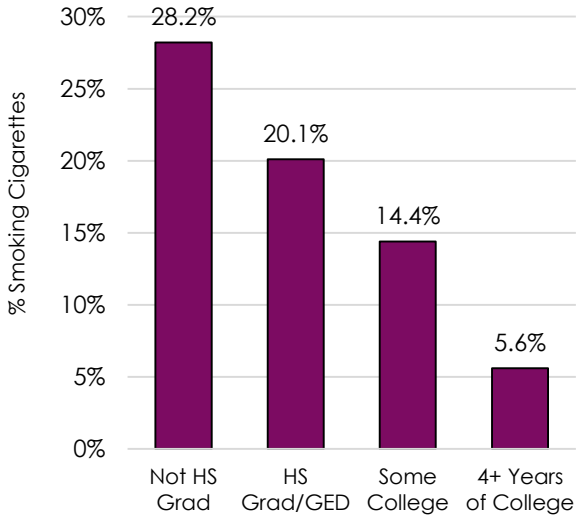


Figure 18 BRFSS

Current Adult Cigarette Smoking by Highest Educational Attainment - 2014



[13] Adult data on smokeless tobacco use and cigars is presented for years when BRFSS survey instrument included questions on those products.

Chapter Conclusions

1. Cigarettes remain the most popular type of tobacco product among adults, whereas adolescents smoke cigars at higher rates than cigarettes.

2. Adolescents who smoke are at much greater relative risk than their non-smoking peers for underage drinking (4x), marijuana use (5x), prescription drug abuse (9x), and use of other illegal drugs (7x).

3. Tobacco-use prevention efforts among adolescents have been impactful, with rates of cigarette and cigar smoking decreasing significantly. However, significant numbers of youth continue to initiate tobacco use.

4. Tobacco-use prevention efforts among adults have been impactful, as cigarette smoking continues to decline. However, more than 880,000 Maryland adults continue to use tobacco, placing their health at significant risk.

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Use of Electronic Smoking Devices

Electronic smoking devices (ESDs), also known as electronic nicotine delivery systems, were not widely available or marketed in 2000 at the inception of Maryland's Cigarette Restitution Fund (CRF) Tobacco Use Prevention and Cessation Program. It is only in recent years that manufacturers of such devices have begun to employ significant mass media advertising to promote their products, and obtain distribution channels through gas stations, convenience stores, liquor stores, big 'box' stores, and even stand-alone storefronts.

ESDs refer to numerous products, including e-cigarettes, e-pipes, e-cigars, vape pipes, vaping pens, e-hookahs, and hookah pens. Some of these products are disposable one-time use only, others are refillable. Each of these products essentially seeks to provide the user with an experience that mimics the smoking of the corresponding tobacco product.

Generic E-Cigarette & Components

Electronic cigarettes, also known as e-cigarettes, are battery-operated products designed to deliver nicotine, flavor and other chemicals. They turn chemicals, including highly addictive nicotine, into an aerosol that is inhaled by the user.

Most e-cigarettes are manufactured to look like conventional cigarettes, cigars, or pipes. Some resemble everyday items such as pens and USB memory sticks.

Although there is considerable variety in ESDs, few if any are equivalent to a single cigarette at their stop-point (when the product is empty). This means that unlike cigarettes which on average support 20 puffs, an ESD has no single cigarette equivalent stop-point for the smoker. Many ESDs offer up to 200 puffs (10 times the amount of the average cigarette) per cartridge. This allows ESD users to continue 'vaping' long past the time when a single cigarette would have been consumed – potentially resulting in longer and higher exposure to nicotine and the emissions of the product.

The visible emissions from an ESD resemble smoke, but are commonly referred to as 'vapor' in the mass media and by the users themselves. The act of using these products is called "vaping." However, it is important to recognize that the emissions inhaled by the user, and by those around the user, are not vapor at all, but an aerosol. Other consumer products commonly use aerosols, such as hair spray, deodorant, and non-stick coatings for cooking – these, obviously, are not intended to be inhaled.

An aerosol is not the gaseous state of a chemical. An aerosol is comprised of very small particles of solids or liquid droplets. Aerosols emitted by ESDs contain small droplets of liquid nicotine, liquid chemical flavorings, liquid chemicals formed as a result of the heating process (including benzene, formaldehyde, and carcinogens), and liquid propylene glycol and/or liquid glycerin. In some instances, small particles of metals have also been found in ESD emissions. ESD users and those around them are not inhaling harmless water vapor – they are inhaling small droplets of various chemicals and in some instances particles of metal.[14]

There are nearly 7,000 ESD flavors being marketed today. While the chemical flavorings used have been approved for human digestion in small quantities, there have been no studies about the safety of deep and repeated inhalation of these chemical flavorings. One study found that some ESDs damaged cells in ways that could lead to cancer, even in nicotine-free products.[15]

Finally, the liquid nicotine used in ESDs has resulted in a substantial increase in reporting of nicotine poisonings to poison control centers. Calls increased from a rate of one per month in September 2010 to 215 per month by February 2014.[16]

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[14] Centers for Disease Control and Prevention, July 2015,"Electronic Nicotine Delivery Systems: Key Facts," 4 February 2015 <http://www.cdc.gov/tobacco/stateandcommunity/pdfs/ends-key-facts2015.pdf>.

[15] Vicky Yu et. al., "Electronic Cigarettes Induce DNA Strand Breaks and Cell Death Independently of Nicotine in Cell Lines," 4 November 2015, Oral Oncology, 1 March 2016 <http://www.oraloncology.com/article/S1368-8375(15)00362-0/fulltext>.

[16] Unpublished data from the Maryland Poison Control Center at the University of Maryland School of Pharmacy.

ESDs are Not an FDA Approved Smoking Cessation Aide

Oversight of smoking cessation aides falls within the jurisdiction of the federal Food and Drug Administration (FDA). The FDA has approved a variety of smoking cessation aides, including over-the-counter nicotine patches, nicotine gum, and nicotine lozenges. It has also approved prescription-only aides such as Nicotrol (nasal spray and inhaler), and the drugs Chantix® and Zyban® for example. To date, the FDA *has not approved* any ESD as a smoking cessation aide.

All employers have the ability to prohibit the use of ESD products inside or on their property if they choose to do so.

There is no clear scientific evidence that ESDs are an effective cessation aide. In a recently published study, it was found that "compared with smokers who never used e-cigarettes, smokers who [had] ever used e-cigarettes were significantly *less likely* {emphasis added} to quit [smoking] for 30 days or more at follow-up."[17] Nonetheless, 37.0% of those calling the Maryland Tobacco Quitline for assistance in quitting smoking reported having ever used an ESD, thereby potentially reducing the likelihood of successfully quitting smoking for good.[18]

The FDA has issued warning letters to five ESD distributors for making unsubstantiated claims in violation of the Federal Food, Drug, and Cosmetics Act (FDCA).[19]

Utilization of ESDs in Business/Workplace

Depending upon the design of the specific ESD, it can be difficult for non-users in public indoor or outdoor areas to discern whether the user is smoking a tobacco product and exhaling tobacco smoke, or using an ESD and exhaling aerosolized propylene glycol and glycerin (which looks like tobacco smoke), thus presenting a challenge to enforcement of current clean indoor air laws.

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[17] Wael K. Al-Delaimy, et al., "E-cigarette Use in the Past and Quitting Behavior in the Future: A Population-Based Study," Public Health 105(6) June 2015, American Journal of Public Health, August 18, 2015 < http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2014.302482?journalCode=ajph&>.

[18] Maryland Marketing Source, Inc. and Bay Area Research, LLC. "Maryland Tobacco Quitline and Web-Based Services Annual 7-Month Evaluation Final Interim Report: Fiscal Year 2013/2014, June 2015. (unpublished).

[19] Food and Drug Administration, E-Cigarettes: Questions and Answers, 14 August 2015, Food and Drug Administration, August 14, 2015 <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm225210.htm>.

The use of an ESD in the workplace is not a protected right; just as the use of tobacco or alcohol in the workplace are not protected rights. Any employer may adopt a rule prohibiting the use of an ESD indoors and/or outdoors at the place of employment just as they have adopted rules prohibiting employees from using tobacco or alcohol at work. Similarly, businesses are free to prohibit the use of ESDs by patrons – this may be advantageous when trying to enforce the Clean Indoor Air Act on indoor smoking as non-smoking patrons may not be able to distinguish between tobacco and ESD use, and it may be problematic for employees as well. Just as an employer can elect to prohibit the use of ESDs, it may also permit their use, but is not required to do so.

Use of ESDs in Maryland

Use by Adults. The 2014 Maryland Healthier Communities Survey (MHCS-2014) found that 4.5%[BRFSS] of Maryland adults (203,982) were using an ESD either everyday or on some days. ESD use approximates that of current adult cigar smoking. ESDs are more popular among adult males (5.9% [BRFSS]) than females (3.3% [BRFSS]). Differences between racial and ethnic groups were not statistically significant.

Almost 20% (19.9% [BRFSS]) of current adult Maryland ESD users have *never been cigarette smokers*. These users were not likely ever previously addicted to nicotine, but through their use of an ESD, place themselves at risk for nicotine addiction and potential transition to traditional tobacco products. An additional 34.8% of adult ESD users report that they are using ESDs while at the same time continuing to smoke cigarettes every day – a use not likely to achieve smoking cessation and may increase exposure to nicotine and enhance existing addiction to nicotine, making it more difficult to overcome such addiction in the future.

54.7% of adult ESD users are using them in a manner that increases the risk of nicotine addiction or enhancement of an existing addiction.

Almost one-fourth (24.7% [BRFSS]) of *current* adult Maryland ESD users are former cigarette smokers. This suggests that they have not successfully used ESDs to overcome their addiction to nicotine – rather, they have merely transferred the source of their addiction from cigarettes to ESDs.

Use by Adolescents. It is illegal in Maryland to sell or give an ESD, its' component parts, or refills, to adolescents less than 18 years of age. However, currently a license is not required to sell ESDs in Maryland, making enforcement of this prohibition problematic. There are no license lists of ESD retail outlets from which to make random compliance inspections, as is done for other age-restricted products such as tobacco products and alcohol.

In Maryland, a significantly greater proportion of adolescent youth use ESDs (19.7% [YTRBS]) as compared to the less than 5% reported for adults,[BRFSS] making them the highest used tobacco product by underage youth in Maryland – one factor may be kid-friendly flavors. Adolescent use of ESDs ranges from a low of 14.7% (Prince George's county) to a high of 35.8% (Garrett county).

Adolescents who engage in other risk behaviors such as tobacco use, drinking, and smoking marijuana are highly likely to also use ESDs.

- 70.2% of adolescent cigarette smokers
- 67.4% of adolescents using smokeless tobacco
- 63.5% of adolescents who smoke cigars
- 53.8% of adolescents who smoke marijuana
- 46.7% of adolescents who drink alcohol

Nearly 20% of adolescent youth use ESDs as compared to less than 5% of adults.

Additionally, there is evidence that adolescents who are *not* engaging in other risk behaviors are also experimenting with ESDs.

- 12.7% of adolescents **who do not** use any tobacco
- 11.0% of adolescents **who do not** smoke marijuana
- 8.2% of adolescents **who do not** drink alcohol

Chapter Conclusions

1. Electronic smoking devices such as e-cigarettes are not FDA approved smoking cessation aides. Scientific evidence as to the efficacy of ESDs for smoking or tobacco use cessation is mixed, with some studies finding that use of such products actually can make it harder to quit.
2. More than half of Maryland adults currently using ESDs are doing so in a manner that does not facilitate cessation and may increase addiction to nicotine.
    a. Almost 20% of current Maryland adult users of ESDs have never smoked cigarettes.
    b. More than one-third of former cigarette smokers who are currently using ESDs had their last puff of a cigarette more than one year ago – evidence that the products did not assist these former smokers in ridding themselves of their nicotine addiction.
3. Maryland adolescents are using ESDs at four times the rate of adults.
4. Rates of adolescent cigarette smoker ESD use exceed 70%; these products are easily accessed by underage youth.
5. The long-term health effects of ESD use remain unknown, but increasingly the evidence-base is establishing that they are not risk free.
6. The flavorings used in ESDs, even in nicotine-free products, may themselves pose long-term health hazards – but more research is needed.

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Underage Access to Tobacco

The federal Tobacco Control Act of 2009 prohibits retailers from selling cigarettes to adolescents less than 18 years of age – and retailers are required to check photo identification of all prospective purchasers who appear to be less than 27 years of age.[20] Additionally, the 1992 federal Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act prohibits the sale of any type of tobacco product to adolescents less than 18 years of age.[21] Maryland goes further under its' Criminal Law Article, prohibiting underage adolescents from using false identification in an attempt to purchase any type of tobacco product or to use or possess tobacco products (unless the minor is acting as the agent of his or her employer).[22] Maryland itself also prohibits the sale of cigarettes, cigars, smokeless tobacco, and any other type of tobacco product to underage adolescents, violations of which are criminal misdemeanors, as well as prohibits the sale of ESD products to persons less than 18 years of age.[23, 24]

In addition, several local Maryland jurisdictions have adopted prohibitions on underage sale of tobacco using a civil framework rather than that of the State. The result is that Maryland retailers must comply with uniform prohibitions on the sale of tobacco products to underage adolescents under a variety of enforcement frameworks summarized in *Figure 19*. The rules for multiple violations vary between federal, state, and local jurisdictions – some count violations during a rolling 36, 24, or 12-month period. Baltimore County is unique in applying a calendar year rule to multiple violations.

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[20] 21 C.F.R. Part § 1140.14.
[21] Section 1926 of the Public Health Service Act as added by the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (P.L. 102-321, section 202).
[22] Md. Ann. Code Criminal Law Art., § 10-108.
[23] Md. Ann. Code Criminal Law Art., § 10-107.
[24] Md. Ann. Code Health - General Art., § 24-305.

Figure 19

Enforcement Penalty Frameworks Applicable to Maryland Tobacco/ENDS Retailers As of January 2016

Enforcement Jurisdictions		Enforcement						Penalties for Underage Sales					
		Enforcement Authority		Cigarettes	All Other Tobacco	Photo ID Check	ENDS	1st Offense	2nd Offense	3rd Offense	4th Offense	5th Offense	6th + Offense
		Civil	Criminal										
Federal – FDA *		X	-	X	Smokeless Tobacco Only	X	-	$250	$500	$1,000	$2,000	$5,000	$11,000
Maryland Statewide													
Tobacco +		-	X	X	X	-	-	$300	$1,000	$3,000			
ENDS ǂ		X	-	-	-	-	X	$300	$500				
Local Maryland Jurisdictions ǂ													
Baltimore City		X	-	X	X	-	-	Up to $1,000 for each offense					
Baltimore Co.	Owner	X	-	X	X	X	-	$500	$1,000	$1,500			
	Others	X	-	X	X		-	$50	$100				
Carroll		X	-	X	X	-	-	≤ $300	≤ $500	≤ $500			
Cecil		X	-	X	X	-	-	≤ $300	≤ $500	≤ $750			
Garrett		X	-	X	X	-	-	≤ $300	≤ $300				
Howard	Owner	X	-	X	X	-	-	$250 - $500	$500 - $1,000				
	Others	X	-	X	X		-	$50 - $100	$100 - $250				
Kent	Owner	X	-	X	X	-	-	$300	$500				
	Others	X	-	X	X		-	$50	$100				
Montgomery		X	-	X	X	-	-	$1,000	$1,000				
Prince George's	Owner	X	-	X	X	-	-	≤ $300	≤ $1,000				
	Others	X	-	X	X		-	≤ $50	≤ $100				
St. Mary's		X	-	X	X	-	-	$300	$500				

* FDA enforcement is conducted by authorized and federally trained and duly sworn enforcement agents employed by the Department's Behavioral Health Administration (BHA) under contract with the FDA. Enforcement protocols are designed and controlled by the FDA.

+ Maryland's statewide tobacco penalties are enforced only through Maryland local law enforcement personnel, in their discretion and as able. Enforcement protocols are designed and controlled by local law enforcement agencies. Baltimore County only examines multiple violations within a single calendar year, reducing the impact of continuing violations on the non-compliant retailer.

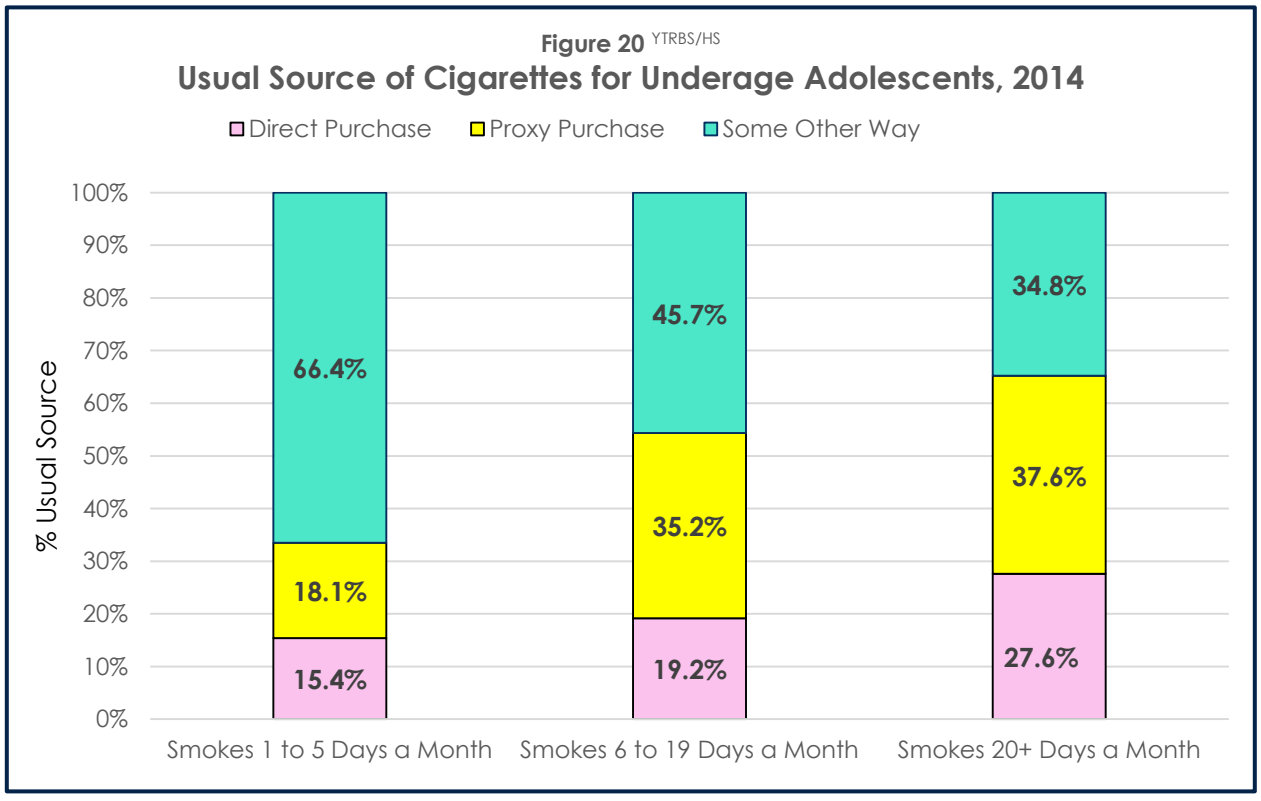
ǂ Maryland's statewide ENDS enforcement and Local Jurisdiction enforcement are conducted by designees of Local Health Officers. Enforcement protocols are designed and controlled by local health departments.

Using that framework, a violation that occurs in December might be a first violation for a retailer, as would a violation occurring one week later in January.

Youth Access Sources

There are four primary mechanisms by which Maryland adolescents less than 18 years old get their cigarettes: 1) Direct purchases from retail[25] locations and the Internet, 2) Proxy[26] purchases from retail locations, 3) People giving them cigarettes and tobacco or letting them borrow/bum them, and 4) Taking them from retail locations and/or family members. Together, direct (17.3%) and proxy (24.1%) purchases from retail outlets are the usual source for 41.4% of underage adolescent cigarette smokers.

As reflected in *Figure 20*, a higher percentage of adolescents gain access to cigarettes via proxy purchases than direct purchases regardless of the intensity of cigarette smoking. Adolescent access via proxy purchases is clearly an avenue of access deserving as much attention as direct purchase.



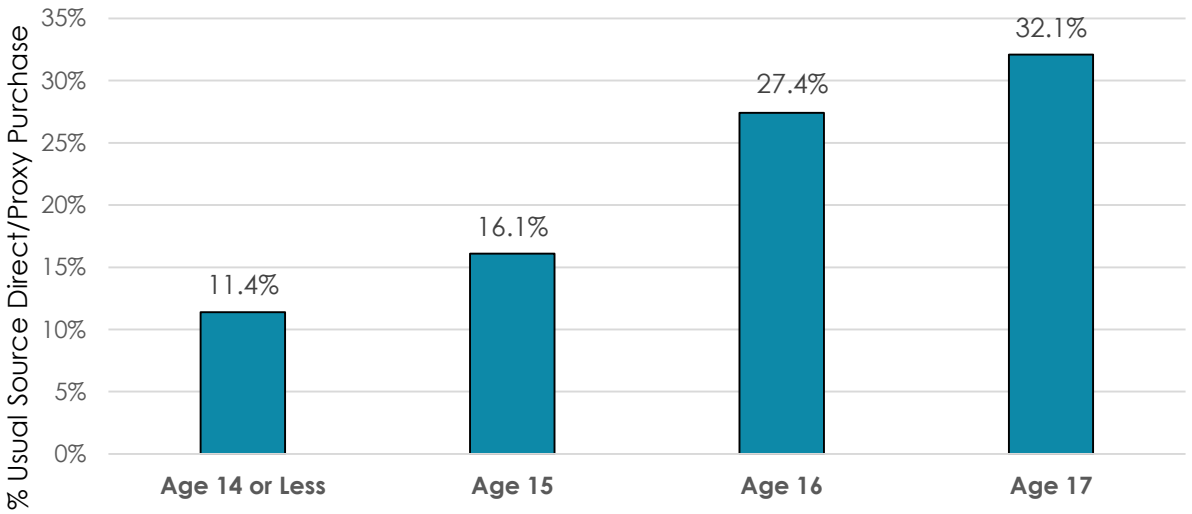
[25] Retail locations include stores, gas stations, and vending machines.
[26] Proxy purchases are those that occur when an underage youth gives money to a youth who is old enough to purchase tobacco (or can otherwise gain access to them) and who buys the cigarettes for the underage youth.

