



## Prevention Status Report for Georgia

# Tobacco Use

Accessed on June 9, 2016

## About the Prevention Status Reports

The Prevention Status Reports (PSRs) highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to address the following important public health problems and concerns:



## PSR Framework






Each report follows a simple framework:

- Describe the public health *problem* using public health data
- Identify potential *solutions* to the problem drawn from research and expert recommendations
- Report the *status* of those solutions for each state and the District of Columbia

## Criteria for Selection of Policies and Practices

The policies and practices reported in the PSRs were selected because they—

- Can be monitored using state-level data that are readily available for most states and the District of Columbia
- Meet one or more of the following criteria:

-  Supported by systematic review(s) of scientific evidence of effectiveness (e.g., *The Guide to Community Preventive Services*)
-  Explicitly cited in a national strategy or national action plan (e.g., *Healthy People 2020*)
-  Recommended by a recognized expert body, panel, organization, study, or report with an evidence-based focus (e.g., Institute of Medicine)

## Ratings

The PSRs use a simple, three-level rating scale—green, yellow, or red—to show the extent to which the state has implemented the policy or practice in accordance with supporting evidence and/or expert recommendations. The ratings reflect the *status of policies and practices* and do not reflect the *status of efforts* of state health departments, other state agencies, or any other organization to establish or strengthen those policies or practices.

## Suggested Citations


### For a state report:


Centers for Disease Control and Prevention. *Prevention Status Reports: [State name]*. Atlanta, GA: US Department of Health and Human Services; 2016. Accessed [month date, year].


### For the National Summary:

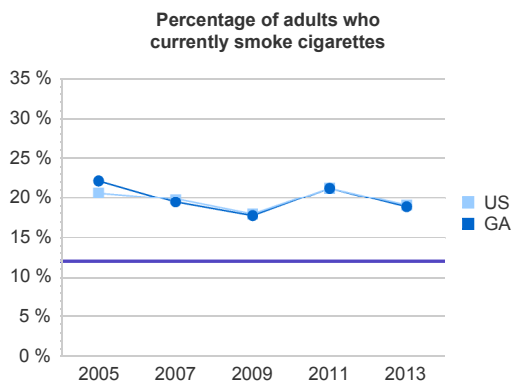
Centers for Disease Control and Prevention. *Prevention Status Reports: National Summary*. Atlanta, GA: US Department of Health and Human Services; 2016. Accessed [month date, year].

### Public Health Problem

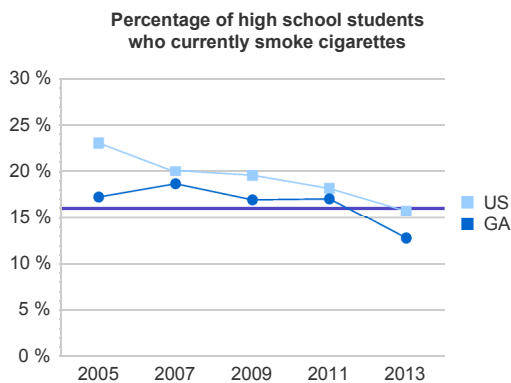
 Tobacco use is the leading cause of preventable death in Georgia and the United States overall (1). Smoking harms nearly every organ in the body and causes cancer, heart disease, stroke, respiratory illness, and other health problems (1).

 In 2012, despite progress in reducing exposure to secondhand smoke, 1 in 4 nonsmoking adults and about 2 in 5 children aged 3–11 years in the United States were still exposed to secondhand smoke. Among black children aged 3–11 years, 7 in 10 were still exposed to secondhand smoke in 2012 (2).

 Smoking costs the United States more than \$300 billion each year, including nearly \$170 billion for direct medical care of adults and more than \$156 billion from lost productivity (1,3). In Georgia, smoking costs \$ 3.18 billion a year for medical care alone (4).