Nonetheless, the frequency of youth smoking influences their path to accessing cigarettes. Those who smoke less frequently, for example, may be able to obtain a sufficient number of cigarettes by simply borrowing or bumming them from friends. Frequent or everyday smokers, however, often require a source of cigarettes that can provide greater quantities.

As shown in *Figure 20*, regardless of smoking frequency, access to cigarettes via retail outlets either directly or through proxy purchases remains significant – 33.5% for those smoking just 1-5 days per month, 54.4% for those smoking 6-19 days per month, and 65.2% for those smoking 20 or more days per month. The majority of underage Maryland adolescents purchasing cigarettes directly from retail locations are 16 years old or younger (58.5%,[27]) and 41.5% are 17 years old.

Figure 21 YTRBS/HS

Age Distribution of Underage Adolescents Whose Usual Source of Cigarettes is Direct/Proxy Purchases at Retail Outlets, 2014

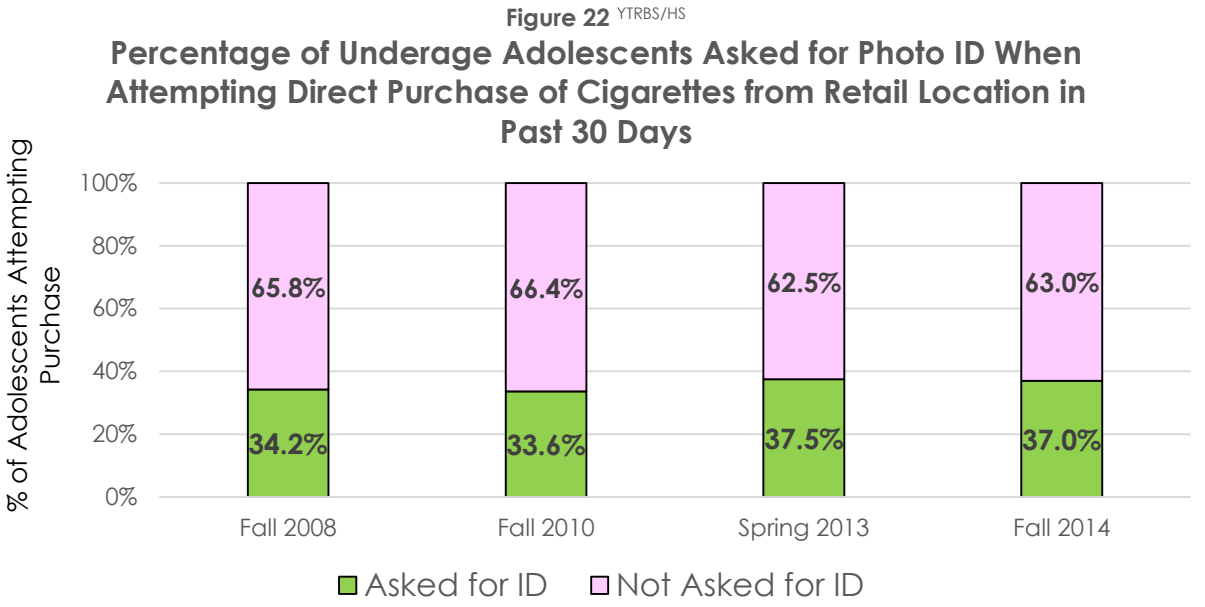


To help ensure tobacco retailers are correctly identifying the ages of prospective cigarettes purchasers, five years ago (June 2010), the FDA adopted regulations that require all tobacco retailers nationally to ask for and inspect photo identification from prospective purchasers of tobacco products who appear to be less than 27 years of age.[28] However, as can be seen from *Figure 22*, in the fall of 2014 just 37.0% of youth who attempted to purchase cigarettes

[27] In 2014, 14.9% 14 years old or less, plus 15.1% age 15, plus 28.5% age 16 = 58.5%.
[28] 21 CFR 1140.14.

themselves from Maryland retailers were asked to show their photo ID when buying cigarettes. In the fall 2014 surveys, among adolescents not asked to show ID, 76.6% reported that they had not been refused in their attempt to purchase cigarettes, as compared to 49.1% among those who were asked for ID.

Figure 22 YTRBS/HS



Federal Synar Program

State Liability for Tobacco Retailer Sales to Adolescents Less than 18 Years of Age

While Maryland's tobacco retailers are subject to the various enforcement initiatives previously described, the State of Maryland itself is subject to a federal compliance program known as the "Synar Program." The Synar program establishes a maximum retailer non-compliance rate, currently 20% for every state and the District of Columbia. Each state must conduct random inspections of tobacco retailers, and if the statewide tobacco retailer non-compliance rate exceeds the established maximum, then that state is subject to a penalty. The standard penalty is 40% of a state's annual Substance Abuse Prevention and Treatment Block Grant (SABG), translating to over $13 million annually for Maryland. The Synar program penalizes state government, not tobacco retailers, for underage tobacco sales (alternative penalties offered are

discussed later in this section).

Although the current maximum Synar non-compliance rate is 20%, research suggests that before access enforcement programs can have an impact on reducing underage tobacco-use, the non-compliance rate must be less than 10%.[29, 30, 31] The national weighted average non-compliance rate has been less than 10% since the FFY 2010 Synar Report. Consequently, there is discussion of lowering the maximum Synar non-compliance rate to perhaps as low as 10%.

State governments, not tobacco retailers, are penalized under the Synar program for underage tobacco sales by retailers.

The Synar Program in Maryland

In Maryland, the Synar Program is the responsibility of the Department's Behavioral Health Administration (BHA). BHA has a goal of conducting random inspections of 10% of the licensed Maryland tobacco retailers in each of Maryland's 23 counties and Baltimore City annually for the Synar Program. Inspections are conducted by BHA utilizing teams of inspectors consisting of one adult inspector and one adolescent inspector (adolescent inspectors are 16 and 17 years old).

BHA currently does not notify retailers that they were the subject of a Synar inspection nor of the results of those inspections until BHA has completed all Synar inspections for the relevant federal fiscal year and completed analysis of the inspection data.[32] A Synar inspection cycle may last anywhere from six to 12 months.

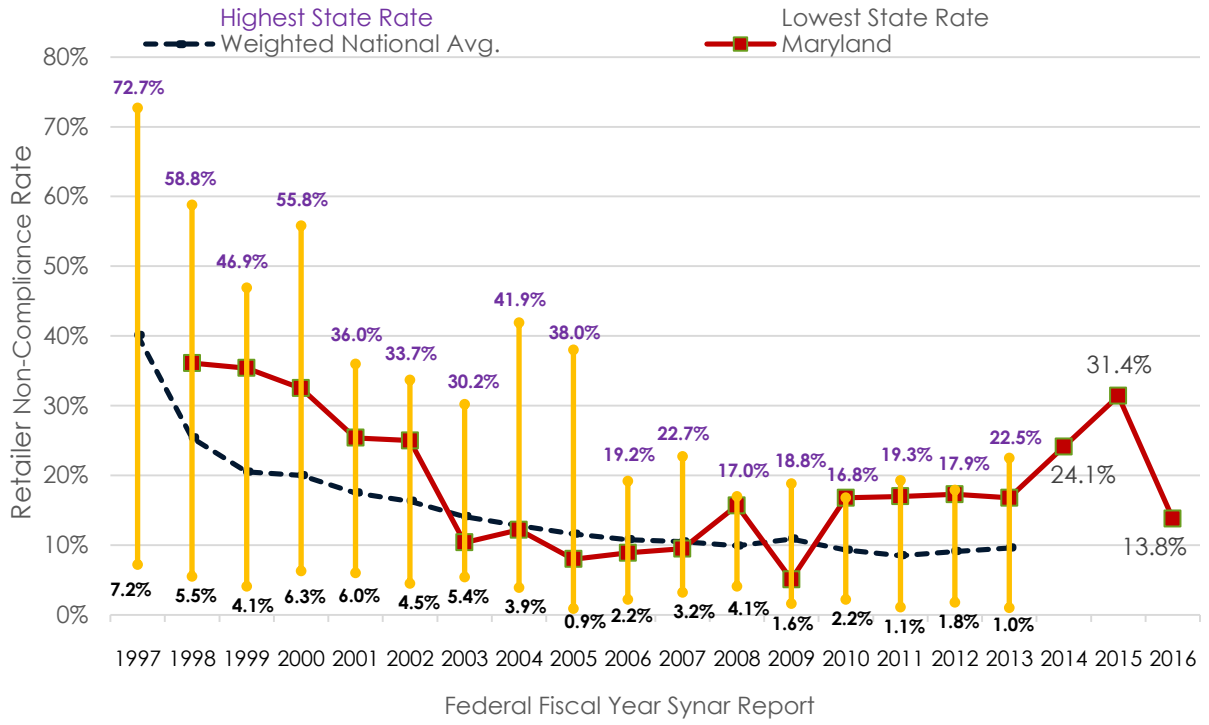
In the most recently released national Synar Report (FFY13), 16.8% of Maryland tobacco retailers were selling tobacco to underage adolescents

[29] Jason, L. A. et. al., "Active enforcement of cigarette control laws in the prevention of cigarette sales to minors," *JAMA,* 266:3159- 3161.
[30] Forster, J. L. et. al., "The effects of community policies to reduce youth access to tobacco," *AM J Public Health*, 88:1193-1198.
[31] DiFranza, J. R., "Are the Federal and State governments complying with the Synar Amendment?" *Arch. Pediatr. Adolesc. Med.*, 153(10):1089–1097.
[32] BHA advises that notification is not provided earlier to retailers because "…to inform retailers as to their compliance status while the inspection process is under way would not be in keeping with the intent of the Synar Program process."

during a Synar inspection.[33] However, since that time, the non-compliance rates for Maryland tobacco retailers increased significantly – 24.1% for FFY14 and 31.4% for FFY15. Maryland was the only non-compliant and penalized State in FFY14.[34] However, after intensive efforts to promote retailer compliance, Maryland's FFY16 non-compliance rate dropped significantly to 13.8%.

Figure 23

State Retailer Non-Compliance Rates: High, Low, Avg., and MD



Maryland's relatively steady decrease in tobacco retailer non-compliance rates reversed after FFY05 (calendar 2004 inspections), and by the FFY08 Synar Report (calendar 2007 inspections), Maryland has been among the states with the highest non-compliance rate (with the single exception of calendar year 2008). That trend continued and beginning with the FFY14 reporting period, Maryland no longer met the minimum standard.

[33] The national Synar Report is issued approximately two years after Maryland's Synar inspections are conducted. For example, the FFY13 national report was released in late 2014 with data from calendar 2012 Maryland Synar inspections. The next report release is expected some time in 2016.

[34] The national FFY14 Synar Report, which reports on Synar inspections conducted primarily during calendar 2013, is expected to be released some time in 2016.

Upon notification of Maryland's violation, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) offered Maryland alterative Synar penalties for both FFY14 and FFY15, which were accepted. The alternative penalties required Maryland to identify $1.4 million in SFY15 and nearly $3.9 million in SFY16 in additional state funds to support new efforts to address youth access to tobacco, encouraging Maryland tobacco retailers to comply with the pre-existing laws prohibiting the sale of tobacco to persons less than 18 years of age. These funds have enhanced efforts to educate Maryland tobacco retailers, conduct additional compliance checks, and enforce laws regarding youth access. The Department also developed retailer materials, trainings, and a website: NoTobaccoSalestoMinors.com.

Results from Synar inspections conducted during calendar 2015 for the FFY16 Synar cycle are very encouraging. However, at the same time, inspections conducted by some county-level enforcement agencies continued to report much higher violation rates than were observed by the Synar inspections – non-compliance rates in two jurisdictions exceeded 59%. Though the reasons behind these differences are not all immediately obvious, it reinforces that youth access to tobacco must continue to be addressed and it is too early to determine the extent to which enhanced retailer outreach efforts have succeeded in changing retailer attitudes and performance in the long-term.

Chapter Conclusions

1. Too many Maryland tobacco retailers have not adhered to federal law and checked photo identification in connection with tobacco sales.
2. The failure of retailers to consistently ask for photo ID in connection with tobacco sales as required by federal law and the failure to verify that the ID shows an age of at least 18, are both likely causes of Maryland's Synar non-compliance rate exceeding the federally allowable maximum rate of 20% for FFYs 2014 and 2015.
3. Recent efforts to promote compliance among tobacco retailers has had a significant positive impact on the State's Synar compliance rate.
4. Local jurisdictions without civil enforcement authority with respect to underage tobacco sales must utilize law enforcement resources to enforce Maryland's tobacco youth access restrictions.

Adult Cessation of Tobacco Use

Although 14.6% of Maryland adults are current cigarette smokers – the majority (73.6%), of these wish that they were not – they want to quit smoking for good. Just 3.9% of Maryland adults are committed cigarette smokers (smokers who reported they do not want to quit smoking).

Figure 24 MHCS, BRFSS

Smoking Status of Maryland Adults, 2014

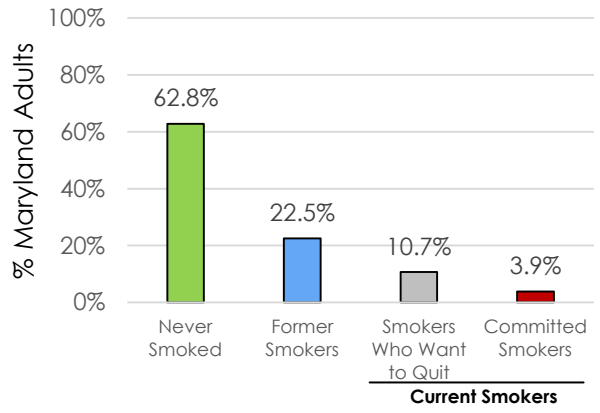


Figure 25 MHCS

Time Frame for Quitting Among Those Who Want to Quit Smoking

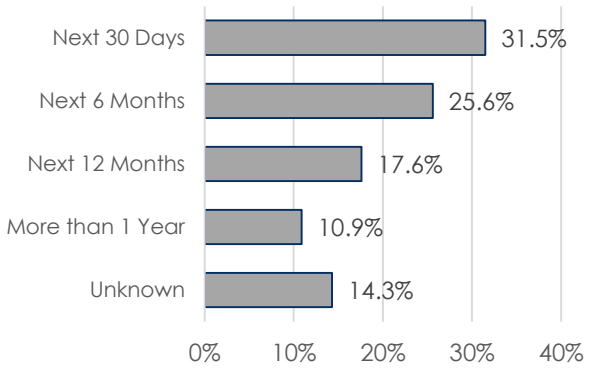
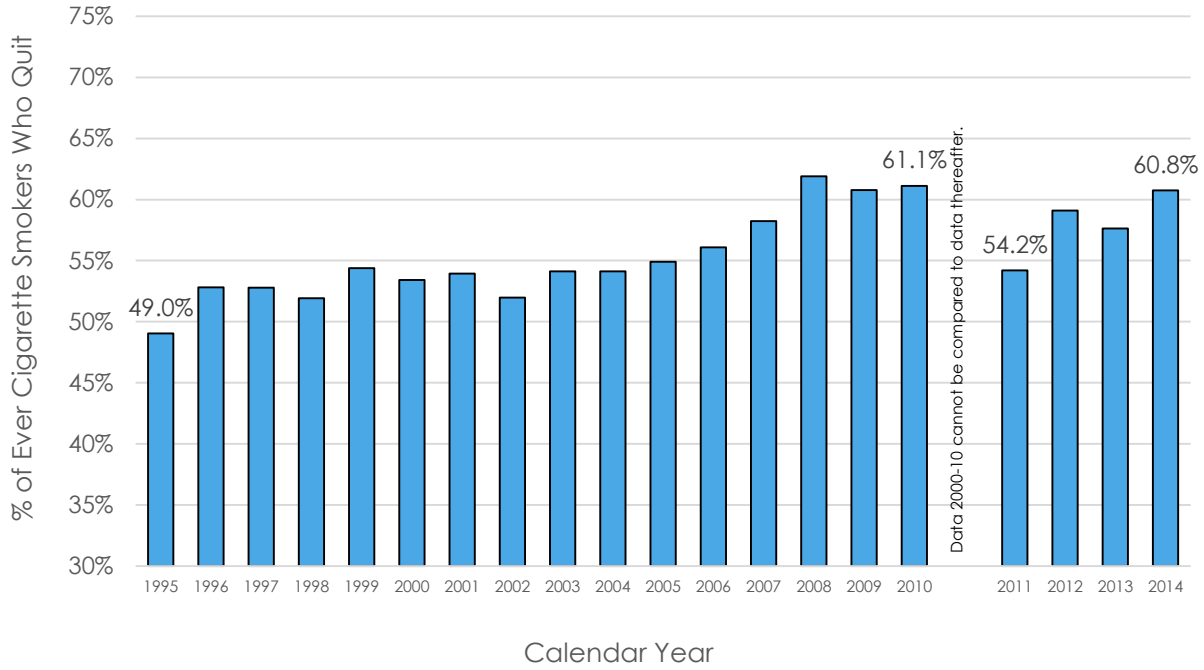


Figure 26 BRFSS

% of Maryland Adults Who Ever Smoked Cigarettes...and Quit

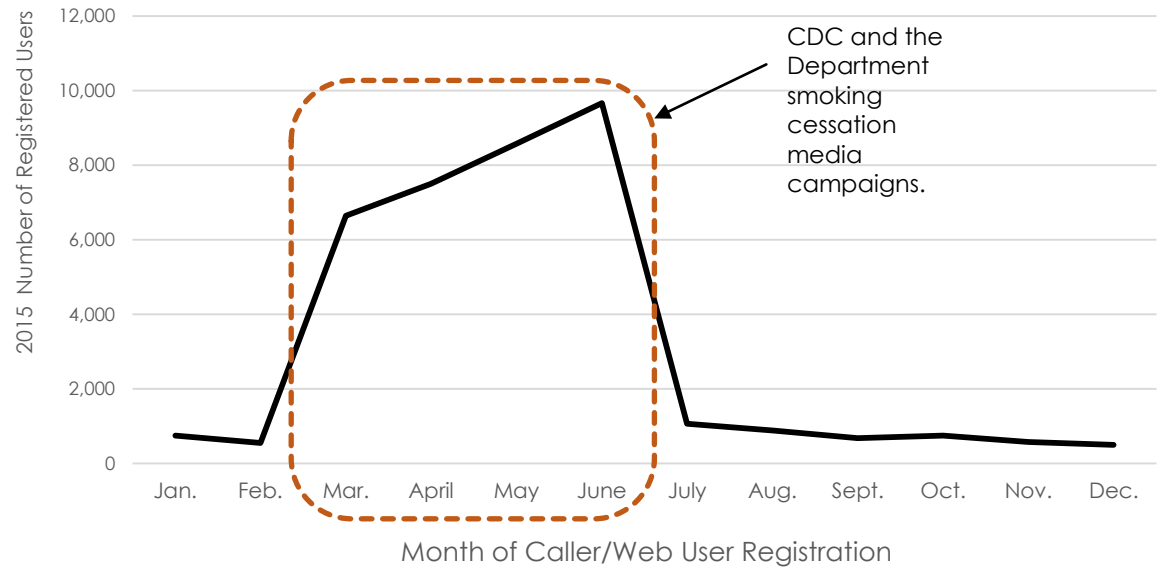


For the 10.7% of Maryland adults (479,750) who currently smoke cigarettes and want to quit smoking – quitting successfully is not easy to do. It takes *an average* of 8-11[35] serious quit attempts[36] before a smoker succeeds in quitting. The proportion of former smokers whose last cigarette was less than one year ago is virtually the same in 2014 (14.3%) as it was in 2012 (13.9%) – the first year the question was asked.

Educating smokers on the benefits of quitting sooner than later, and promoting the availability of evidence-based aids to increase the likelihood of successfully quitting, is proven to significantly impact the number of adult smokers who try to quit. Data from the Maryland Tobacco Quitline, 1-800-QUIT-NOW, has consistently seen significant increases in callers in response to such efforts. *Figure 27* documents activity during 2015 when state and federal resources expended on mass reach health communications about the importance of quitting smoking were substantially greater than in previous years. The Quitline continues to offer free counseling to all tobacco users in Maryland,

Figure 27 Maryland Quitline Annual Reports

Monthly Registered Callers/Web Users of Maryland Quitline, 2015



[35] U.S. Department of Health Human Services. Women and smoking: A report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Chronic Disease, Prevention and Health Promotion, Office on Smoking and Health; 2001.

[36] A serious quit attempt is when someone stops smoking for one day or more because they are trying to quit smoking.

24/7, as well as the provision of free Nicotine Replacement Therapy (NRT), to assist individuals in succeeding quitting tobacco for good.

Chapter Conclusions

1. Less than 15% of Maryland adults currently smoke cigarettes, and of those who do, more than 70% would like to quit smoking.
2. Quitting smoking is not easy for many smokers, requiring multiple serious attempts, with an average of 8 to 11 attempts needed before succeeding.
3. The likelihood of succeeding in a quit attempt is increased with the use of FDA approved smoking cessation aids together with counseling such as that available without charge through local health departments or the Maryland Tobacco Quitline, 1-800-QUIT-NOW.
4. Smokers who want to quit, and who want help in quitting, respond to public health messaging that promotes smoking cessation and the availability of free smoking assistance and counseling such as that provided through the Maryland Tobacco Quitline.

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Exposure to Secondhand Smoke

In 2006, the U.S. Surgeon General issued a seminal report on "The Health Consequences of Involuntary Exposure to Tobacco Smoke."[37] The comprehensive 709-page report listed six major conclusions (emphasis added):

1. The scientific evidence indicates that **there is no risk-free level of exposure to secondhand smoke**.
2. **Secondhand smoke causes premature death and disease in children and adults who do not smoke.**
3. Children exposed to secondhand smoke are at increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. Smoking by parents causes respiratory symptoms and slows lung growth in their children.
4. **Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer.**
5. Many millions of Americans, both children and adults, are still exposed to secondhand smoke in their homes and workplaces despite substantial progress in tobacco control.
6. Eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. **Separating smokers from nonsmokers, cleaning the air, and ventilating buildings <u>cannot</u> eliminate exposures of nonsmokers to secondhand smoke.**

Maryland has made significant progress in reducing involuntary exposure to secondhand smoke in the workplace. That effort began in the early 1990s, first with a regulatory smoking ban and followed shortly thereafter by legislative prohibitions on smoking indoors at most workplaces. Those initial efforts were

[37] U.S. Department of Health and Human Services, "The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General," Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006, <http://www.surgeongeneral.gov/library/reports/secondhandsmoke/fullreport.pdf>.

significantly enhanced in 2008 with the passage of Maryland's Clean Indoor Air Act, prohibiting smoking at all indoor workplaces, including restaurants, bars, and clubs, as well as inside work vehicles.

Over time, efforts to promote smoke-free homes coupled with the 2008 enhanced restrictions on smoking in public places including bars and restaurants has reduced underage youth exposure to secondhand smoke.

Figure 28 YTRBS/HS+MS

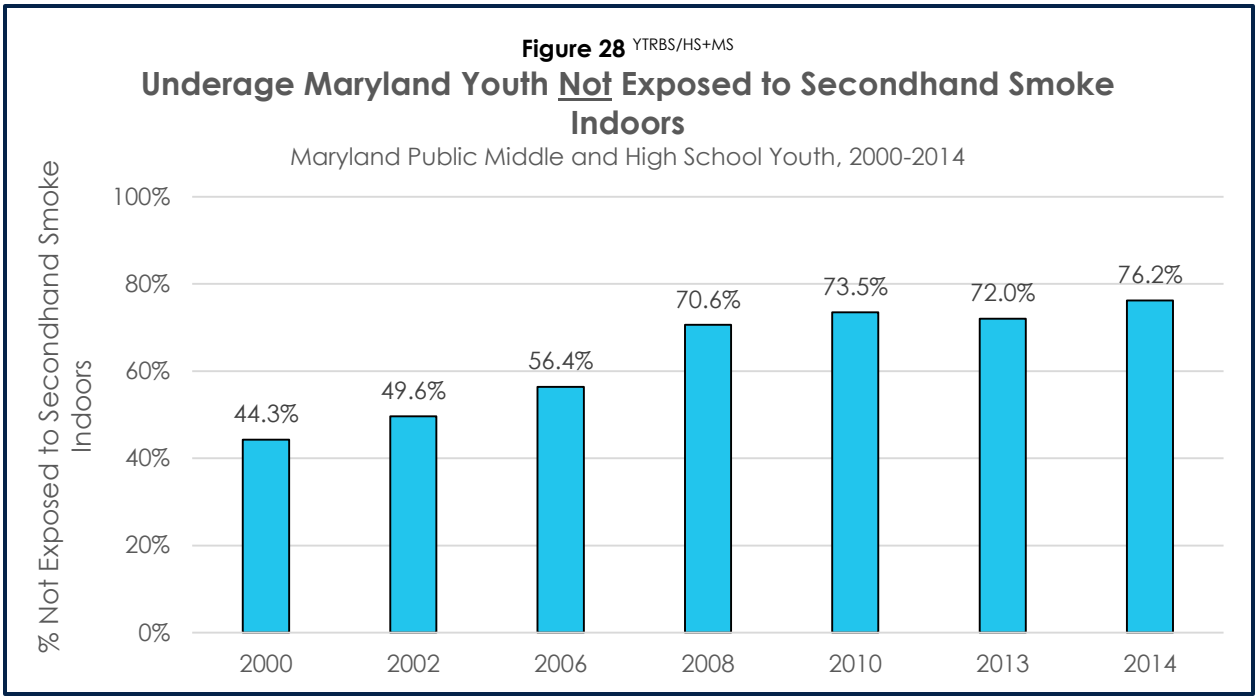


Figure 29 BRFSS

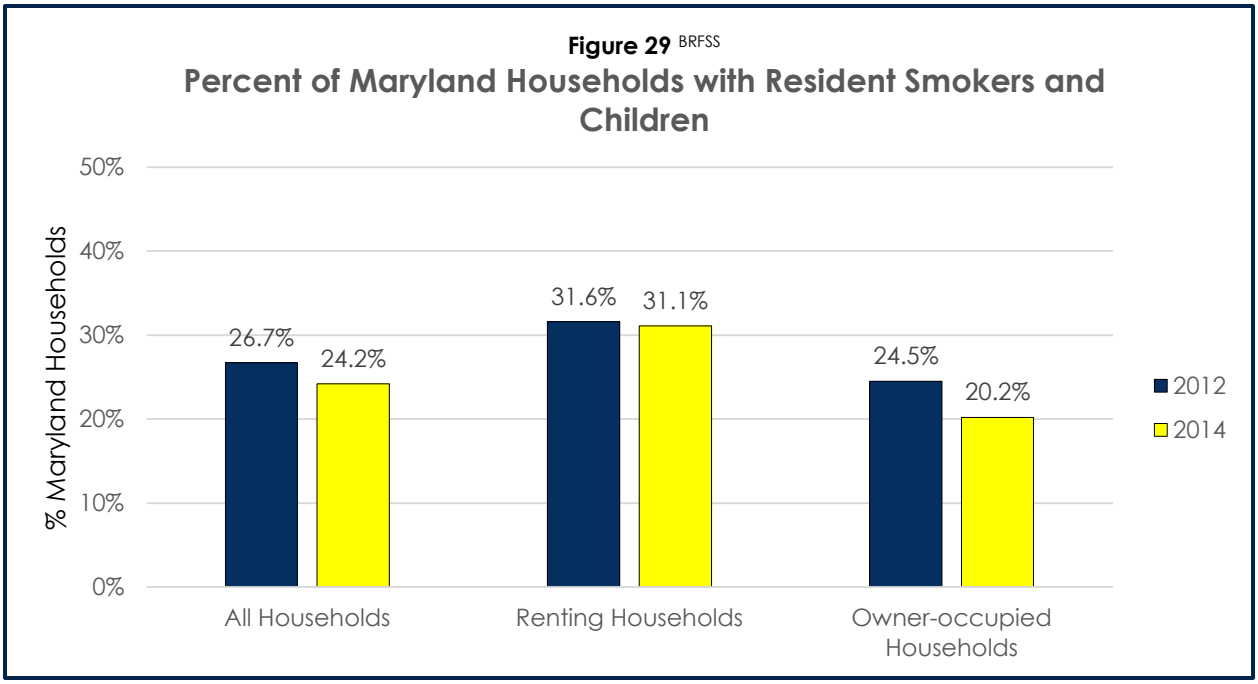
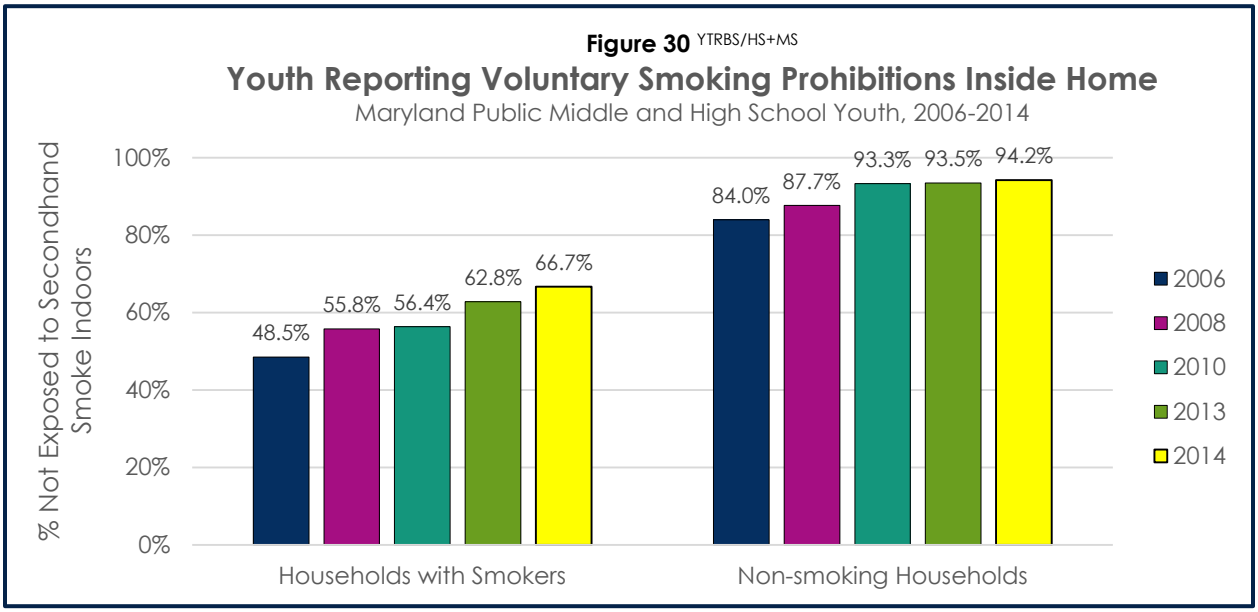


Figure 30 YTRBS/HS+MS



The proportion of households, both those with resident smokers and non-smoking households that have adolescents in the household are increasingly recognizing the real health risks posed by secondhand smoke and voluntarily choosing not to allow smoking inside their home. Although only two years of data have been collected to date, *Figure 29* suggests that this may be more likely in owner-occupied housing than in rental housing, with over 30% of those renting reporting smoking in their homes, as opposed to 20.2% of those who own their homes reporting smoking at home.

Chapter Conclusions

1. Maryland's Clean Indoor Air Act protects the vast majority of workers from exposure to secondhand smoke in the workplace.
2. Quitting smoking is not easy for many smokers, requiring multiple serious attempts, with an average of 8 to 11 attempts needed before succeeding.
3. Increasingly, Maryland households are adopting voluntary smoke-free rules inside their homes.
4. Owner-occupied housing may be adopting this approach at a faster rate than renter-occupied housing.

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Attitudes and Beliefs Toward Tobacco Use

Maryland Youth

The CDC has found that school-based tobacco prevention curricula presented in the school environment is only one element of an effective tobacco prevention strategy, and not in and of itself sufficient. Youth prevention strategies must be comprehensive and include mass media and social media messaging, coordinated with local and statewide prevention strategies, youth access enforcement, and ongoing surveillance of changing tobacco use behaviors.

For example, in Maryland, there has been a reported increase in exposure to school-based prevention curricula; youth access enforcement has also increased, while local and statewide prevention have continued at the same level of intensity as in the recent past. Nonetheless, youth attitudes towards

Figure 31 YTS & YTRBS/HS+MS

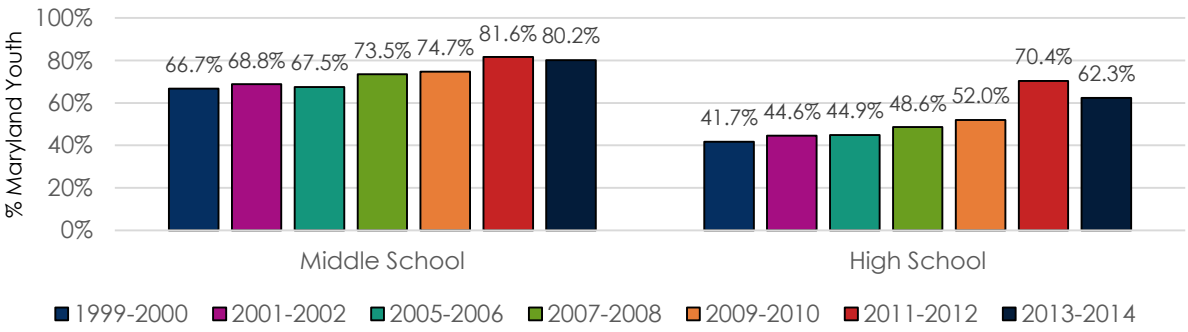
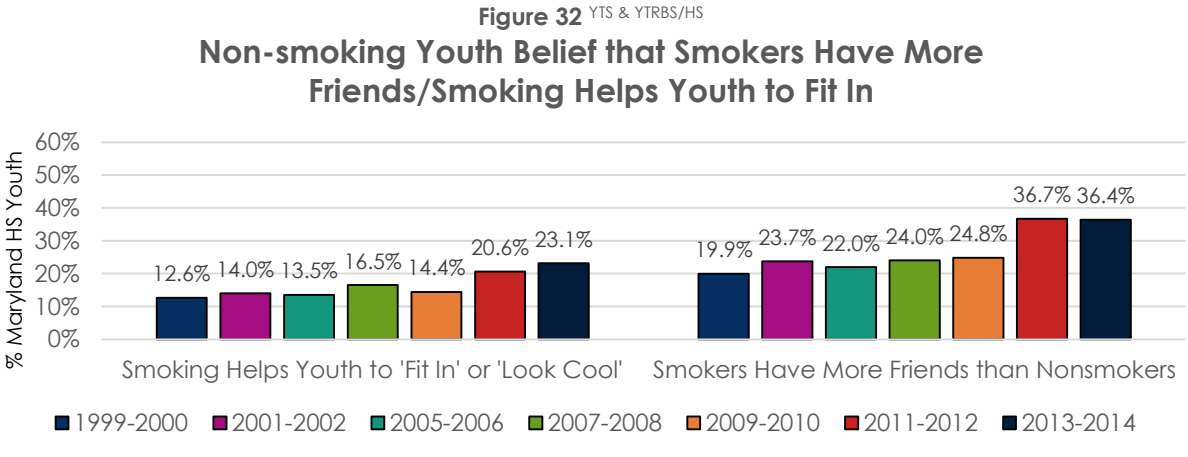
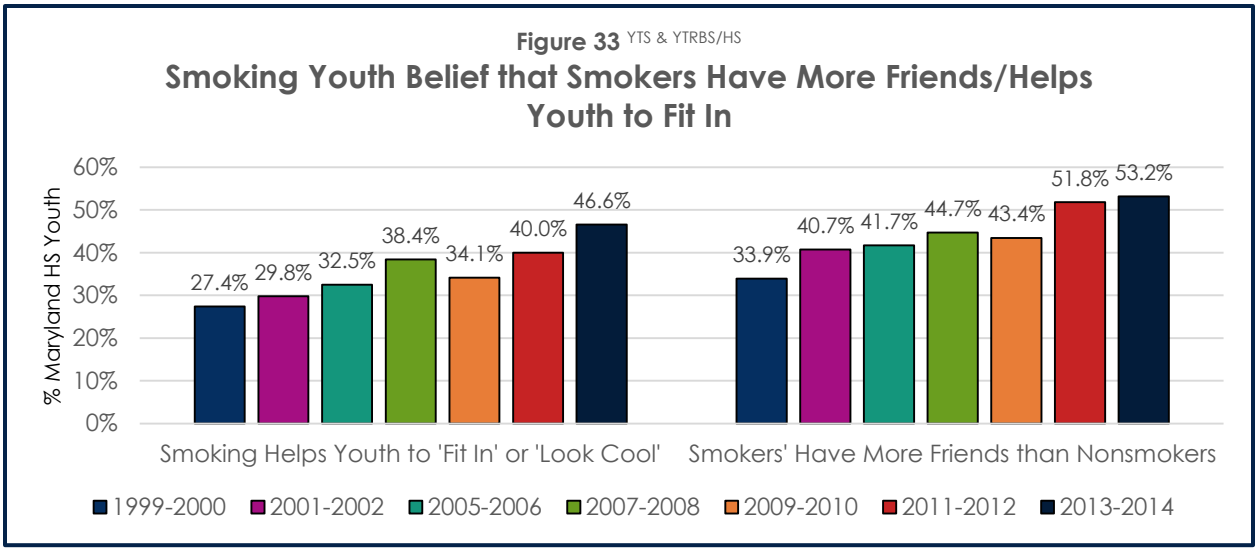


Figure 32 YTS & YTRBS/HS



smoking are becoming more favorable rather than less favorable.

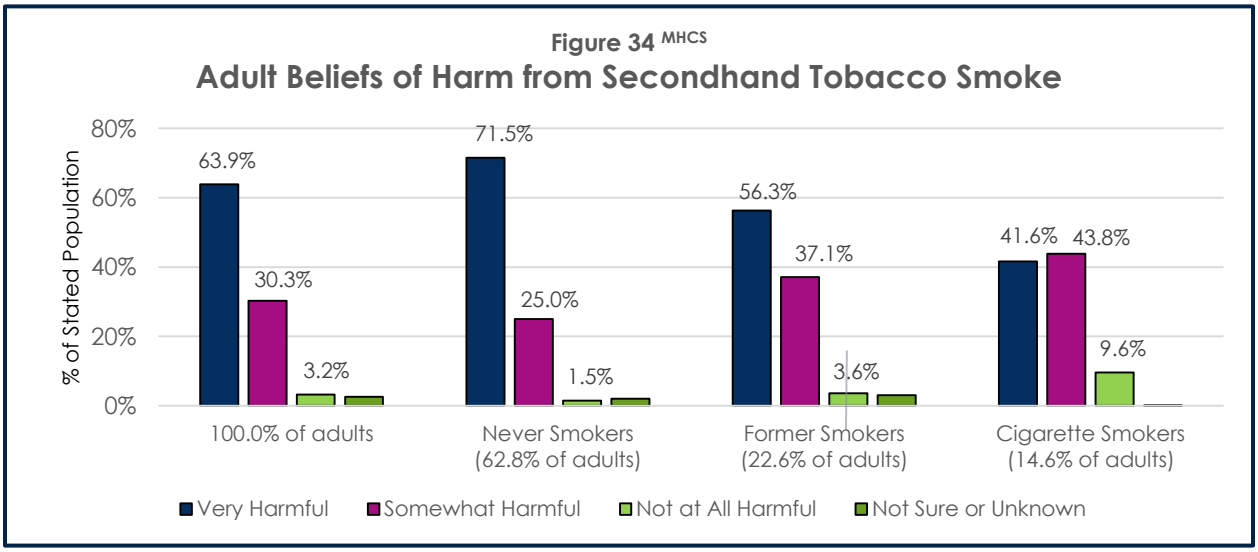
Figure 33 YTS & YTRBS/HS



Maryland Adults

Scientific evidence establishes that exposure to secondhand tobacco smoke presents serious health risks to infants, children, adolescents, and adults.[38] Notwithstanding the established science, individual beliefs (often influenced by current smoking status) about the health risks of exposure to secondhand tobacco smoke appear to play a significant role in adult attitudes toward protective factors that may reduce that risk of involuntary exposure to secondhand tobacco smoke.

Figure 34 MHCS



[38] *Id*. fn. 37.

Chapter Conclusions

1. Approximately 80% of Maryland middle school youth reported that they were taught about the dangers of tobacco use during the preceding school year, a significant improvement from the 66.7% reporting in 2000.
2. In contrast, just 62% of Maryland high school youth reported that they were taught about the dangers of tobacco use during the preceding school year. Although this is also a significant improvement since 2000, more smoking occurs in high school and greater exposure to tobacco control curricula may drive tobacco use rates down ever further.
3. The need for greater exposure to tobacco control strategies other than school-based curricula is reinforced by a growing negative trend in how adolescents view tobacco use – even as exposure to school-based programs increased. Increasingly they see tobacco use as helping youth to "look cool" and believing that "smokers have more friends than non-smokers" by smokers and non-smokers alike.
4. Adult perception of the degree of harm arising from exposure to secondhand smoke is heavily influenced by a persons' smoking status. Never smokers are much more likely to view exposure to secondhand smoke as 'very harmful' (71.5%) as compared to current cigarette smokers (41.6%).
5. Overall perception of exposure to secondhand smoke as being either 'very harmful' or 'somewhat harmful' is extremely high (94.2%), providing significant evidence of harm perception among the public.