Source: Behavioral Risk Factor Surveillance System (5,6)  
Healthy People 2020 target: 12.0% (purple line) (7)



Source: Youth Risk Behavior Surveillance System (8)  
Healthy People 2020 target: 16.0% (purple line) (7)

## Solutions and Ratings

The three policies and practices in this report are recommended by the Institute of Medicine, World Health Organization, Community Preventive Services Task Force, US Surgeon General, and Centers for Disease Control and Prevention because scientific studies support their effectiveness in preventing or reducing tobacco use (1,4,9–11):

- Increasing the price of tobacco products, such as through state cigarette excise taxes
- Establishing comprehensive, statewide smoke-free policies to protect all nonsmokers from exposure to secondhand smoke
- Sustaining comprehensive tobacco control program funding

Other strategies also supported by scientific evidence include hard-hitting media campaigns and systemic changes to increase access to and use of cessation services (4).

## Status of Policy and Practice Solutions

### State cigarette excise tax

*The amount of state excise tax, in dollars, on a pack of 20 cigarettes.*

**As of September 30, 2015, Georgia's cigarette excise tax was \$0.37 per pack, compared with the highest state tax of \$4.35 (range = \$0.17–\$4.35) (12).**

Rating	State excise tax
Green	≥\$2.00 per pack
Yellow	\$1.00–\$1.99 per pack
<b>Red</b>	<b>&lt;\$1.00 per pack</b>

*Healthy People 2020* target: An increased excise tax in all states and the District of Columbia by \$1.50 per pack by the year 2020 (7). This increase would generate millions of dollars in revenue annually, prevent more children from starting to smoke, help smokers quit, save lives, and save millions in long-term healthcare costs (1,9–11).

### How This Rating Was Determined

The rating reflects the amount of cigarette excise tax in the state as reported by CDC's State Tobacco Activities Tracking and Evaluation (STATE) System (12). The data reflect laws in effect as of September 30, 2015; data do not reflect laws that had been enacted but had not yet taken effect.

### Comprehensive state smoke-free policy

*A state law that prohibits smoking in all indoor areas of private workplaces, restaurants, and bars, with no exceptions.*

**As of September 30, 2015, Georgia did not have a statewide smoke-free policy (12).**

Rating	Locations covered by state smoke-free policy
Green	Workplaces, restaurants, and bars
Yellow	One or two of the three locations
<b>Red</b>	<b>None of the locations</b>

*Healthy People 2020* target: A statewide prohibition on smoking in public places and worksites in all states and the District of Columbia (7). Studies have shown that smoke-free policies reduce secondhand smoke exposure, help smokers quit, and reduce heart attack and asthma hospitalizations (1,9–11,13–17).

### How This Rating Was Determined

The rating reflects the comprehensiveness of the state's smoke-free policies as reported by CDC's State Tobacco Activities Tracking and Evaluation (STATE) System (12). The data reflect laws in effect as of September 30, 2015; data do not reflect laws that had been enacted but had not yet taken effect.

### State funding for tobacco control

*The amount of state funding allocated for state comprehensive tobacco control activities.*

As of fiscal year 2015, Georgia allocated 1.7% of the CDC-recommended funding for tobacco control (\$1.8 million of \$106.0 million) (4,18).

Rating	State funding level
Green	≥100% of CDC recommendation
Yellow	50.0%–99.9% of CDC recommendation
<b>Red</b>	<b>&lt;50.0% of CDC recommendation</b>

CDC recommendation: Tobacco control funding at 100% of CDC's recommended annual investment in all states and the District of Columbia (4). States that have invested in comprehensive tobacco control programs at recommended levels (or above) have seen cigarette sales drop more than twice as much as sales in the United States as a whole (4). Smoking prevalence among adults and youth has also declined faster as spending for tobacco control programs has increased (1,4,19,20).

#### How This Rating Was Determined

The rating reflects the extent to which state tobacco control funding meets CDC's recommendations. Ratings were determined by comparing each state's FY 2015 funding for comprehensive tobacco control programs with recommendations from CDC's *Best Practices for Comprehensive Tobacco Control Programs—2014* (4,18). According to the Campaign for Tobacco-Free Kids' Broken Promises report, the funding data are accurate as of each state's fiscal year 2015—which ended June 30, 2015, for most states—and do not include additional funds that might have been received later (18).