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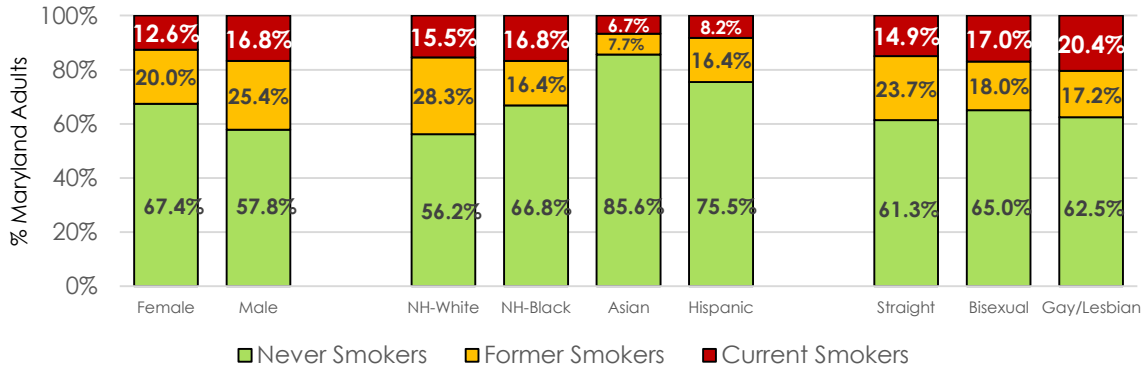
Adult Demographic Profiles by Smoking Status - 2014

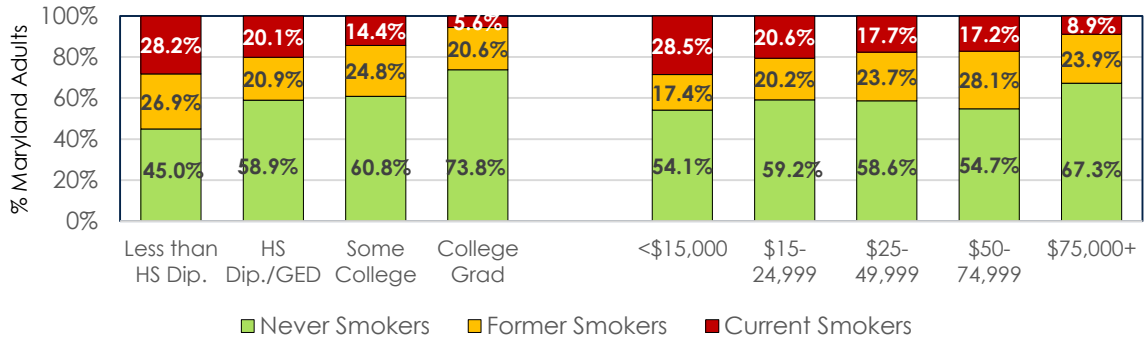
Figure 35 BRFSS

Distribution of Population by Smoking Status within Select Demographic Groups

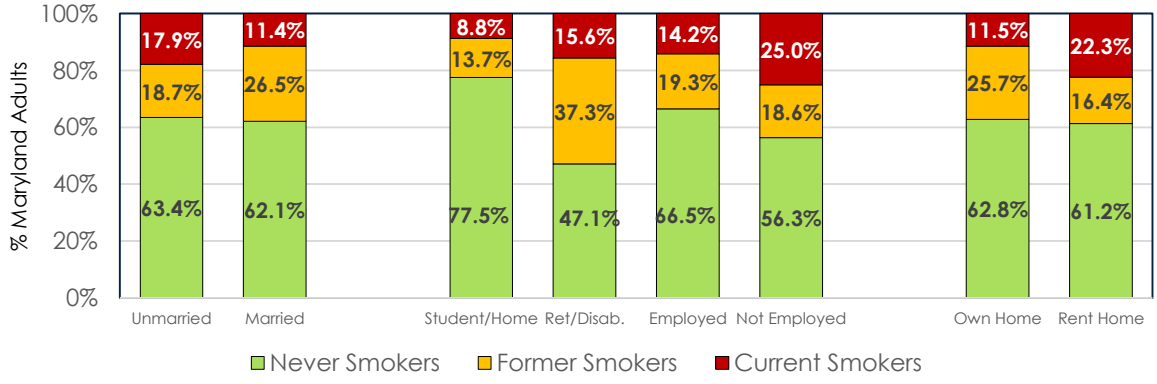
By Gender, Race/Ethnicity, and Sexual Orientation



By Highest Educational Attainment and Annual Household Income



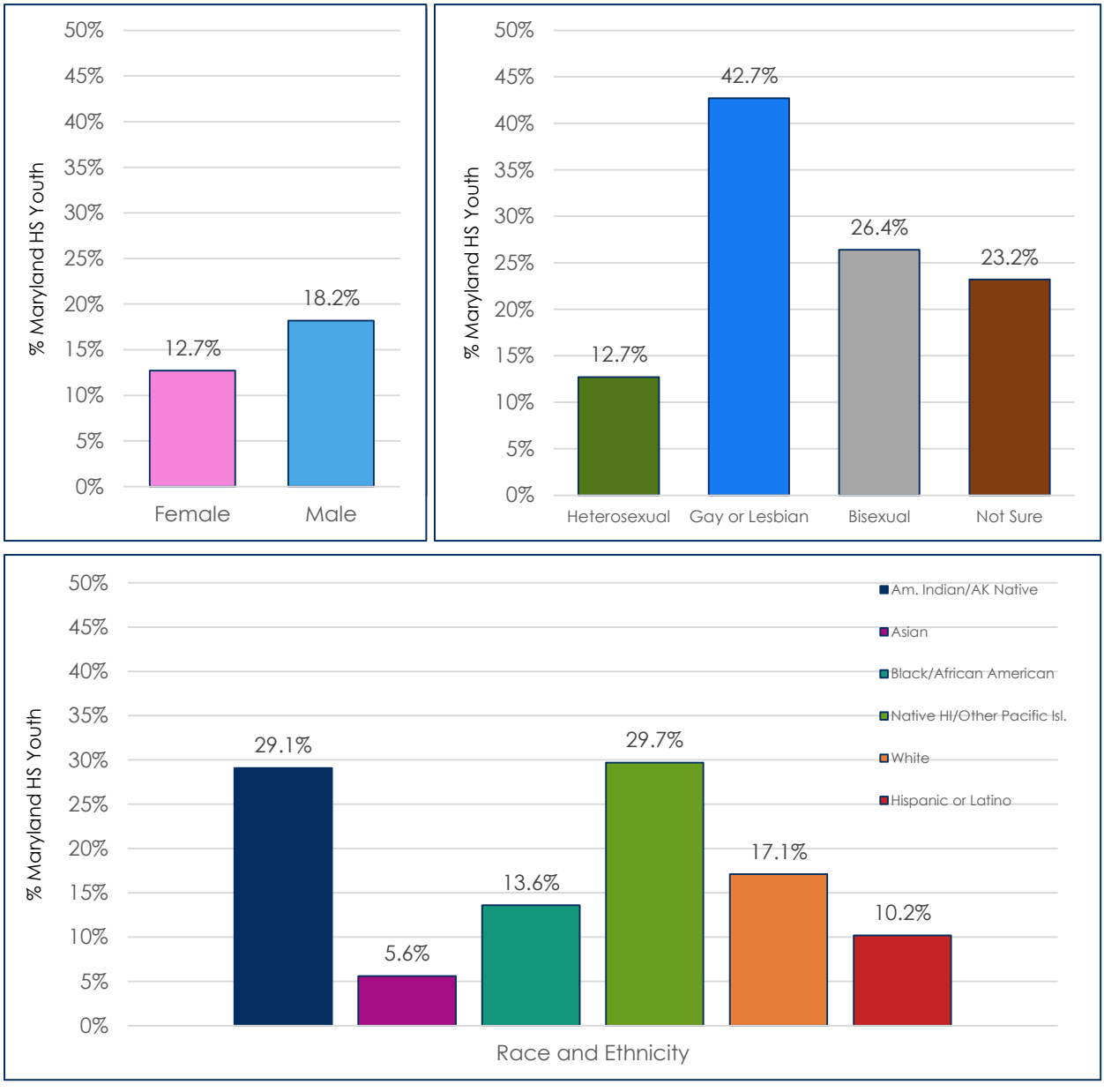
By Marital, Employment, and Home Ownership Status



Adolescent Cigarette Smoking Rates, By Select Demographic Characteristics

Figure 36 YTRBS/HS

Current Use of Tobacco Product(s) Among Select Demographic[39] Groups, Adolescent Maryland Youth, Fall 2014

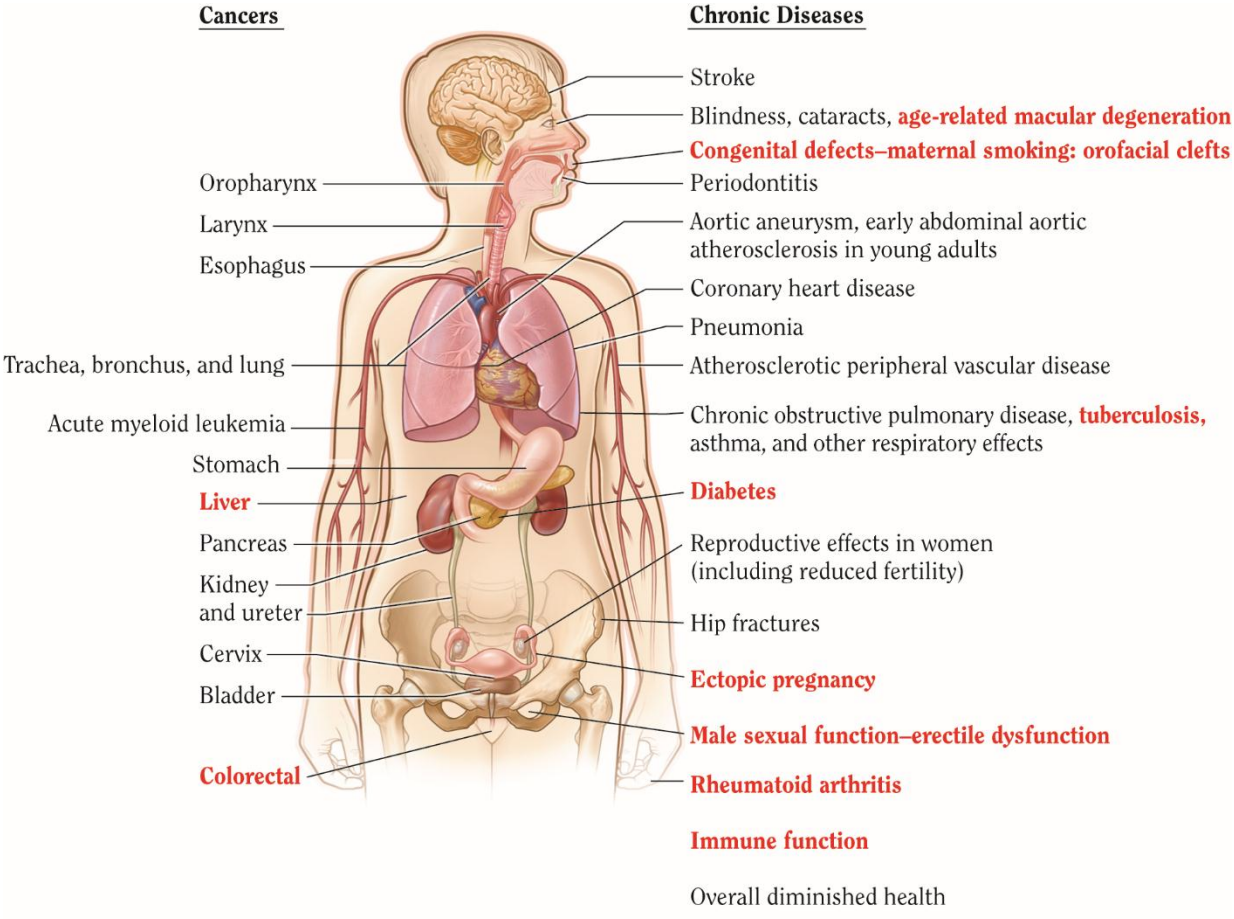


[39] Although some groups such as Native Americans/Alaskan Natives and Native Hawaiians/Other Pacific Islanders are relatively small numerically in Maryland, these data are statistically reliable.

Tobacco and Health

The use of tobacco products causes cancers, respiratory disease, and cardiovascular disease. Half of all long-term cigarette smokers die prematurely from a smoking-related illness.[40] Smoking in particular can adversely impact health throughout the body as illustrated below (items in red are most recently attributed to smoking).

Figure 38
Health Effects of Cigarette Smoking[41]



[40] Centers for Disease Control and Prevention (US); National Center for Chronic Disease Prevention and Health Promotion (US); Office on Smoking and Health (US). How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General. Atlanta (GA): Centers for Disease Control and Prevention (US); 2010. 9, A Vision for the Future. Available from: http://www.ncbi.nlm.nih.gov/books/NBK53009/.

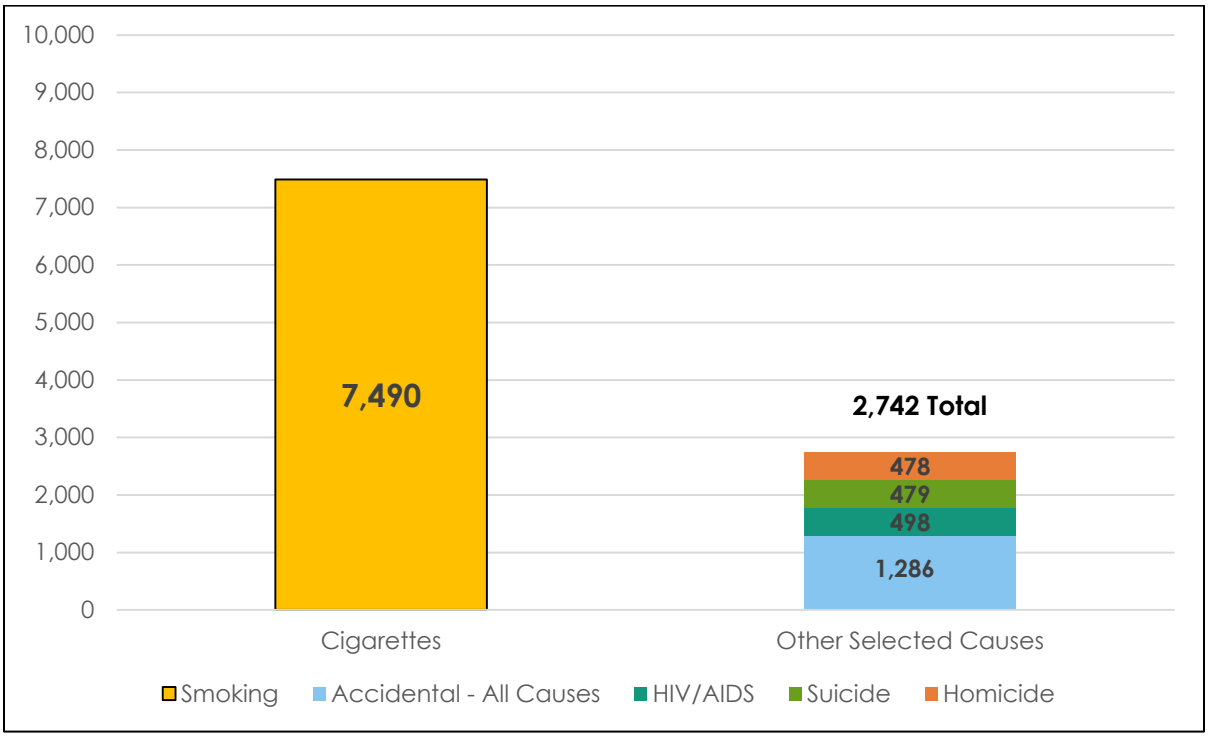
[41] U.S. Department of Health and Human Services. *The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 <http://ash.org/wp-content/uploads/2014/01/full-report.pdf>.

Tobacco use can lead to disease, disability and death, and is the single-largest cause of preventable death and disease.[42]

Figure 39[43]

Average Annual Maryland Deaths, Select Causes

Cigarettes 2005-2009, Unintentional Injuries 2000-2010



In addition to the thousands of premature deaths caused by cigarette smoking, another 149,600 Maryland residents suffer from one or more chronic diseases as a result of smoking.[44] By comparison, there are 2,742 deaths on average as a result of unintentional injuries of all kinds, HIV/AIDS, suicide, and homicide combined. As a risk behavior, the use of tobacco begins at a time when the well-known health risks are greatly discounted by youth and young

[42] U.S. Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General*. Atlanta: 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, 2004.

[43] CDC, Injury Prevention and Control: Data and Statistics (WISQARS) 2 December 2015 <http://www.cdc.gov/injury/wisqars/>.

[44] Hyland A, Li Q, Bauer J, Giovino GA, Yang J, Cummings KM. *Cigarette Smoking-Attributable Morbidity by State*. Roswell Park Cancer Institute. Buffalo: September 5, 2003.

adults because those risks will not manifest until far in the future and a youthful belief that nicotine addiction is something that is easily overcome.[45]

For every adult who dies prematurely because of smoking, he or she is replaced by two new, young smokers, one of whom will also die early from smoking.[46] It is estimated that 92,000 Maryland adolescents alive today will die prematurely as a result of cigarette smoking.[47]

For every adult who dies early because of smoking, he or she is replaced by two new, young smokers, one of whom also will die early from smoking.

The relative risk of dying from a smoking-related disease can be extremely high – the risk to current male smokers between the ages of 35 and 64 in the U.S. of dying from lung cancer is 14.33 times greater than it is for nonsmokers. And while not everyone who dies from lung cancer is a smoker, almost 89% of lung cancer deaths are related to smoking and secondhand smoke. For every adult who dies early because of smoking, he or she is replaced by two new, young smokers, one of whom also will die early from smoking.[48]

Though the number of Maryland adults using tobacco and/or suffering from cancers and disease caused by cigarette smoking has decreased, total medical expenditures to treat these conditions has continued to grow (medical costs per case are increasing). The cost of medical treatment in 2000 was estimated at $1.4 billion and at $2.7 billion in 2009. This is a 93% increase (without

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[45] U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: 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, 2012 <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/full-report.pdf >.

[46] U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress. A Report of the Surgeon General.* Atlanta, GA: 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, 2014 <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/consumer-guide.pdf>.

[47] Campaign for Tobacco-Free Kids, "Key State-Specific Tobacco-Related Data and Rankings," 30 December 2014 <http://www.tobaccofreekids.org/research/factsheets/pdf/0176.pdf>.

[48] *Id* fn. 51.

adjustment for inflation). By 2015, the cost is estimated to be $3.5 billion and, by 2020, $4.5 billion.[49]

Chapter Conclusions

1. The average number of annual deaths due to cigarette smoking is more than twice that of the combined number of average annual deaths resulting from accidental injury (including all motor vehicle accidents, poisonings, drug overdoses – including heroin, etc.), HIV/AIDS, suicide, and homicide combined.
2. Significant progress is being made in reducing tobacco use, but treatment of smoking-related disease in Maryland still consumes an estimated $3.5 billion annually of healthcare expenditures.
3. Initiation of tobacco use by adolescents and young adults continue to be the primary drivers of tobacco-related mortality and economic burden.

[49] Maryland Department of Health and Mental Hygiene, *Monitoring Changing Tobacco Use Behaviors*, Fiscal Year 2013 <http://dlslibrary.state.md.us/publications/Exec/DHMH/HG13-1004(d)_2013(rev).pdf>.

APPENDICES PROVIDING STATUTORY DATA

Data provided in compliance with Section 13-1003(c)(2) of the Health – General Article

All point estimates within the appendices include the confidence interval for that estimate as in this example:

Point Estimate:	**22.2%**
Confidence Interval:	15.6%-28.7%

When rankings among local jurisdictions are provided, the *least* favorable outcome (generally the highest point estimate, for example cigarette smoking) are ranked as "1" and the *most* favorable outcome is ranked as "24."

When jurisdictions have the same outcome then they are designated as 'tied,' for example if tied for the 5th least favorable rate, their ranking would appear as '5-T'.

The 6 (1/4 of Maryland jurisdictions) with the least favorable rankings (percent only) appear in **red**.

If a jurisdiction was ranked unfavorably in both 2000 and 2014, the **jurisdiction name** appears in red.

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Underage Middle/High School Youth Combined Data

Statutory Tables

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A. Percent Current Underage Tobacco Use – Maryland Public Middle/High School Youth less than 18 Years of Age YTS/YTRBS

Center for Tobacco Prevention and Control – Prevention and Health Promotion Administration – Maryland Department of Health and Mental Hygiene

Jurisdiction	2000 Ranking	Fall 2000	Fall 2002	Fall 2006	Fall 2008	Fall 2010	Spring 2013	Fall 2014	2014 Ranking
Maryland	NA	21.4% 20.2%-22.6%	18.5% 17.5%-19.5%	15.6% 15.0%-16.2%	16.2% 15.7%-16.7%	17.1% 16.6%-17.6%	12.9% 12.3%-13.5%	10.7% 10.1%-11.3%	NA
Allegany	4	30.1% 26.4%-33.8%	26.8% 23.0%-30.6%	22.5% 19.5%-25.5%	20.1% 17.5%-22.7%	19.1% 16.6%-21.6%	17.8% 14.5%-21.1%	16.3% 14.2%-18.3%	4
Anne Arundel	15	24.8% 20.3%-29.3%	20.4% 17.0%-23.8%	16.5% 14.4%-18.6%	18.4% 16.3%-20.5%	18.2% 15.0%-21.4%	12.7% 10.3%-15.1%	12.0% 10.5%-13.4%	14-T
Baltimore City	21	20.3% 17.3%-23.3%	18.5% 15.9%-21.1%	15.5% 13.1%-17.9%	20.7% 18.6%-22.8%	21.1% 18.2%-24.0%	16.5% 14.3%-18.7%	14.0% 12.1%-15.9%	11-T
Baltimore Co.	19	21.6% 17.7%-25.5%	18.4% 14.4%-22.4%	16.1% 14.2%-18.0%	18.8% 16.8%-20.8%	18.2% 14.8%-21.6%	12.8% 10.4%-15.2%	10.9% 8.8%-12.9%	16
Calvert	17	24.2% 21.5%-26.9%	22.5% 18.7%-26.3%	17.2% 14.8%-19.6%	14.7% 13.0%-16.4%	17.4% 15.2%-19.6%	14.7% 12.9%-16.5%	12.1% 10.7%-13.5%	13
Caroline	3	31.3% 27.4%-35.2%	25.7% 23.3%-28.1%	22.7% 20.0%-25.4%	21.6% 19.1%-24.1%	20.9% 18.2%-23.6%	16.7% 14.3%-19.1%	15.9% 13.7%-18.2%	6
Carroll	20	21.1% 17.7%-24.5%	18.9% 15.5%-22.3%	17.0% 14.8%-19.2%	15.3% 13.7%-16.9%	15.0% 13.4%-16.6%	12.1% 10.7%-13.5%	9.5% 8.3%-10.7%	18
Cecil	9	26.9% 23.2%-30.6%	22.9% 20.0%-25.8%	21.8% 19.1%-24.5%	20.4% 18.6%-22.2%	20.2% 18.2%-22.2%	15.9% 13.9%-17.9%	15.7% 14.1%-17.2%	7-T
Charles	16	24.6% 21.4%-27.8%	20.4% 17.8%-23.0%	14.4% 12.5%-16.3%	16.9% 15.3%-18.5%	16.6% 14.7%-18.5%	12.6% 11.0%-14.2%	11.7% 10.3%-13.2%	15
Dorchester	12	25.5% 22.3%-28.7%	22.1% 19.4%-24.8%	19.7% 17.1%-22.3%	18.1% 15.6%-20.6%	21.6% 18.5%-24.7%	15.4% 13.0%-17.8%	15.7% 13.1%-18.3%	7-T
Frederick	14	25.1% 21.9%-28.3%	19.6% 16.6%-22.6%	17.5% 15.2%-19.8%	15.2% 13.7%-16.7%	15.0% 11.9%-18.1%	13.5% 11.1%-15.9%	10.3% 9.3%-11.3%	17
Garrett	6	28.1% 24.3%-31.9%	27.0% 23.1%-30.9%	23.9% 20.5%-27.3%	25.0% 21.9%-28.1%	28.2% 24.8%-31.6%	25.7% 22.4%-29.0%	20.1% 16.8%-23.5%	1
Harford	10	26.0% 22.7%-29.3%	19.7% 17.2%-22.2%	16.2% 14.1%-18.3%	15.7% 13.9%-17.5%	17.3% 15.6%-19.0%	13.3% 11.7%-14.9%	12.0% 10.9%-13.2%	14-T
Howard	22	17.9% 14.4%-21.4%	17.1% 13.6%-20.6%	13.3% 11.6%-15.0%	12.0% 10.5%-13.5%	12.7% 10.1%-15.3%	7.7% 6.1%-9.3%	6.3% 5.5%-7.1%	21
Kent	2	32.0% 28.1%-35.9%	29.4% 25.4%-33.4%	24.6% 20.1%-29.1%	22.8% 19.0%-26.6%	23.9% 18.9%-28.9%	17.4% 13.5%-21.3%	14.9% 10.6%-19.1%	8
Montgomery	24	16.6% 12.5%-20.7%	14.9% 12.2%-17.6%	14.3% 12.6%-16.0%	11.5% 10.1%-12.9%	13.1% 10.8%-15.4%	9.7% 7.7%-11.7%	6.9% 5.9%-7.9%	20
Prince George's	23	17.1% 13.9%-20.3%	15.3% 12.8%-17.8%	11.9% 10.4%-13.4%	15.3% 13.8%-16.8%	17.4% 15.2%-19.6%	12.9% 11.3%-14.5%	9.4% 8.4%-10.4%	19
Queen Anne's	11	25.7% 22.0%-29.4%	22.4% 20.2%-24.6%	21.4% 18.6%-24.2%	19.1% 17.0%-21.2%	20.5% 18.5%-22.5%	16.0% 13.8%-18.2%	14.1% 12.1%-16.1%	10
Somerset	1	33.9% 29.8%-38.0%	27.3% 23.0%-31.6%	20.4% 17.0%-23.8%	23.2% 20.0%-26.4%	25.5% 21.6%-29.4%	16.5% 12.4%-20.6%	17.1% 13.6%-20.7%	2
St. Mary's	18	24.0% 21.0%-27.0%	23.7% 20.5%-26.9%	14.7% 12.8%-16.6%	16.1% 14.1%-18.1%	15.7% 13.8%-17.6%	14.2% 12.4%-16.0%	14.0% 12.0%-15.9%	11-T
Talbot	5	28.3% 25.1%-31.5%	26.1% 23.0%-29.2%	23.5% 20.0%-27.0%	23.0% 20.1%-25.9%	21.4% 18.2%-24.6%	15.8% 13.3%-18.3%	12.7% 10.7%-14.8%	12
Washington	7	28.0% 24.5%-31.5%	22.4% 19.7%-19.7%	20.9% 18.4%-23.4%	20.0% 18.0%-22.0%	21.7% 19.2%-24.2%	18.4% 16.6%-20.2%	16.1% 14.6%-17.6%	5
Wicomico	8	27.0% 23.7%-30.3%	23.1% 19.6%-26.6%	17.1% 15.1%-19.1%	19.0% 17.2%-20.8%	22.5% 19.9%-25.1%	16.0% 14.2%-17.8%	14.7% 12.7%-16.7%	9
Worcester	13	25.2% 21.7%-28.7%	23.0% 19.9%-26.1%	19.3% 16.9%-21.7%	22.5% 20.6%-24.4%	23.9% 21.4%-26.4%	20.4% 17.3%-23.5%	16.6% 14.8%-18.5%	3

B. Number of Current Underage Tobacco Users – Maryland Public Middle/High School Youth less than 18 Years of Age [YTS/YRBS]

Center for Tobacco Prevention and Control – Prevention and Health Promotion Administration – Maryland Department of Health and Mental Hygiene

Jurisdiction	2000 Ranking	Fall 2000	Fall 2002	Fall 2006	Fall 2008	Fall 2010	Spring 2013	Fall 2014	2014 Ranking
Maryland	NA	87,963	80,831	70,611	68,959	74,173	52,477	44,977	NA
Allegany	16	1,688	1,468	1,145	964	874	829	714	16
Anne Arundel	4	9,349	8,030	6,465	6,910	7,016	4,705	4,610	5
Baltimore City	5	8,961	8,321	6,350	6,507	8,192	6,005	5,065	4
Baltimore Co.	1	11,445	10,268	9,059	9,391	9,519	6,319	5,646	1
Calvert	13	1,932	1,979	1,677	1,382	1,615	1,264	1,062	14
Caroline	19	870	747	663	599	548	432	428	19
Carroll	9	3,014	2,842	2,764	2,372	2,263	1,706	1,346	11
Cecil	12	2,016	1,840	1,914	1,721	1,658	1,234	1,242	12
Charles	10	2,957	2,572	2,156	2,531	2,491	1,738	1,629	10
Dorchester	21	663	587	499	427	491	334	348	21
Frederick	7	4,535	3,866	3,795	3,245	3,185	2,759	2,158	7
Garrett	20	669	639	618	596	628	520	391	20
Harford	6	5,071	4,056	3,433	3,024	3,525	2,524	2,325	6
Howard	8	3,970	4,139	3,603	3,285	3,484	2,045	1,765	9
Kent	24	463	424	310	257	254	181	152	24
Montgomery	2	10,604	10,561	10,519	8,348	9,599	6,960	5,248	2
Prince George's	3	10,459	10,097	8,341	10,089	11,020	6,735	5,234	3
Queen Anne's	18	896	833	899	802	819	619	560	17
Somerset	23	504	390	303	326	331	215	226	23
St. Mary's	15	1,776	1,841	1,282	1,402	1,369	1,174	1,207	13
Talbot	22	633	606	570	547	483	335	292	22
Washington	11	2,770	2,321	2,319	2,152	2,457	2,045	1,839	8
Wicomico	14	1,817	1,554	1,196	1,298	1,514	1,034	983	15
Worcester	17	901	849	729	784	840	594	508	18

C. Percent Current Underage Minority Tobacco Use – Minority Maryland Public Middle/High School Youth less than 18 Years of Age YTS/YTRBS

Center for Tobacco Prevention and Control – Prevention and Health Promotion Administration – Maryland Department of Health and Mental Hygiene

Jurisdiction	2000 Ranking	Fall 2000	Fall 2002	Fall 2006	Fall 2008	Fall 2010	Spring 2013	Fall 2014	2014 Ranking
Maryland	NA	18.9% 17.5%-20.3%	16.9% 15.7%-18.1%	14.4% 13.6%-15.2%	16.3% 15.6%-17.0%	17.9% 17.2%-18.6%	12.6% 11.8%-13.4%	9.8% 9.2%-10.5%	NA
Allegany	5	30.8% 23.5%-38.1%	33.7% 26.0%-41.4%	29.1% 22.8%-35.4%	32.1% 26.3%-37.9%	25.1% 19.8%-30.4%	19.0% 7.6%-30.4%	17.5% 12.7%-22.3%	4
Anne Arundel	14	24.9% 19.4%-30.4%	18.7% 14.0%-23.4%	16.9% 13.9%-19.9%	21.4% 18.1%-24.7%	21.9% 18.9%-24.9%	14.2% 11.3%-17.1%	11.4% 9.4%-13.4%	17
Baltimore City	20	19.5% 16.4%-22.6%	17.0% 14.5%-19.5%	15.0% 12.6%-17.4%	20.4% 15.8%-25.0%	20.8% 17.9%-23.7%	16.1% 14.1%-18.1%	13.4% 11.6%-15.3%	12
Baltimore Co.	21	18.6% 15.1%-22.1%	15.2% 11.5%-18.9%	13.2% 11.3%-15.1%	17.2% 15.4%-19.0%	17.7% 14.2%-21.2%	10.8% 8.8%-12.8%	9.5% 7.2%-11.8%	20
Calvert	15	24.8% 20.4%-29.2%	27.4% 20.6%-34.2%	21.0% 17.6%-24.4%	17.7% 14.3%-21.1%	18.3% 15.3%-21.3%	17.4% 14.3%-20.5%	11.8% 9.6%-14.0%	16
Caroline	7	29.6% 23.9%-35.3%	24.5% 19.9%-29.1%	24.3% 20.3%-28.3%	21.5% 18.0%-25.0%	24.1% 20.0%-28.2%	17.0% 13.7%-20.3%	15.9% 12.8%-18.9%	7
Carroll	2	34.8% 27.1%-42.5%	26.9% 20.8%-33.0%	23.0% 18.8%-27.2%	23.9% 19.8%-28.0%	18.0% 15.0%-21.0%	17.4% 13.7%-21.1%	12.0% 9.1%-14.9%	15
Cecil	9	29.2% 22.7%-35.7%	25.4% 19.0%-31.8%	26.1% 22.0%-30.2%	22.7% 19.2%-26.2%	20.4% 17.2%-23.6%	14.9% 12.2%-17.6%	17.6% 14.4%-20.9%	3-T
Charles	19	21.9% 18.6%-25.2%	17.0% 14.0%-20.0%	13.8% 11.7%-15.9%	16.6% 14.5%-18.7%	15.9% 14.1%-17.7%	11.5% 9.9%-12.8%	10.7% 9.1%-12.3%	18
Dorchester	12	25.3% 21.2%-29.4%	22.3% 19.0%-25.6%	19.6% 16.2%-23.0%	21.2% 17.3%-25.1%	24.6% 20.7%-28.5%	16.0% 12.7%-19.3%	15.1% 11.8%-18.4%	8
Frederick	11	26.3% 22.1%-30.5%	26.1% 20.7%-31.5%	22.0% 18.6%-25.4%	17.1% 13.3%-20.9%	17.2% 13.8%-20.6%	14.5% 11.8%-17.2%	10.0% 7.8%-12.2%	19
Garrett	1	42.1% 29.0%-55.2%	35.9% 24.5%-47.3%	32.2% 24.4%-40.0%	40.6% 32.4%-48.8%	37.3% 31.1%-43.5%	45.6% 38.2%-53.0%	31.6% 23.3%-39.9%	1
Harford	13	25.0% 20.5%-29.5%	22.5% 18.6%-26.4%	15.7% 12.6%-18.8%	18.8% 15.4%-22.2%	18.3% 16.0%-20.6%	14.6% 12.2%-17.0%	12.1% 10.1%-14.1%	14
Howard	23	15.7% 11.9%-19.5%	17.8% 14.3%-21.3%	12.4% 10.4%-14.4%	12.4% 10.7%-14.1%	14.5% 11.7%-17.3%	7.2% 5.4%-9.0%	6.9% 5.5%-8.2%	22
Kent	4	31.6% 26.5%-36.7%	28.0% 22.8%-33.2%	22.6% 16.1%-29.1%	23.3% 17.9%-28.7%	27.9% 20.9%-34.9%	14.4% 9.1%-19.7%	16.2% 8.7%-23.8%	6
Montgomery	22	15.9% 12.5%-19.3%	15.0% 12.6%-17.4%	14.5% 12.7%-16.3%	11.7% 10.1%-13.3%	14.5% 12.2%-16.8%	10.1% 8.1%-12.1%	6.5% 5.1%-7.9%	23
Prince George's	24	15.7% 12.5%-18.9%	14.5% 12.2%-16.8%	11.3% 9.9%-12.7%	14.8% 13.3%-16.3%	17.2% 15.1%-19.3%	12.4% 11.0%-13.8%	8.9% 7.8%-9.9%	21
Queen Anne's	3	32.3% 26.1%-38.5%	30.1% 25.3%-34.9%	31.9% 26.4%-36.2%	32.7% 27.6%-37.8%	30.2% 26.0%-34.4%	21.2% 16.9%-25.5%	19.3% 15.0%-23.7%	2
Somerset	6	30.6% 26.2%-35.0%	27.3% 22.1%-32.5%	15.1% 11.6%-18.6%	24.6% 19.9%-29.3%	24.9% 21.1%-28.7%	15.8% 11.3%-20.3%	14.0% 10.4%-17.6%	10
St. Mary's	18	22.6% 18.6%-26.6%	26.1% 20.8%-31.4%	16.3% 13.3%-19.3%	18.1% 15.0%-21.2%	18.2% 15.2%-21.2%	15.2% 12.5%-17.9%	12.9% 10.5%-15.3%	13
Talbot	16	24.1% 19.8%-28.4%	25.6% 21.0%-30.2%	22.6% 17.4%-27.8%	26.7% 21.9%-31.5%	25.2% 20.4%-30.0%	17.1% 13.0%-21.2%	13.8% 10.6%-17.1%	11
Washington	8	29.5% 22.9%-36.1%	28.4% 23.9%-32.9%	21.8% 18.4%-25.2%	20.4% 16.7%-24.1%	27.3% 23.2%-31.4%	20.6% 17.5%-23.7%	17.6% 15.0%-20.1%	3-T
Wicomico	10	29.1% 24.6%-33.6%	21.4% 17.4%-25.4%	16.8% 14.3%-19.3%	18.7% 16.5%-20.9%	24.5% 21.5%-27.5%	16.7% 14.3%-19.1%	15.0% 11.9%-18.1%	9
Worcester	17	23.1% 18.6%-27.6%	30.1% 24.1%-36.1%	19.7% 16.6%-22.8%	24.6% 21.4%-27.8%	26.2% 23.1%-29.3%	20.4% 16.7%-24.1%	16.5% 13.6%-19.3%	5

D. Number of Current Underage Minority Tobacco Users – Minority Maryland Public Middle/High School Youth less than 18 Years of Age [YTS/YTRBS]

Center for Tobacco Prevention and Control – Prevention and Health Promotion Administration – Maryland Department of Health and Mental Hygiene

Jurisdiction	2000 Ranking	Fall 2000	Fall 2002	Fall 2006	Fall 2008	Fall 2010	Spring 2013	Fall 2014	2014 Ranking
Maryland	NA	33,913	35,514	34,560	35,129	43,110	27,567	22,788	NA
Allegany	21	154	186	174	160	157	213	119	20
Anne Arundel	5	2,254	2,044	2,256	2,559	3,048	1,894	1,650	5
Baltimore City	2	7,450	6,757	5,744	5,810	7,472	5,132	4,268	2
Baltimore Co.	4	3,388	3,575	3,819	4,274	4,919	2,796	2,678	4
Calvert	14	433	527	519	350	415	356	252	14
Caroline	18	205	184	196	160	206	124	132	19
Carroll	12	463	466	436	327	319	257	196	15
Cecil	15	274	287	462	321	325	208	266	13
Charles	8	913	955	1,264	1,491	1,542	1,011	981	7
Dorchester	16	262	236	252	236	278	158	148	18
Frederick	9	839	955	1,216	811	1,066	882	655	9
Garrett	24	59	49	69	66	130	122	59	23
Harford	6	1,143	1,184	972	930	1,103	826	719	8
Howard	7	940	1,467	1,426	1,355	1,929	951	1,005	6
Kent	23	145	133	101	85	114	51	54	24
Montgomery	3	4,507	5,755	6,058	4,823	6,730	4,572	3,139	3
Prince George's	1	8,126	8,236	7,347	9,105	10,419	6,058	4,654	1
Queen Anne's	20	170	172	207	220	265	123	156	16
Somerset	19	202	190	114	179	178	107	96	22
St. Mary's	11	483	583	430	418	458	349	330	12
Talbot	22	146	170	171	198	196	116	99	21
Washington	13	446	464	532	421	730	531	506	10
Wicomico	10	673	599	555	572	801	511	475	11
Worcester	17	238	339	240	258	310	177	151	17

E. Percent Underage Youth First Tried Tobacco, Past 12 Months – Maryland Public Middle/High School Youth less than 18 Years of Age [YTS/YTRBS]

Center for Tobacco Prevention and Control – Prevention and Health Promotion Administration – Maryland Department of Health and Mental Hygiene

Jurisdiction	2000 Ranking	Fall 2000	Fall 2002	Fall 2006	Fall 2008	Fall 2010	Spring 2013	Fall 2014	2014 Ranking
Maryland	NA	19.5% 18.5%-20.5%	16.2% 15.4%-17.0%	15.0% 14.4%-15.6%	14.8% 14.4%-15.2%	18.1% 17.6%-18.6%	12.4% 11.8%-13.0%	7.9% 7.5%-8.4%	NA
Allegany	2	27.4% 24.6%-30.2%	21.9% 19.3%-24.5%	22.6% 19.8%-25.4%	19.5% 17.2%-21.8%	19.1% 16.8%-21.4%	16.6% 13.5%-19.7%	11.2% 9.7%-12.6%	3
Anne Arundel	11	23.5% 20.3%-26.7%	18.1% 15.4%-20.8%	16.5% 14.6%-18.4%	15.4% 13.9%-16.9%	18.0% 14.8%-21.2%	12.3% 10.1%-14.5%	8.5% 7.0%-10.0%	14
Baltimore City	17	19.2% 16.3%-22.1%	14.5% 12.8%-16.2%	14.2% 12.4%-16.0%	16.9% 15.5%-18.3%	21.7% 19.4%-24.0%	14.4% 12.8%-16.0%	9.8% 8.4%-11.2%	8
Baltimore Co.	18	18.5% 15.1%-21.9%	16.9% 14.2%-19.6%	15.4% 13.8%-17.0%	15.8% 13.9%-17.7%	19.5% 16.3%-22.7%	13.1% 10.7%-15.5%	7.6% 5.9%-9.2%	17-T
Calvert	12-T	23.3% 21.2%-25.4%	19.5% 16.6%-22.4%	17.5% 15.4%-19.6%	14.4% 12.9%-15.9%	18.4% 16.3%-20.5%	14.5% 12.7%-12.7%	8.8% 7.8%-9.9%	13
Caroline	6	25.2% 22.2%-28.2%	22.7% 20.5%-24.9%	23.5% 21.0%-26.0%	19.9% 17.8%-22.0%	19.8% 17.2%-22.4%	15.2% 13.0%-17.4%	10.9% 9.2%-12.7%	4-T
Carroll	20	17.7% 15.4%-20.0%	16.2% 13.6%-18.8%	18.0% 15.7%-20.3%	15.7% 14.1%-17.3%	16.2% 14.5%-17.9%	11.6% 10.2%-13.0%	7.6% 6.6%-8.6%	17-T
Cecil	12-T	23.3% 20.4%-26.2%	18.9% 16.3%-21.5%	20.8% 18.3%-23.3%	19.3% 17.7%-20.9%	21.1% 19.0%-23.2%	15.9% 14.1%-17.7%	10.9% 9.5%-12.2%	4-T
Charles	15	21.6% 19.2%-24.0%	18.4% 16.6%-20.2%	14.6% 12.7%-16.5%	16.0% 14.6%-17.4%	18.9% 17.2%-20.6%	13.7% 12.3%-15.1%	9.1% 8.1%-10.2%	12
Dorchester	10	23.8% 21.3%-26.3%	19.0% 16.6%-21.4%	18.7% 16.3%-21.1%	18.0% 16.0%-20.0%	21.2% 18.3%-24.1%	14.5% 12.1%-16.9%	9.7% 7.7%-11.7%	9-T
Frederick	14	22.4% 20.0%-24.8%	17.5% 15.2%-19.8%	16.6% 14.5%-18.7%	14.8% 13.4%-16.2%	16.9% 13.7%-20.1%	11.8% 9.4%-14.2%	8.0% 6.4%-9.5%	15
Garrett	8	24.7% 21.5%-27.9%	21.7% 18.9%-24.5%	23.5% 20.5%-26.5%	21.9% 19.2%-24.6%	27.5% 24.5%-30.5%	20.0% 17.3%-22.7%	11.8% 9.9%-13.7%	1
Harford	12-T	23.3% 20.7%-25.9%	17.2% 15.1%-19.3%	15.8% 13.8%-17.8%	15.7% 14.1%-17.3%	19.2% 17.5%-20.9%	12.5% 11.1%-13.9%	9.7% 8.7%-10.7%	9-T
Howard	19	18.1% 15.2%-21.0%	15.7% 12.8%-18.6%	12.9% 11.2%-14.6%	12.7% 11.3%-14.1%	14.2% 11.6%-16.8%	8.3% 6.5%-10.1%	5.3% 4.2%-6.4%	20
Kent	1	28.7% 25.5%-31.9%	24.0% 20.9%-27.1%	22.9% 19.1%-26.7%	20.6% 17.9%-23.3%	23.9% 19.6%-28.2%	16.6% 13.5%-19.7%	7.7% 5.7%-9.6%	16
Montgomery	21	15.8% 12.4%-19.2%	13.4% 10.6%-16.2%	13.1% 11.4%-14.8%	11.7% 10.4%-13.0%	15.0% 12.5%-17.5%	9.8% 7.6%-12.0%	6.1% 4.7%-7.4%	19
Prince George's	22	14.9% 12.9%-16.9%	13.3% 11.6%-15.0%	10.8% 9.5%-12.1%	12.7% 11.9%-13.5%	17.9% 16.0%-19.8%	12.3% 10.9%-13.7%	6.8% 5.9%-7.7%	18
Queen Anne's	7	25.0% 21.6%-28.4%	18.1% 16.4%-19.8%	20.3% 17.8%-22.8%	16.3% 14.7%-17.9%	21.2% 19.3%-23.1%	14.4% 12.4%-16.4%	9.6% 8.2%-11.0%	10
Somerset	4	26.4% 23.3%-29.5%	23.3% 19.9%-26.7%	18.3% 15.8%-20.8%	21.4% 17.9%-24.9%	26.4% 22.6%-30.2%	15.0% 12.3%-17.7%	10.8% 8.4%-13.2%	5
St. Mary's	13	22.5% 19.9%-25.1%	19.4% 17.4%-21.4%	15.5% 13.5%-17.5%	16.3% 14.3%-18.3%	16.5% 14.6%-18.4%	14.5% 12.9%-16.1%	9.9% 8.5%-11.2%	11
Talbot	3	26.7% 23.5%-29.9%	20.7% 18.4%-23.0%	21.7% 18.5%-24.9%	19.3% 17.2%-21.4%	21.6% 18.9%-24.3%	13.3% 11.1%-15.5%	9.2% 7.6%-10.8%	14
Washington	5	26.0% 23.1%-28.9%	22.9% 20.4%-25.4%	22.3% 19.8%-24.8%	19.1% 17.3%-20.9%	21.1% 18.8%-23.4%	17.0% 15.4%-18.6%	11.3% 10.1%-12.4%	2
Wicomico	9	24.6% 22.1%-27.1%	20.9% 17.7%-24.1%	18.9% 16.8%-21.0%	18.6% 16.8%-20.4%	22.3% 19.9%-24.7%	14.2% 12.6%-15.8%	10.3% 9.0%-11.5%	6
Worcester	16	21.4% 18.7%-24.1%	19.2% 16.7%-21.7%	19.7% 17.3%-22.1%	22.5% 20.6%-24.4%	23.3% 21.1%-25.5%	19.7% 16.8%-22.6%	10.9% 9.2%-12.5%	4-T

F. Number of Underage Youth First Tried Tobacco, Past 12 Months – Maryland Public Middle/High School Youth less than 18 Years of Age [YTS/YTRBS]

Center for Tobacco Prevention and Control – Prevention and Health Promotion Administration – Maryland Department of Health and Mental Hygiene

Jurisdiction	2000 Ranking	Fall 2000	Fall 2002	Fall 2006	Fall 2008	Fall 2010	Spring 2013	Fall 2014	2014 Ranking
Maryland	NA	80,050	70,879	67,969	62,909	78,621	48,067	32,261	NA
Allegany	16	1,536	1,204	1,151	933	876	745	479	16
Anne Arundel	4	8,883	7,116	6,485	5,807	6,931	4,349	3,147	5
Baltimore City	5	8,425	6,532	5,786	5,294	8,423	4,807	3,370	4
Baltimore Co.	2	9,829	9,431	8,663	7,861	10,181	6,204	3,772	2
Calvert	12	1,857	1,717	1,707	1,353	1,708	1,203	756	14
Caroline	19	700	661	689	551	517	376	282	19
Carroll	11	2,522	2,433	2,940	2,425	2,451	1,591	1,053	11
Cecil	13	1,748	1,518	1,831	1,630	1,737	1,191	840	12
Charles	9	2,597	2,331	2,187	2,398	2,834	1,813	1,230	10
Dorchester	20	622	504	473	423	483	300	204	21
Frederick	7	4,039	3,441	3,581	3,151	3,585	2,344	1,635	7
Garrett	22	585	513	608	522	612	383	221	20
Harford	6	4,534	3,549	3,343	3,020	3,909	2,277	1,834	6
Howard	8	4,028	3,787	3,497	3,473	3,895	2,139	1,457	8
Kent	23	414	348	288	232	254	166	74	24
Montgomery	1	10,100	9,546	9,640	8,497	11,066	6,701	4,517	1
Prince George's	3	9,115	8,759	7,547	8,371	11,346	6,028	3,646	3
Queen Anne's	17	872	675	850	685	847	531	364	17
Somerset	24	393	334	272	299	343	183	137	23
St. Mary's	14	1,662	1,511	1,346	1,421	1,435	1,154	821	13
Talbot	21	598	480	525	457	487	266	203	22
Washington	10	2,569	2,373	2,484	2,054	2,387	1,809	1,235	9
Wicomico	15	1,656	1,407	1,332	1,266	1,497	876	660	15
Worcester	18	765	710	743	785	817	547	322	18

G. Percent Underage Youth Who Quit Tobacco, Past 12 Months – Maryland Public Middle/High School Youth less than 18 Years of Age [YTS/YTRBS]

Center for Tobacco Prevention and Control – Prevention and Health Promotion Administration – Maryland Department of Health and Mental Hygiene

Jurisdiction	2000 Ranking	Fall 2000	Fall 2002	Fall 2006	Fall 2008	Fall 2010	Spring 2013	Fall 2014	2014 Ranking
Maryland	NA	35.1% 33.1%-37.0%	36.0% 34.3%-37.7%	40.2% 38.3%-42.1%	38.0% 36.2%-39.8%	45.0% 43.2%-46.8%	45.1% 43.7%-46.5%	44.0% 42.7%-45.3%	NA
Allegany	7-T	31.2% 26.5%-35.9%	26.2% 19.8%-32.6%	30.1% 24.6%-35.6%	30.6% 24.0%-37.2%	34.8% 27.0%-42.6%	33.4% 28.9%-37.9%	40.0% 35.1%-44.9%	14
Anne Arundel	6	31.0% 26.3%-35.7%	32.3% 26.7%-37.9%	40.3% 35.2%-45.4%	34.6% 29.7%-39.5%	41.3% 35.0%-47.6%	45.0% 41.3%-48.7%	42.1% 38.4%-45.8%	18
Baltimore City	21	45.8% 38.5%-53.1%	44.8% 36.1%-53.5%	47.8% 38.4%-57.2%	43.7% 38.5%-48.9%	43.5% 37.3%-49.7%	49.2% 45.1%-53.3%	50.2% 45.7%-54.6%	23
Baltimore Co.	10-T	34.2% 27.5%-40.9%	32.5% 26.9%-38.1%	33.5% 28.9%-38.1%	32.6% 26.5%-38.7%	42.4% 35.1%-49.7%	44.6% 40.5%-48.7%	42.2% 37.3%-47.0%	19
Calvert	7-T	31.2% 26.4%-36.0%	26.7% 21.1%-32.3%	36.1% 30.5%-41.7%	38.5% 32.6%-44.4%	39.2% 33.4%-45.0%	40.1% 36.2%-44.0%	39.3% 34.8%-43.8%	13
Caroline	2	26.0% 19.6%-32.4%	28.2% 23.1%-33.3%	35.1% 28.6%-41.6%	31.7% 26.2%-37.2%	41.4% 33.1%-49.7%	36.4% 31.1%-41.7%	37.3% 31.9%-42.7%	9
Carroll	10-T	34.2% 28.1%-40.3%	27.8% 19.6%-36.0%	36.0% 30.9%-41.1%	30.6% 25.6%-35.6%	43.0% 36.7%-49.3%	37.5% 33.4%-41.6%	40.6% 36.3%-45.0%	15
Cecil	3	26.2% 21.2%-31.2%	32.5% 27.5%-37.5%	34.3% 28.8%-39.8%	35.1% 30.6%-39.6%	42.2% 36.7%-47.7%	38.4% 34.7%-42.1%	35.1% 30.9%-39.4%	4
Charles	9-T	33.1% 27.4%-38.8%	31.8% 25.2%-38.4%	38.4% 32.6%-44.2%	38.0% 32.7%-43.3%	52.3% 58.1%-58.1%	44.5% 40.2%-48.8%	47.8% 43.8%-51.8%	20
Dorchester	13	36.0% 29.6%-42.4%	32.5% 25.9%-39.1%	41.1% 34.2%-48.0%	39.8% 32.7%-46.9%	38.1% 30.2%-46.0%	38.7% 32.0%-45.4%	35.5% 28.9%-42.2%	6
Frederick	9-T	33.1% 28.2%-38.0%	36.0% 29.9%-42.1%	38.1% 32.6%-43.6%	31.6% 26.3%-36.9%	44.1% 36.5%-51.7%	41.5% 37.0%-46.0%	37.4% 33.1%-41.7%	10
Garrett	17	37.6% 29.9%-45.3%	29.6% 23.2%-36.0%	33.7% 27.2%-40.2%	30.0% 24.3%-35.7%	30.4% 23.4%-37.4%	29.9% 25.8%-34.0%	28.7% 23.4%-34.0%	1
Harford	5	30.0% 25.1%-34.9%	31.3% 25.9%-36.7%	32.1% 27.0%-37.2%	34.3% 29.3%-39.3%	40.7% 34.8%-46.6%	41.4% 37.9%-44.9%	39.2% 35.0%-43.4%	12
Howard	18	38.5% 30.9%-46.1%	34.5% 28.6%-40.4%	41.2% 35.0%-47.4%	30.8% 25.6%-36.0%	46.9% 39.1%-54.7%	49.0% 45.3%-52.7%	48.5% 44.3%-52.8%	21
Kent	14	36.3% 27.0%-45.6%	32.0% 24.7%-39.3%	31.2% 20.7%-41.7%	29.8% 22.0%-37.6%	30.6% 20.4%-40.8%	38.3% 29.9%-46.7%	37.5% 29.1%-45.8%	11
Montgomery	16	36.9% 30.0%-43.8%	43.7% 40.2%-47.2%	45.0% 38.8%-51.2%	39.4% 33.8%-45.0%	50.8% 44.4%-57.2%	50.9% 46.0%-55.8%	50.7% 46.3%-55.1%	24
Prince George's	20	39.1% 31.2%-47.0%	43.9% 37.5%-50.3%	51.6% 44.6%-58.6%	52.0% 46.0%-58.0%	55.3% 50.4%-60.2%	48.9% 44.6%-53.2%	50.0% 45.9%-54.2%	22
Queen Anne's	1	24.8% 19.5%-30.1%	28.2% 22.8%-33.6%	29.5% 23.7%-35.3%	28.0% 22.7%-33.3%	38.8% 33.0%-44.6%	40.7% 35.8%-45.6%	41.4% 36.7%-46.1%	16
Somerset	19	38.7% 30.9%-46.5%	39.4% 31.0%-47.8%	28.1% 18.5%-37.7%	37.6% 30.0%-45.2%	37.2% 29.7%-44.7%	47.6% 38.2%-57.0%	41.9% 33.5%-50.4%	17
St. Mary's	8	32.7% 26.7%-38.7%	25.2% 19.9%-30.5%	39.2% 32.8%-45.6%	35.2% 29.7%-40.7%	45.0% 38.8%-51.2%	38.0% 33.9%-42.1%	34.8% 30.5%-39.1%	3
Talbot	4	26.5% 20.5%-32.5%	33.6% 26.6%-40.6%	35.1% 28.8%-41.4%	29.5% 23.2%-35.8%	42.0% 32.7%-51.3%	45.3% 38.8%-51.8%	36.2% 30.6%-41.9%	8
Washington	15	36.6% 32.1%-41.1%	40.2% 34.3%-46.1%	37.6% 32.8%-42.4%	34.3% 29.2%-39.4%	35.2% 29.7%-40.7%	38.8% 35.5%-42.1%	35.2% 31.8%-38.6%	5
Wicomico	11	34.3% 28.6%-40.0%	35.0% 26.8%-43.2%	40.6% 34.7%-46.5%	36.7% 30.8%-42.6%	33.1% 27.6%-38.6%	41.8% 37.1%-46.5%	36.0% 30.4%-41.6%	7
Worcester	12	35.3%[c] 28.3%-42.3%	35.0% 26.8%-43.2%	27.5% 19.2%-35.8%	36.7% 30.8%-42.6%	38.1% 31.7%-44.5%	36.4% 31.3%-41.5%	31.1% 26.1%-36.0%	2

H. Number of Underage Youth Who Quit Tobacco, Past 12 Months – Maryland Public Middle/High School Youth less than 18 Years of Age [YTS/YTRBS]

Center for Tobacco Prevention and Control – Prevention and Health Promotion Administration – Maryland Department of Health and Mental Hygiene

Jurisdiction	2000 Ranking	Fall 2000	Fall 2002	Fall 2006	Fall 2008	Fall 2010	Spring 2013	Fall 2014	2014 Ranking
Maryland	NA	**16,304**	**12,657**	**11,518**	**13,498**	**12,442**	**32,768**	**25,492**	NA
Allegany	**10**	**336**	**205**	**165**	**174**	**129**	**364**	**350**	**9**
Anne Arundel	**20**	**1,684**	**1,159**	**1,144**	**1,234**	**1,053**	**2,960**	**2,336**	**20**
Baltimore City	**23**	**1,978**	**1,185**	**1,027**	**1,282**	**1,088**	**3,858**	**3,160**	**22**
Baltimore Co.	**24**	**2,014**	**1,501**	**1,243**	**1,534**	**1,550**	**4,044**	**2,905**	**21**
Calvert	**11**	**367**	**275**	**311**	**299**	**279**	**670**	**534**	**13**
Caroline	**5**	**124**	**96**	**117**	**109**	**96**	**198**	**190**	**6**
Carroll	**15**	**558**	**352**	**385**	**410**	**372**	**830**	**734**	**14**
Cecil	**8**	**297**	**333**	**335**	**344**	**317**	**655**	**516**	**11**
Charles	**14**	**534**	**404**	**389**	**553**	**559**	**1,177**	**995**	**16**
Dorchester	**6**	**126**	**84**	**93**	**104**	**69**	**158**	**131**	**4**
Frederick	**17**	**797**	**654**	**562**	**448**	**550**	**1,489**	**1,027**	**17**
Garrett	**7**	**147**	**88**	**82**	**91**	**67**	**172**	**135**	**5**
Harford	**19**	**839**	**521**	**435**	**558**	**549**	**1,378**	**1,153**	**18**
Howard	**18**	**815**	**594**	**502**	**521**	**473**	**1,646**	**1,253**	**19**
Kent	**1**	**84**	**68**	**41**	**46**	**30**	**96**	**66**	**1**
Montgomery	**22**	**1,955**	**2,046**	**1,577**	**1,481**	**1,881**	**5,045**	**4,158**	**24**
Prince George's	**21**	**1,839**	**1,686**	**1,840**	**2,974**	**2,171**	**4,852**	**3,446**	**23**
Queen Anne's	**3**	**115**	**109**	**114**	**113**	**114**	**316**	**288**	**8**
Somerset	**4**	**121**	**67**	**36**	**64**	**56**	**124**	**108**	**2**
St. Mary's	**9**	**322**	**202**	**247**	**281**	**253**	**625**	**524**	**12**
Talbot	**2**	**84**	**74**	**100**	**78**	**68**	**192**	**129**	**3**
Washington	**16**	**622**	**517**	**434**	**435**	**382**	**1,019**	**743**	**15**
Wicomico	**12**	**370**	**284**	**240**	**248**	**187**	**563**	**422**	**10**
Worcester	**13**	**175[c]**	**284**	**240**	**248**	**149**	**273**	**190**	**7**

Adult Population Data

Statutory Tables

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I. Percent and Number of Current Adult Tobacco Use – Maryland Adults Ages 18 and Older [BRFSS]

Center for Tobacco Prevention and Control – Prevention and Health Promotion Administration – Maryland Department of Health and Mental Hygiene

Jurisdiction	2012 %	2014 %	2014 Rank	2012 #	2014 #
Maryland	**19.4%** 18.2%-20.7%	**19.0%** 17.6%-20.4%	NA	856,080	884,461
Allegany	**28.3%** 17.9%-38.7%	**23.8%** 15.4%-32.2%	**6**	17,530	13,270
Anne Arundel	**21.5%** 17.3%-25.7%	**20.2%** 15.7%-24.7%	**11-T**	81,624	88,211
Baltimore City	**24.2%** 19.1%-29.3%	**28.3%** 22.6%-34.0%	**1**	96,402	137,513
Baltimore Co.	**22.8%** 19.2%-26.3%	**22.0%** 17.9%-26.0%	**9**	166,242	143,359
Calvert	**27.2%** 19.5%-34.8%	**22.9%** 15.2%-30.6%	**8-T**	18,800	17,046
Caroline	**27.6%** 14.1%-41.1%	**23.4%** 13.6%-33.1%	**7**	7,727	6,653
Carroll	**23.2%** 15.6%-30.8%	**20.2%** 10.3%-30.1%	**11-T**	29,043	24,730
Cecil	**26.1%** 16.3%-35.8%	**12.3%** 7.9%-16.7%	**20**	20,515	9,468
Charles	**20.5%** 13.5%-27.4%	**17.4%** 11.9%-22.9%	**17**	27,840	20,642
Dorchester	**16.9%** 7.8%-26.0%	**24.5%** 14.5%-34.6%	**4**	4,694	5,893
Frederick	**19.7%** 13.5%-26.0%	**15.8%** 11.4%-20.3%	**19**	32,315	29,595
Garrett	**23.7%** 14.4%-32.9%	**17.5%** 9.9%-25.1%	**16**	5,317	4,435
Harford	**24.4%** 18.8%-30.1%	**22.9%** 15.3%-30.6%	**8-T**	49,272	48,538
Howard	**13.0%** 8.4%-17.6%	**10.1%** 5.5%-14.7%	**22**	28,642	23,324
Kent	**21.7%** 6.2%-37.2%	**21.7%** 11.1%-32.2%	**10**	3,960	3,362
Montgomery	**10.9%** 8.2%-13.7%	**10.3%** 7.6%-13.0%	**21**	81,828	82,171
Prince George's	**16.6%** 13.1%-20.1%	**18.3%** 14.1%-22.4%	**15**	103,805	127,102
Queen Anne's	**19.3%** 10.6%-28.0%	**17.2%** 10.1%-24.2%	**18**	5,970	6,451
Somerset	**34.5%** 16.0%-53.0%	**24.1%** 12.5%-35.7%	**5**	5,087	4,504
St. Mary's	**23.4%** 14.7%-32.0%	**19.4%** 10.9%-27.9%	**13**	20,585	14,646
Talbot	**21.5%** 7.8%-35.2%	**19.2%** 12.4%-26.0%	**14**	6,776	6,063
Washington	**20.8%** 14.0%-27.6%	**24.7%** 16.9%-32.5%	**3**	21,800	29,014
Wicomico	**26.4%** 15.5%-37.3%	**27.5%** 15.5%-39.5%	**2**	17,134	26,479
Worcester	**8.6%** 3.1%-14.0%	**19.6%** 10.3%-28.9%	**12**	3,169	11,992

NOTE: Prior to 2012 Maryland's Behavioral Risk Factor Surveillance System (BRFSS) survey did not include questions about current use of cigarettes and cigars, and smokeless tobacco. Therefore, no BRFSS data on 'Any Tobacco Use' is available prior to 2012.

Between 2000 and 2010, 'Any Tobacco Use' data was collected through Maryland's Adult Tobacco Survey (MATS).

MATS data is not directly comparable to the BRFSS data. Historical MATS data can be accessed at:

http://crf.maryland.gov/pdf/CRF-Biennial-Tobacco-Report-2000-2010.pdf

J. Percent and Number of Current Minority Adult Tobacco Use – Maryland Adults Ages 18 and Older [BRFSS]

Center for Tobacco Prevention and Control – Prevention and Health Promotion Administration – Maryland Department of Health and Mental Hygiene

Jurisdiction	2012 %	2014 %	2014 Rank	2012 #	2014 #
Maryland	**17.8%** 16.3%-19.2%	**17.1%** 15.5%-18.7%	NA	590,081	581,693
Allegany	**21.9%** 10.2%-33.7%	**19.3%** 10.5%-28.1%	**7**	8,047	6,169
Anne Arundel	**19.3%** 14.4%-24.3%	**15.9%** 11.0%-20.8%	**14**	49,656	44,087
Baltimore City	**25.9%** 20.3%-31.5%	**28.7%** 22.4%-35.1%	**2**	91,028	114,518
Baltimore Co.	**20.4%** 16.3%-24.4%	**18.6%** 14.4%-22.9%	**10**	114,872	88,306
Calvert	**25.2%** 15.5%-34.9%	**17.3%** 9.1%-25.4%	**12**	11,868	7,948
Caroline	Data Not Available	**19.2%** 8.0%-30.4%	**8**	Data Not Available	3,382
Carroll	**22.2%** 13.0%-31.4%	Data Not Available	**-**	14,636	Data Not Available
Cecil	**22.8%** 12.2%-33.5%	**13.1%** 7.5%-18.7%	**16**	10,566	5,274
Charles	**15.2%** 7.9%-22.5%	**14.5%** 8.2%-20.9%	**15**	14,964	13,419
Dorchester	Data Not Available	**25.1%** 12.2%-37.9%	**4**	Data Not Available	4,374
Frederick	**22.6%** 12.7%-32.6%	**11.3%** 6.6%-16.1%	**18**	22,804	12,695
Garrett	Data Not Available	**12.3%** 5.6%-19.1%	**17**	Data Not Available	1,725
Harford	**23.2%** 16.0%-30.5%	**19.1%** 11.0%-27.1%	**9**	30,777	26,604
Howard	**12.6%** 6.9%-18.3%	**9.3%** 3.9%-14.8%	**19**	19,898	15,694
Kent	Data Not Available	Data Not Available	**-**	Data Not Available	Data Not Available
Montgomery	**8.0%** 5.4%-10.7%	**9.2%** 5.9%-12.5%	**20**	47,808	55,714
Prince George's	**16.4%** 12.8%-20.1%	**17.7%** 13.3%-22.1%	**11**	93,972	113,264
Queen Anne's	**12.8%** 5.7%-19.8%	**16.7%** 7.5%-25.9%	**13**	1,961	3,320
Somerset	Data Not Available	Data Not Available	**-**	Data Not Available	Data Not Available
St. Mary's	**17.1%** 8.6%-25.6%	Data Not Available	**-**	9,213	Data Not Available
Talbot	Data Not Available	**19.6%** 10.7%-28.5%	**6**	Data Not Available	4,075
Washington	**20.8%** 12.3%-29.4%	**22.0%** 12.3%-31.8%	**5**	13,617	15,884
Wicomico	**31.2%** 16.9%-45.6%	**27.4%** 14.5%-40.3%	**3**	13,706	17,531
Worcester	Data Not Available	**30.1%** 14.2%-46.1%	**1**	Data Not Available	7,243

NOTE: Prior to 2012 Maryland's Behavioral Risk Factor Surveillance System (BRFSS) survey did not include questions about current use of cigarettes, and cigars, and smokeless tobacco. Therefore, no BRFSS data on 'Any Tobacco Use' is available prior to 2012.

Between 2000 and 2010, 'Any Tobacco Use' data was collected through Maryland's Adult Tobacco Survey (MATS).

MATS data is not directly comparable to the BRFSS data. Historical MATS data can be accessed at:

http://crf.maryland.gov/pdf/CRF-Biennial-Tobacco-Report-2000-2010.pdf

K. Percent and Number of Pregnant Females Smoking During Pregnancy – Maryland Residents BIRTH CERTIFICATES

Birth Certificate Data - Vital Statistics Administration – Maryland Department of Health and Mental Hygiene

Jurisdiction	2000 Ranking	2000	2002	2004	2006	2008	2010	2012	2014	2014 Ranking
Maryland	NA	**9.2%** 6,842	**8.0%** 5,877	**7.4%** 5,504	**6.8%** 5,261	**6.6%** 5,105	**6.1%** 4,584	**7.4%** 5,351	**6.9%** 5,075	NA
Allegany	**8-T**	**16.8%** 133	**22.1%** 157	**24.8%** 159	**23.7%** 166	**24.7%** 176	**27.6%** 203	**26.7%** 186	**24.3%** 161	**1**
Anne Arundel	**17-T**	**11.1%** 754	**9.7%** 656	**8.7%** 587	**8.1%** 576	**7.7%** 552	**8.0%** 566	**7.5%** 512	**7.1%** 497	**19**
Baltimore City	**10-T**	**14.9%** 1,435	**13.9%** 1,254	**12.0%** 1,106	**10.3%** 1,009	**10.3%** 1,025	**11.6%** 1,036	**10.4%** 945	**10.4%** 924	**13**
Baltimore Co.	**18**	**9.6%** 904	**8.8%** 791	**8.6%** 809	**7.8%** 776	**7.3%** 748	**9.0%** 894	**8.1%** 777	**7.8%** 779	**17**
Calvert	**12**	**14.2%** 145	**12.7%** 129	**11.8%** 118	**12.7%** 128	**11.5%** 110	**15.3%** 138	**13.8%** 126	**11.8%** 107	**10**
Caroline	**6**	**17.0%** 69	**15.1%** 58	**15.9%** 74	**12.8%** 61	**12.8%** 64	**17.1%** 74	**17.1%** 63	**15.0%** 56	**8**
Carroll	**17-T**	**11.1%** 211	**11.2%** 213	**9.6%** 191	**10.2%** 191	**10.6%** 186	**13.1%** 210	**10.6%** 170	**10.0%** 161	**14**
Cecil	**1**	**23.3%** 265	**18.2%** 211	**19.7%** 239	**19.7%** 267	**22.8%** 291	**21.5%** 254	**21.2%** 246	**21.6%** 203	**2**
Charles	**13**	**13.3%** 232	**11.1%** 195	**10.7%** 194	**8.7%** 169	**7.0%** 134	**8.7%** 157	**8.3%** 160	**6.7%** 125	**20**
Dorchester	**5**	**18.6%** 61	**16.6%** 51	**13.2%** 48	**13.1%** 53	**14.4%** 65	**19.9%** 76	**11.8%** 49	**18.6%** 72	**5**
Frederick	**16**	**12.1%** 351	**9.2%** 276	**8.6%** 254	**7.5%** 231	**7.4%** 219%	**9.9%** 281	**9.0%** 248	**8.2%** 231	**16**
Garrett	**8-T**	**16.8%** 56	**17.0%** 51	**20.9%** 66	**16.2%** 48	**17.0%** 47	**16.9%** 47	**17.4%** 50	**19.7%** 56	**4**
Harford	**14**	**13.1%** 386	**12.4%** 360	**10.1%** 301	**11.3%** 342	**9.1%** 271	**10.4%** 281	**10.8%** 286	**9.0%** 243	**15**
Howard	**20**	**3.3%** 119	**3.3%** 117	**3.3%** 116	**2.9%** 99	**2.2%** 74	**3.1%** 104	**3.5%** 121	**2.3%** 81	**22**
Kent	**2**	**21.2%** 43	**16.6%** 26	**16.3%** 33	**19.0%** 36	**13.7%** 30	**18.1%** 30	**15.8%** 28	**15.9%** 25	**6-T**
Montgomery	**21**	**2.5%** 327	**1.3%** 168	**1.0%** 142	**0.7%** 95	**0.6%** 80	**1.6%** 219	**1.6%** 213	**1.4%** 186	**23**
Prince George's	**19**	**3.6%** 447	**2.5%** 316	**1.9%** 237	**1.4%** 177	**1.7%** 213	**2.4%** 290	**2.4%** 281	**2.5%** 304	**21**
Queen Anne's	**9**	**15.6%** 78	**10.2%** 54	**10.8%** 55	**8.9%** 46	**6.2%** 33	**10.9%** 53	**10.2%** 45	**11.5%** 50	**11**
Somerset	**3**	**20.9%** 57	**17.0%** 44	**16.5%** 44	**16.1%** 45	**14.8%** 41	**17.3%** 47	**13.3%** 35	**15.9%** 38	**6-T**
St. Mary's	**15**	**13.0%** 158	**12.3%** 165	**13.5%** 195	**9.9%** 148	**8.8%** 127	**12.8%** 185	**12.2%** 169	**10.5%** 155	**12**
Talbot	**11**	**14.4%** 53	**10.2%** 34	**8.0%** 31	**10.1%** 36	**10.6%** 41	**10.1%** 36	**11.8%** 38	**7.5%** 25	**18**
Washington	**4**	**19.1%** 305	**18.1%** 306	**15.6%** 266	**16.3%** 310	**16.3%** 298	**19.9%** 351	**21.3%** 376	**20.0%** 361	**3**
Wicomico	**10-T**	**14.9%** 169	**15.1%** 175	**14.8%** 172	**13.3%** 177	**15.5%** 212	**16.4%** 205	**13.7%** 166	**13.6%** 165	**9**
Worcester	**7**	**16.9%** 84	**15.4%** 70	**14.9%** 67	**16.1%** 75	**14.2%** 68	**14.1%** 59	**13.4%** 61	**15.1%** 70	**7**

L. Percent and Number of Adults First Tried Tobacco, Past 12 Months – Maryland Adults Ages 18 and Older [BRFSS]

Center for Tobacco Prevention and Control – Prevention and Health Promotion Administration – Maryland Department of Health and Mental Hygiene

Jurisdiction	2012 %	2014 %	2012 #	2014 #
Maryland	**0.5%** 0.2%-0.8%	**0.8%** 0.4%-1.2%	22,635	34,968
Baltimore City	**1.3%** 0.0%-3.1%	Data Not Available	5,282	Data Not Available
Baltimore Co.	**0.7%** 0.0%-1.6%	Data Not Available	22,635	Data Not Available
Montgomery	**0.7%** 0.0%-1.5%	Data Not Available	5,761	Data Not Available

Data is presented to the extent it is available. Where data is not available, it is because too few respondents answered that they had initiated tobacco use during the past 12 months to ensure the reliability of the estimates generated.

NOTE: Prior to 2012 Maryland's Behavioral Risk Factor Surveillance System (BRFSS) survey did not include questions about the initiation of tobacco use during the previous 12 months. Therefore, no BRFSS data on 'Initiation' is available prior to 2012.

Between 2000 and 2010, 'Any Tobacco Use' data was collected through Maryland's Adult Tobacco Survey (MATS).

MATS data is not directly comparable to the BRFSS data. Historical MATS data can be accessed at:

http://crf.maryland.gov/pdf/CRF-Biennial-Tobacco-Report-2000-2010.pdf

M. Percent and Number of Adults Who Quit Using Tobacco, Past 12 Months – Maryland Adults Ages 18 and Older [BRFSS]

Center for Tobacco Prevention and Control – Prevention and Health Promotion Administration – Maryland Department of Health and Mental Hygiene

Jurisdiction	2012 %	2014 %	2012 #	2014 #
Maryland	**3.1%** 2.6%-3.7%	**14.3%** 11.6%-16.9%	141,391	143,336
Allegany	Data Not Available	Data Not Available	Data Not Available	Data Not Available
Anne Arundel	**6.6%** 4.0%-9.2%	**14.6%** 7.8%-21.5%	25,576	15,251
Baltimore City	**3.7%** 1.2%-6.1%	**7.7%** 3.2%-12.2%	14,892	6,230
Baltimore Co.	**3.1%** 2.0%-4.1%	**29.3%** 19.3%-39.3%	22,991	43,997
Calvert	**3.1%** 0.4%-6.6%	Data Not Available	2,462	Data Not Available
Caroline	**0.7%** 0.5%-1.4%	Data Not Available	199	Data Not Available
Carroll	**1.3%** 0.1%-2.5%	Data Not Available	1,657	Data Not Available
Cecil	**3.2%** 0.3%-6.0%	Data Not Available	2,513	Data Not Available
Charles	**2.5%** 0.7%-4.2%	Data Not Available	3,392	Data Not Available
Dorchester	**0.9%** 0.1%-1.8%	Data Not Available	276	Data Not Available
Frederick	**1.7%** 0.5%-2.8%	Data Not Available	2,743	Data Not Available
Garrett	**2.3%** 0.2%-4.5%	Data Not Available	578	Data Not Available
Harford	**2.2%** 0.8%-3.7%	Data Not Available	4,600	Data Not Available
Howard	**1.7%** 0.0%-3.6%	Data Not Available	3,732	Data Not Available
Kent	**1.0%** 0.0%-2.1%	Data Not Available	187	Data Not Available
Montgomery	**3.3%** 1.8%-4.9%	**12.6%** 7.5%-17.7%	26,531	4,553
Prince George's	**2.2%** 1.0%-3.4%	Data Not Available	13,903	Data Not Available
Queen Anne's	**1.3%** 0.5%-2.2%	Data Not Available	419	Data Not Available
Somerset	**2.8%** 0.0%-16.6%	Data Not Available	2,259	Data Not Available
St. Mary's	**1.8%** 0.5%-3.0%	Data Not Available	1,593	Data Not Available
Talbot	Data Not Available	Data Not Available	Data Not Available	Data Not Available
Washington	**1.6%** 0.4%-2.8%	Data Not Available	1,719	Data Not Available
Wicomico	**3.8%** 1.0%-6.6%	Data Not Available	2,521	Data Not Available
Worcester	**6.8%** 0.0%-14.6%	Data Not Available	2,522	Data Not Available

NOTE: Prior to 2012 Maryland's Behavioral Risk Factor Surveillance System (BRFSS) survey did not include questions about quitting tobacco use during the previous 12 months. Therefore, no BRFSS data on 'cessation' is available prior to 2012.

Data is presented to the extent it is available. Where data is not available, it is because too few respondents answered that they had initiated tobacco use during the past 12 months to ensure the reliability of the estimates generated.

Between 2000 and 2010, 'Any Tobacco Use' data was collected through Maryland's Adult Tobacco Survey (MATS).

MATS data is not directly comparable to the BRFSS data. Historical MATS data can be accessed at:

http://crf.maryland.gov/pdf/CRF-Biennial-Tobacco-Report-2000-2010.pdf

N. Percent and Number of Households with Resident Adult Smoker and Minor Children – Maryland Households [BRFSS]

Center for Tobacco Prevention and Control – Prevention and Health Promotion Administration – Maryland Department of Health and Mental Hygiene

Jurisdiction	2012 %	2014 %	2012 #	2014 #
Maryland	**26.5%** 24.8%-28.2%	**24.2%** 21.6%-26.8%	213,250	381,195
Allegany	**31.5%** 14.2%-48.8%	**44.6%** 23.8%-65.3%	4,496	7,256
Anne Arundel	**30.7%** 23.1%-38.4%	**22.6%** 15.1%-30.1%	48,196	33,279
Baltimore City	**31.6%** 21.3%-41.8%	**37.7%** 26.3%-49.1%	36,345	56,260
Baltimore Co.	**32.9%** 26.1%-39.6%	**26.6%** 18.7%-34.3%	90,479	55,705
Calvert	**34.4%** 21.4%-47.4%	**38.4%** 24.0%-52.9%	9,246	12,167
Caroline	Data Not Available	Data Not Available	Data Not Available	Data Not Available
Carroll	**41.4%** 24.4%-58.3%	Data Not Available	17,048	Data Not Available
Cecil	**31.7%** 14.2%-49.2%	**27.3%** 11.4%-43.2%	10,813	6,526
Charles	**31.4%** 18.4%-44.5%	**33.4%** 20.8%-46.1%	17,600	14,514
Dorchester	Data Not Available	Data Not Available	Data Not Available	Data Not Available
Frederick	**23.4%** 11.4%-35.4%	**22.3%** 13.1%-31.6%	14,507	13,,371
Garrett	**20.8%** 9.5%-32.2%	Data Not Available	947	Data Not Available
Harford	**41.6%** 30.3%-53.0%	**36.1%** 23.6%-48.5%	31,005	24,892
Howard	**12.7%** 6.0%-19.4%	Data Not Available	10,751	Data Not Available
Kent	Data Not Available	Data Not Available	Data Not Available	Data Not Available
Montgomery	**15.2%** 9.7%-20.8%	**11.3%** 6.5%-16.2%	41,554	31,651
Prince George's	**21.4%** 14.7%-28.2%	**17.4%** 11.3%-23.5%	48,264	44,688
Queen Anne's	**23.6%** 10.1%-37.2%	**19.1%** 9.2%-28.9%	3,477	2,007
Somerset	Data Not Available	Data Not Available	Data Not Available	Data Not Available
St. Mary's	**41.2%** 24.3%-58.1%	**31.2%** 13.5%-48.9%	13,392	7,683
Talbot	Data Not Available	**41.2%** 24.4%-58.1%	Data Not Available	4,437
Washington	**30.0%** 16.7%-43.3%	**44.0%** 28.5%-59.5%	12,818	16,240
Wicomico	**27.6%** 13.9%-41.4%	**42.8%** 21.6%-64.0%	5,681	12,914
Worcester	Data Not Available	Data Not Available	Data Not Available	Data Not Available

NOTE: Prior to 2012 Maryland's Behavioral Risk Factor Surveillance System (BRFSS) survey did not include questions about the smoking status of adults residing in the household other than the survey respondent. Therefore, no BRFSS data on households with resident smokers and resident minor children is available prior to 2012.

Data is presented to the extent it is available. Where data is not available, it is because too few respondents within the jurisdiction were responsive to the question to allow a reliable analysis.

Between 2000 and 2010, 'Any Tobacco Use' data was collected through Maryland's Adult Tobacco Survey (MATS).

MATS data is not directly comparable to the BRFSS data. Historical MATS data can be accessed at:

http://phpa.dhmh.maryland.gov/ohpetup/Pages/tob_reports.aspx

APPENDICES PROVIDING OTHER DATA

Data provided in compliance with Section 13-1003(c)(2)(ix) of the Health – General Article

All point estimates within the appendices include the confidence interval for that estimate as in this example:

When rankings among local jurisdictions are provided, the *least* favorable outcome (generally the highest point estimate, for example cigarette smoking) are ranked as "1" and the *most* favorable outcome is ranked as "24."

Point Estimate:	**22.2%**
Confidence Interval:	15.6%-28.7%

When jurisdictions have the same outcome then they are designated as 'tied,' for example if tied for the 5th least favorable rate, their ranking would appear as '5-T.

The 6 (1/4 of Maryland jurisdictions) with the least favorable rankings (percent only) appear in **red**.

If a jurisdiction was ranked unfavorably in both 2000 and 2014, the **jurisdiction name** appears in red.

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O. Percent Current Underage High School Use of Products, Fall 2014 - Maryland Public High School Youth less than 18 Years of Age [YTRBS]

Center for Tobacco Prevention and Control – Prevention and Health Promotion Administration – Maryland Department of Health and Mental Hygiene

Jurisdiction	Rank	Tobacco	Rank	Cigarettes	Rank	Cigars	Rank	Smokeless		Rank	Vapor Products
Maryland	NA	14.9% 14.3%-15.5%	NA	8.2% 7.8%-8.7%	NA	9.9% 9.4%-10.3%	NA	5.5% 5.2%-5.9%		NA	19.7% 19.1%-20.3%
Allegany	4	23.2% 20.1%-26.2%	6	14.9% 12.5%-17.3%	15	10.7% 8.7%-13.1%	4	11.4% 9.4%-13.7%		4	28.5% 25.5%-31.6%
Anne Arundel	16	17.7% 15.7%-19.7%	15	10.2% 8.7%-11.7%	7	12.5% 11.0%-14.1%	17	5.7% 4.8%-6.7%		15	22.5% 20.4%-24.5%
Baltimore City	15	18.0% 15.3%-20.6%	21	6.2% 4.7%-7.8%	2	14.0% 11.9%-16.5%	15	6.1% 4.5%-8.3%		20	15.8% 13.4%-18.2%
Baltimore Co.	19	15.3% 12.5%-18.1%	20	8.5% 6.5%-10.5%	16	10.6% 8.7%-12.8%	19-T	5.1% 3.8%-6.7%		18	19.7% 17.2%-22.3%
Calvert	14	18.7% 16.5%-20.9%	13	12.0% 10.2%-13.7%	18	10.5% 8.9%-12.3%	13	7.5% 6.1%-9.1%		16	22.1% 19.5%-24.7%
Caroline	2	24.0% 20.3%-27.6%	2	18.2% 15.1%-21.4%	8	12.2% 9.8%-15.2%	6-T	10.7% 8.5%-13.5%		6-T	25.3% 21.9%-28.7%
Carroll	21	14.5% 12.5%-16.4%	18	9.5% 8.0%-10.9%	20	8.7% 7.3%-10.3%	19-T	5.1% 4.1%-6.4%		17-T	20.3% 18.1%-22.6%
Cecil	5	22.9% 20.6%-25.3%	4	15.6% 13.6%-17.5%	1	14.1% 12.4%-15.9%	9	9.1% 7.5%-10.9%		2	29.7% 27.0%-32.4%
Charles	18	16.0% 14.1%-17.8%	19	8.8% 7.5%-10.2%	19	10.0% 8.7%-11.4%	16	6.0% 5.0%-7.1%		14	22.7% 21.0%-24.4%
Dorchester	9	21.5% 17.5%-25.5%	9	14.2% 10.4%-18.0%	11	11.5% 8.6%-15.2%	2	12.9% 9.9%-16.6%		8	25.1% 21.6%-28.5%
Frederick	20	14.8% 13.2%-16.3%	16	9.7% 8.4%-11.0%	21	8.7% 7.6%-10.0%	18	5.6% 4.7%-6.7%		12	23.5% 21.7%-25.4%
Garrett	1	30.0% 24.8%-35.1%	1	20.3% 15.9%-24.8%	9	11.9% 9.4%-14.8%	1	17.9% 14.6%-21.9%		1	35.8% 31.4%-40.2%
Harford	17	17.7% 15.8%-19.6%	17	9.7% 8.4%-11.0%	10	11.6% 10.2%-13.1%	14	6.8% 5.9%-8.0%		10	24.4% 22.6%-26.3%
Howard	24	9.3% 8.0%-10.5%	24	4.6% 3.7%-5.5%	24	6.4% 5.5%-7.5%	22	2.6% 2.0%-3.2%		21	15.6% 13.8%-17.4%
Kent	8	21.6% 14.8%-28.4%	7	14.6% 10.5%-18.7%	17	10.6% 6.7%-16.4%	6-T	10.7% 5.8%-19.0%		17-T	20.3% 14.9%-25.7%
Montgomery	23	9.9% 8.5%-11.3%	22	5.5% 4.5%-6.6%	23	6.6% 5.8%-7.4%	21	3.1% 2.3%-4.1%		19	16.7% 15.3%-18.0%
Prince George's	22	11.6% 10.2%-13.0%	23	5.1% 4.3%-6.0%	22	8.7% 7.6%-9.9%	20	4.6% 3.8%-5.7%		22	14.7% 13.1%-16.3%
Queen Anne's	6	22.3% 19.1%-25.5%	3	16.5% 13.9%-19.2%	4	13.6% 11.4%-16.1%	7	10.2% 8.2%-12.7%		3	29.7% 26.1%-33.3%
Somerset	3	23.6% 17.7%-29.5%	8	14.4% 10.1%-18.8%	3	13.7% 9.8%-18.8%	3	12.6% 9.2%-17.0%		6-T	25.3% 19.4%-30.9%
St. Mary's	10	21.0% 17.8%-24.1%	5	15.1% 12.3%-17.8%	12	11.3% 9.6%-13.3%	11	8.2% 6.5%-10.2%		7	25.2% 22.4%-28.3%
Talbot	12	19.7% 16.2%-23.2%	11	14.1% 11.1%-17.0%	13	10.8% 8.5%-13.8%	10	8.7% 6.9%-10.9%		13	22.9% 19.8%-26.1%
Washington	7	22.1% 20.1%-24.2%	12	12.1% 10.4%-13.7%	5	12.8% 11.3%-14.5%	5	11.3% 9.8%-13.0%		9	25.0% 22.8%-27.2%
Wicomico	13	19.3% 16.1%-22.5%	14	11.9% 9.7%-14.1%	6	12.7% 10.1%-15.8%	12	7.8% 6.1%-9.9%		11	23.8% 20.9%-26.7%
Worcester	11	20.8% 18.5%-23.2%	10	14.2% 12.1%-16.2%	14	10.8% 9.1%-12.7%	8	9.3% 7.4%-11.5%		5	27.1% 24.2%-29.9%

P. Percent Current Underage Middle School Use of Products, Fall 2014 – Maryland Public Middle School Youth less than 18 Years of Age [YTRBS]

Center for Tobacco Prevention and Control – Prevention and Health Promotion Administration – Maryland Department of Health and Mental Hygiene

Jurisdiction	Rank	Tobacco	Rank	Cigarettes	Rank	Cigars	Rank	Smokeless	Rank	Vapor Products
Maryland	NA	5.4% 4.8%-6.1%	NA	2.5% 2.2%-2.9%	NA	3.6% 3.2%-4.1%	NA	1.9% 1.6%-2.2%	NA	7.6% 6.9%-8.3%
Allegany	8	7.3% 5.4%-9.8%	13	2.7% 1.8%-4.2%	13	3.4% 2.4%-4.7%	8	3.0% 1.9%-4.8%	2	11.1% 8.9%-13.8%
Anne Arundel	16	5.1% 3.5%-7.4%	10-T	3.0% 1.8%-4.8%	8	3.7% 2.5%-5.5%	12-T	2.0% 1.3%-3.1%	13	8.3% 5.6%-12.2%
Baltimore City	2	10.1% 7.5%-13.4%	7	4.0% 3.2%-5.0%	1	7.0% 5.2%-9.4%	6	3.6% 2.0%-6.4%	9	9.0% 7.1%-11.4%
Baltimore Co.	14	5.5% 3.2%-9.5%	10-T	3.0% 1.6%-5.7%	7	3.8% 2.1%-6.6%	13	1.8% 1.0%-3.2%	14	7.9% 5.8%-10.7%
Calvert	21	3.3% 2.2%-4.9%	17	1.7% 1.0%-2.7%	16-T	2.0% 1.2%-3.2%	15	1.3% 0.7%-2.2%	21	4.9% 3.5%-6.7%
Caroline	10	6.3% 4.4%-9.0%	8-T	3.9% 2.7%-5.7%	10	3.4% 2.1%-5.2%	9-T	2.7% 1.6%-4.4%	11	8.8% 6.6%-11.5%
Carroll	23	2.8% 1.9%-4.0%	19	1.3% 0.8%-2.2%	18	1.5% 0.9%-2.3%	16-T	1.1% 0.6%-1.9%	23	3.8% 2.9%-5.0%
Cecil	11	6.2% 4.8%-8.2%	9	3.7% 2.5%-5.3%	11-T	3.2% 2.2%-4.6%	11	2.2% 1.5%-3.3%	5	10.3% 7.8%-13.5%
Charles	13	5.9% 3.9%-8.9%	12	2.8% 1.8%-4.2%	11-T	3.2% 2.2%-4.7%	10	2.4% 1.1%-5.1%	8	9.3% 7.5%-11.5%
Dorchester	5	9.1% 6.4%-12.8%	3	4.7% 2.9%-7.6%	2	6.6% 4.6%-9.4%	1	5.2% 3.2%-8.3%	6	9.7% 7.2%-13.0%
Frederick	18	4.4% 3.3%-5.7%	16	1.8% 1.1%-2.8%	14-T	2.6% 1.9%-3.6%	14	1.7% 1.3%-2.3%	20	5.2% 3.7%-7.3%
Garrett	7	7.4% 5.1%-10.7%	8-T	3.9% 2.5%-6.1%	9-T	3.6% 2.1%-6.2%	2	4.5% 2.9%-7.1%	7	9.6% 6.8%-13.4%
Harford	17	4.8% 3.8%-6.1%	14-T	2.5% 1.8%-3.5%	12	3.1% 2.3%-4.2%	17	1.0% 0.6%-1.6%	15	7.4% 5.9%-9.3%
Howard	24	2.7% 2.0%-3.5%	21	0.7% 0.4%-1.4%	16-T	2.0% 1.5%-2.7%	19	0.6% 0.3%-1.5%	22	3.9% 2.9%-5.3%
Kent	12	6.1% 3.7%-9.9%	5	4.2% 2.4%-7.3%	9-T	3.6% 1.7%-7.5%	9-T	2.7% 1.1%-6.9%	18	5.8% 3.1%-10.5%
Montgomery	22	3.1% 2.0%-4.8%	20	1.2% 0.5%-2.7%	15	2.4% 1.7%-3.5%	18	0.9% 0.4%-1.7%	19	5.6% 3.9%-7.9%
Prince George's	9	6.7% 5.4%-8.4%	14-T	2.5% 1.8%-3.4%	6	4.4% 3.4%-5.8%	12-T	2.0% 1.4%-3.0%	3	11.0% 8.6%-13.9%
Queen Anne's	20	3.9% 2.6%-5.7%	18	1.5% 0.9%-2.5%	14-T	2.6% 1.6%-4.3%	16-T	1.1% 0.6%-2.1%	17	6.9% 4.9%-9.6%
Somerset	1	10.4% 7.0%-15.1%	6	4.1% 3.0%-5.7%	5-T	4.8% 3.1%-7.5%	3	4.3% 2.5%-7.2%	16	7.2% 4.8%-10.8%
St. Mary's	15	5.3% 4.1%-7.0%	11	2.9% 1.9%-4.3%	11-T	3.2% 2.3%-4.4%	12-T	2.0% 1.3%-2.9%	10-T	8.9% 6.9%-11.3%
Talbot	19	4.0% 2.5%-6.3%	15	2.4% 1.5%-3.8%	17	1.8% 1.0%-3.2%	12-T	2.0% 1.1%-3.5%	12	8.7% 6.7%-11.3%
Washington	6	8.9% 7.1%-11.1%	2	5.2% 4.2%-6.5%	4	4.9% 3.7%-6.6%	4	3.8% 2.7%-5.4%	10-T	8.9% 7.0%-11.2%
Wicomico	4	9.5% 7.4%-12.1%	4	4.5% 3.1%-6.4%	3	6.0% 4.4%-8.2%	5	3.7% 2.4%-5.6%	4	10.4% 7.8%-13.7%
Worcester	3	9.8% 7.2%-13.3%	1	6.9% 4.7%-10.0%	5-T	4.8% 3.3%-6.8%	7	3.5% 2.2%-5.3%	1	11.2% 8.5%-14.6%

Q. Percent Current Underage High School Cigarette Smoking, 2000-2014 – Maryland Public High School Youth less than 18 Years of Age YTS/YTRBS

Center for Tobacco Prevention and Control – Prevention and Health Promotion Administration – Maryland Department of Health and Mental Hygiene

Jurisdiction	2000 Ranking	Fall 2000	Fall 2002	Fall 2006	Fall 2008	Fall 2010	Spring 2013	Fall 2014	2014 Ranking
Maryland	NA	23.0% 22.1%-23.9%	18.7% 17.9%-19.5%	14.7% 14.0%-15.4%	15.3% 14.8%-15.8%	14.1% 13.5%-14.7%	11.0% 10.4%-11.6%	8.2% 7.8%-8.7%	NA
Allegany	3	35.6% 31.9%-39.3%	31.6% 26.7%-36.5%	23.4% 20.9%-25.9%	22.8% 19.2%-26.4%	18.7% 15.7%-21.7%	20.7% 18.0%-23.4%	14.9% 12.5%-17.3%	6
Anne Arundel	13-T	28.5% 25.3%-31.7%	22.5% 20.2%-24.8%	16.7% 15.0%-18.4%	18.3% 16.2%-20.4%	15.9% 14.0%-17.8%	12.7% 10.9%-14.5%	10.2% 8.7%-11.7%	14
Baltimore City	22	12.5% 9.6%-15.4%	11.1% 9.1%-13.1%	8.6% 7.3%-9.9%	12.9% 10.9%-14.9%	12.3% 9.9%-14.7%	10.1% 8.3%-11.9%	6.2% 4.7%-7.8%	19
Baltimore Co.	18	23.7% 20.7%-26.7%	19.7% 16.3%-23.1%	15.8% 14.2%-17.4%	18.3% 15.7%-20.9%	16.7% 14.2%-19.2%	11.5% 9.0%-14.0%	8.5% 6.5%-10.5%	18
Calvert	14	28.3% 24.7%-31.9%	28.1% 22.3%-33.9%	20.3% 18.2%-22.4%	16.2% 14.0%-18.4%	17.7% 15.4%-20.0%	16.8% 14.3%-19.3%	12.0% 10.2%-13.7%	12
Caroline	2	36.0% 31.0%-41.0%	28.3% 24.8%-31.8%	23.7% 20.8%-26.6%	25.1% 21.6%-28.6%	22.6% 19.2%-26.0%	20.6% 17.1%-24.1%	18.2% 15.1%-21.4%	2
Carroll	17	25.9% 22.2%-29.6%	23.1% 18.9%-27.3%	18.1% 16.3%-19.9%	17.8% 15.9%-19.7%	14.8% 13.1%-16.5%	13.0% 11.2%-14.8%	9.5% 8.0%-10.9%	16
Cecil	7	32.3% 28.2%-36.4%	24.7% 21.0%-28.4%	24.0% 21.9%-26.1%	21.8% 19.4%-24.2%	20.5% 18.4%-22.6%	16.9% 14.7%-19.1%	15.6% 13.6%-17.5%	4
Charles	15-T	28.0% 24.0%-32.0%	22.0% 18.7%-25.3%	16.0% 14.1%-17.9%	16.8% 14.7%-18.9%	13.6% 11.8%-15.4%	11.5% 9.9%-13.1%	8.8% 7.5%-10.2%	17
Dorchester	16	27.2% 24.0%-30.4%	22.9% 19.2%-26.6%	18.7% 16.2%-21.2%	19.7% 16.2%-16.2%	19.4% 16.3%-22.5%	15.4% 12.1%-18.7%	14.2% 10.4%-18.0%	9-T
Frederick	13-T	28.5% 25.1%-31.9%	22.4% 19.3%-25.5%	18.8% 16.9%-20.7%	16.2% 14.1%-18.3%	14.0% 11.9%-16.1%	13.7% 12.1%-15.3%	9.7% 8.4%-11.0%	15-T
Garrett	6	32.8% 29.0%-36.6%	27.7% 23.6%-31.8%	24.1% 21.1%-27.1%	25.8% 21.6%-30.0%	27.6% 23.7%-31.5%	22.0% 18.1%-25.9%	20.3% 15.9%-24.8%	1
Harford	10	31.0% 27.9%-34.1%	21.9% 18.9%-24.9%	17.4% 15.5%-19.3%	17.3% 15.3%-19.3%	17.2% 15.2%-19.2%	13.6% 11.8%-15.4%	9.7% 8.4%-11.0%	15-T
Howard	19	21.5% 18.5%-24.5%	18.7% 16.3%-21.1%	13.0% 11.6%-14.4%	12.6% 10.8%-14.4%	11.1% 9.7%-12.5%	6.3% 5.3%-7.3%	4.6% 3.7%-5.5%	22
Kent	4	35.3% 29.8%-40.8%	29.5% 25.4%-33.6%	27.5% 23.8%-31.2%	25.2% 20.5%-29.9%	23.1% 17.6%-28.6%	21.0% 14.9%-27.1%	14.6% 10.5%-18.7%	7
Montgomery	20	19.4% 16.9%-21.9%	14.9% 12.9%-16.9%	13.4% 11.9%-14.9%	11.1% 9.8%-12.4%	10.4% 8.9%-11.9%	7.8% 6.4%-9.2%	5.5% 4.5%-6.6%	20
Prince George's	21	15.3% 12.3%-18.3%	12.8% 11.3%-14.3%	8.3% 7.2%-9.4%	10.9% 9.7%-12.1%	10.2% 9.0%-11.4%	7.1% 5.7%-8.5%	5.1% 4.3%-6.0%	21
Queen Anne's	11	30.1% 27.0%-33.2%	28.6% 25.5%-31.7%	23.8% 20.8%-26.8%	23.5% 20.6%-26.4%	21.8% 19.1%-24.5%	15.9% 13.0%-18.8%	16.5% 13.9%-19.2%	3
Somerset	1	38.9% 30.9%-46.9%	26.1% 20.7%-31.5%	19.5% 15.1%-23.9%	21.5% 18.1%-24.9%	24.9% 19.9%-29.9%	20.1% 15.2%-25.0%	14.4% 10.1%-18.8%	8
St. Mary's	12	29.0% 25.2%-32.8%	26.0% 21.5%-30.5%	15.4% 13.5%-17.3%	17.2% 14.8%-19.6%	14.9% 12.8%-17.0%	14.6% 12.4%-16.8%	15.1% 12.3%-17.8%	5
Talbot	5	34.5% 30.7%-38.3%	27.0% 23.6%-30.4%	26.2% 22.8%-29.6%	23.9% 20.3%-27.5%	22.4% 19.0%-25.8%	15.4% 12.1%-18.7%	14.1% 11.1%-17.0%	10
Washington	8	31.9% 28.8%-35.0%	24.8% 21.5%-28.1%	22.1% 19.8%-24.4%	23.2% 20.4%-26.0%	21.8% 19.2%-24.4%	15.9% 13.9%-17.9%	12.1% 10.4%-13.7%	11
Wicomico	9	31.3% 27.4%-35.2%	25.6% 21.2%-30.0%	16.2% 14.3%-18.1%	17.8% 15.9%-19.7%	21.6% 19.0%-24.2%	16.9% 14.7%-19.1%	11.9% 9.7%-14.1%	13
Worcester	15-T	28.0% 24.1%-31.9%	24.0% 19.4%-28.6%	19.2% 16.8%-21.6%	23.3% 20.8%-25.8%	23.4% 20.3%-26.5%	20.2% 17.1%-23.3%	14.2% 12.1%-16.2%	9-T

R. Percent Current Middle School Cigarette Smoking, 2000-2014 – Maryland Public Middle School Youth less than 18 Years of Age YTS/YTRBS

Center for Tobacco Prevention and Control – Prevention and Health Promotion Administration – Maryland Department of Health and Mental Hygiene

Jurisdiction	2000 Ranking	Fall 2000	Fall 2002	Fall 2006	Fall 2008	Fall 2010	Spring 2013	Fall 2014	2014 Ranking
Maryland	NA	7.2% 7.1%-8.1%	5.2% 4.7%-5.7%	3.7% 3.2%-4.2%	3.5% 3.1%-3.9%	3.5% 3.1%-3.9%	3.9% 3.5%-4.3%	2.5% 2.2%-2.9%	NA
Allegany	8	9.9% 7.0%-12.8%	8.3% 6.0%-10.6%	6.9% 4.4%-9.4%	3.9% 2.5%-5.3%	6.4% 4.2%-8.6%	5.5% 3.1%-7.9%	2.7% 1.8%-4.2%	13
Anne Arundel	11	9.4% 6.3%-12.5%	6.0% 4.0%-8.0%	3.7% 2.5%-4.9%	4.4% 2.4%-6.4%	3.3% 1.8%-4.8%	3.6% 2.0%-5.2%	3.0% 1.8%-4.8%	10-T
Baltimore City	13-T	9.0% 6.0%-12.0%	7.7% 5.8%-9.6%	6.6% 4.1%-9.1%	7.0% 5.3%-8.7%	5.8% 4.8%-6.8%	4.9% 3.5%-6.3%	4.0% 3.2%-5.0%	7
Baltimore Co.	17	6.5% 3.2%-9.8%	4.6% 2.7%-6.5%	3.0% 1.8%-4.2%	4.6% 2.6%-6.6%	3.0% 2.0%-4.0%	4.0% 3.0%-5.0%	3.0% 1.6%-5.7%	10-T
Calvert	9-T	9.6% 6.2%-13.0%	6.1% 3.7%-8.5%	3.8% 2.3%-5.3%	2.9% 1.7%-4.1%	3.0% 1.8%-4.2%	3.1% 1.9%-4.3%	1.7% 1.0%-2.7%	17
Caroline	2	13.5% 9.6%-17.4%	10.6% 8.1%-13.1%	7.5% 6.0%-9.0%	6.0% 3.9%-8.1%	3.4% 2.0%-4.8%	4.7% 2.7%-6.7%	3.9% 2.7%-5.7%	8-T
Carroll	19	4.9% 2.1%-7.0%	3.1% 1.5%-4.7%	3.5% 2.2%-4.8%	1.6% 0.8%-2.4%	1.8% 0.8%-2.8%	2.4% 1.2%-3.6%	1.3% 0.8%-2.2%	19
Cecil	5	11.3% 8.4%-14.2%	9.8% 7.1%-12.5%	6.1% 3.4%-8.8%	6.2% 4.3%-8.1%	5.0% 3.6%-6.4%	5.3% 3.7%-6.9%	3.7% 2.5%-5.3%	9
Charles	12-T	9.3% 6.5%-12.1%	5.5% 3.8%-7.2%	1.6% 0.8%-2.4%	3.1% 2.1%-4.1%	3.7% 2.4%-5.0%	3.1% 1.9%-4.3%	2.8% 1.8%-4.2%	12
Dorchester	6	11.1% 8.2%-14.0%	8.2% 5.8%-10.6%	6.3% 4.2%-8.4%	5.3% 3.4%-7.2%	5.6% 3.4%-7.8%	3.5% 1.9%-5.1%	4.7% 2.9%-7.6%	3
Frederick	14	8.8% 6.5%-11.1%	4.2% 2.8%-5.6%	2.6% 1.4%-3.8%	2.6% 2.1%-3.1%	2.7% 1.7%-3.7%	3.0% 2.4%-3.6%	1.8% 1.1%-2.8%	16
Garrett	10	9.5% 6.1%-12.9%	10.9% 7.1%-14.7%	8.2% 5.6%-10.8%	6.5% 4.2%-8.8%	7.1% 4.6%-9.6%	6.4% 4.0%-8.8%	3.9% 2.5%-6.1%	8-T
Harford	7	10.0% 7.4%-12.6%	5.5% 3.7%-7.3%	2.7% 1.3%-4.1%	3.5% 2.3%-4.7%	2.3% 1.5%-3.1%	2.9% 1.7%-4.1%	2.5% 1.8%-3.5%	14-T
Howard	20	4.1% 3.0%-5.2%	3.4% 2.4%-4.4%	1.7% 0.9%-2.5%	1.4% 0.6%-2.2%	1.4% 0.4%-2.4%	1.5% 0.7%-2.3%	0.7% 0.4%-1.4%	21
Kent	15	8.0% 5.4%-10.6%	12.9% 7.9%-17.9%	6.0% 3.3%-8.7%	7.2% 4.0%-10.4%	4.1% 1.0%-7.2%	4.3% 1.4%-7.2%	4.2% 2.4%-7.3%	5
Montgomery	21	3.7% 2.2%-5.2%	3.1% 2.1%-4.1%	3.0% 1.8%-4.2%	1.3% 0.6%-2.0%	2.7% 1.5%-3.9%	3.5% 2.1%-4.9%	1.2% 0.5%-2.7%	20
Prince George's	18	5.1% 2.1%-8.1%	3.8% 2.5%-5.1%	3.7% 2.3%-5.1%	3.4% 2.1%-4.7%	3.9% 2.7%-5.1%	5.4% 4.0%-6.8%	2.5% 1.8%-3.4%	14-T
Queen Anne's	9-T	9.6% 6.0%-13.2%	5.3% 3.5%-7.1%	4.3% 3.0%-5.6%	2.8% 1.8%-3.8%	3.1% 2.1%-4.1%	4.7% 2.7%-6.7%	1.5% 0.9%-2.5%	18
Somerset	1	17.5% 13.2%-21.8%	14.4% 9.5%-19.3%	6.9% 4.6%-9.2%	8.3% 5.4%-11.2%	7.6% 4.7%-10.5%	6.1% 3.7%-8.5%	4.1% 3.0%-5.7%	6
St. Mary's	16	7.5% 5.0%-10.0%	8.5% 6.4%-10.6%	3.2% 1.9%-4.5%	4.3% 2.5%-6.1%	3.7% 2.5%-4.9%	5.5% 3.5%-7.5%	2.9% 1.9%-4.3%	11
Talbot	12-T	9.3% 5.2%-13.4%	7.2% 4.5%-9.9%	5.9% 4.0%-7.8%	7.5% 4.4%-10.6%	4.0% 2.1%-5.9%	3.6% 2.0%-5.2%	2.4% 1.5%-3.8%	15
Washington	3	12.6% 8.7%-16.5%	8.9% 6.2%-11.6%	5.4% 3.9%-6.9%	4.1% 2.5%-5.7%	4.9% 3.2%-6.6%	6.2% 4.2%-8.2%	5.2% 4.2%-6.5%	2
Wicomico	4	12.0% 8.3%-15.7%	10.4% 7.2%-13.6%	6.4% 4.7%-8.1%	6.4% 4.8%-8.0%	7.2% 4.6%-9.8%	4.3% 2.9%-5.7%	4.5% 3.1%-6.4%	4
Worcester	13-T	9.0% 5.8%-12.2%	6.4% 5.0%-7.8%	5.0% 3.6%-6.4%	4.2% 3.0%-5.4%	5.8% 4.0%-7.6%	6.5% 3.0%-10.0%	6.9% 4.7%-10.0%	1

S. Percent Current Adult Cigarette Smoking, 1995-2014 – By Calendar Year, Maryland Adults Age 18 and Older [BRFSS]

Center for Tobacco Prevention and Control – Prevention and Health Promotion Administration – Maryland Department of Health and Mental Hygiene

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Maryland	**21.3%**	**20.9%**	**20.4%**	**22.4%**	**20.3%**	**20.5%**	**21.1%**	**21.9%**	**20.1%**	**19.5%**	**18.9%**	**17.7%**	**17.1%**	**14.9%**	**15.2%**	**15.2%**

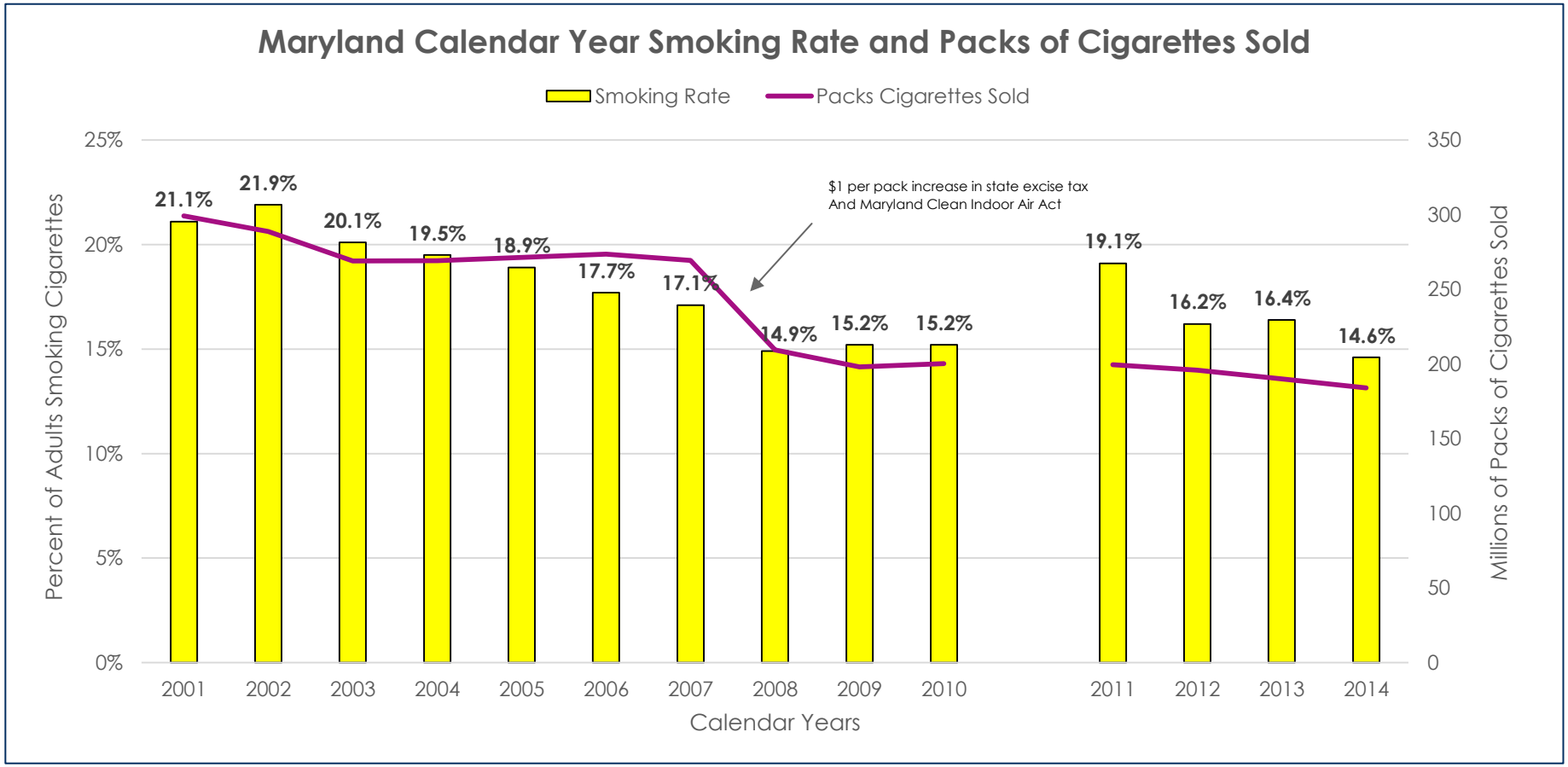
	2011	2012	2013	2014
Maryland	**19.1%**	**16.2%**	**16.4%**	**14.6%**

T. Millions of Packs of Cigarettes Sold in Maryland, 2001-2015 – By Calendar Year, 20 Cigarettes/Pack Equivalent [Maryland Comptroller as Reported to DHMH]

Center for Tobacco Prevention and Control – Prevention and Health Promotion Administration – Maryland Department of Health and Mental Hygiene

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Maryland	**299.1**	**288.7**	**269.0**	**269.2**	**271.4**	**273.6**	**269.4**	**209.4**	**198.0**	**200.2**	**199.6**	**195.9**	**190.0**	**184.0**	**182.2**

U. CHART: Adult Smoking Rate and Millions of Packs of Cigarettes Sold, 2001-2014



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