## References

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Establish laws in States and the District of Columbia on smokefree indoor air that prohibit smoking in **private worksites**<sup>16</sup>



Establish laws in States and the District of Columbia on smokefree indoor air that prohibit smoking in **public worksites**<sup>16</sup>



Establish laws in States and the District of Columbia on smokefree indoor air that prohibit smoking in **restaurants**<sup>16</sup>



Establish laws in States and the District of Columbia on smokefree indoor air that prohibit smoking in **bars**<sup>16</sup>

Data Source: State Tobacco Activities Tracking and Evaluation System (STATE). CDC/NCCDPHP. For more information, visit [CDC.gov/tobacco/ho2020](http://CDC.gov/tobacco/ho2020)

## There is No Safe Level of Secondhand Smoke Exposure

In the United States, exposure to secondhand smoke causes more than 41,000 deaths among nonsmoking adults and an estimated \$5.6 billion in lost productivity each year.<sup>1</sup> According to the US Surgeon General, no amount of exposure to secondhand smoke is safe.<sup>1</sup> Millions of nonsmokers remain exposed to secondhand smoke in the United States.<sup>2</sup> In 2011-2012, approximately 58 million nonsmoking Americans were exposed to secondhand smoke.<sup>3</sup> The effects of secondhand smoke is particularly hazardous for children because of their increased intake of air relative to their body weights as compared to adults.<sup>4</sup> Secondhand smoke causes sudden infant death syndrome (SIDS), acute respiratory infections, middle ear disease, and more frequent and severe asthma attacks in children.<sup>1,3</sup> It is estimated that about 15 million US children aged 3-11 years are exposed to secondhand smoke.<sup>3</sup>

Eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from exposure to secondhand smoke.<sup>1,5</sup> Smokefree policies are the most effective way to provide protection from exposure to secondhand smoke.<sup>6</sup> In a study conducted by the Institute of Medicine, on behalf of the Centers for Disease Control and Prevention (CDC), the Committee on Secondhand Smoke Exposure and Acute Coronary Events reported that smokefree policies are effective at reducing the health risks to nonsmokers associated with exposure to secondhand smoke.<sup>5</sup> Scientific evidence has demonstrated that statewide smokefree policies are also effective, high-impact strategies for helping smokers quit and reducing tobacco consumption by those who smoke.<sup>7</sup> It has been shown that communities that enact comprehensive smokefree laws see up to a 17% reduction in hospital heart attack admissions.<sup>8</sup> Smokefree laws and policies have a high level of public support and compliance, and studies have shown they do not negatively affect sales or employment in the hospitality industry.<sup>9,10</sup> Currently 49.5% of the total US population is covered by 100% smokefree indoor air policies in bars, restaurants, and worksites.<sup>11</sup>

## What States are Doing to Reduce Secondhand Smoke

Healthy People 2020 objectives call for all 50 states and the District of Columbia to establish smokefree laws that

prohibit smoking in public places and worksites.<sup>12</sup> Some states allow certain locations to provide separate spaces for smokers and nonsmokers, such as tobacco manufacturing facilities, retail tobacco stores, outdoor seating areas of bars and restaurants, rooms in a hotel designated as “smoking rooms,” facilities owned by fraternal groups or other private membership clubs, casinos and racetracks, and private homes. However, the US Surgeon General has concluded that separating smokers from nonsmokers, cleaning the air, and ventilating buildings are not effective protections against secondhand smoke.<sup>13,14</sup> As of March 31, 2016, 27 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands prohibit smoking in bars and 33 states, the District of Columbia, Guam, Puerto Rico and the U.S. Virgin Islands prohibit smoking in restaurants. Thirty-three states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands have 100% smokefree indoor air laws in both government and private worksites. Idaho, Mississippi, North Carolina, and Oklahoma prohibit smoking in government worksites but not in private worksites.

Since 2010, several states enacted smokefree indoor air laws. As of March 31, 2016, 26 states (Arizona, Colorado, Delaware, Hawaii, Illinois, Iowa, Kansas, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nebraska, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Rhode Island, South Dakota, Utah, Vermont, Washington, and Wisconsin), the District of Columbia, Puerto Rico and the U.S. Virgin Islands have 100% smokefree indoor air laws for bars, restaurants, and worksites (private and government).

## Opportunities for Greater Protection from Secondhand Smoke

Although the number of 100% smokefree air laws has increased among states over time, there are still opportunities for greater protection from secondhand smoke.<sup>15</sup> People can make their homes and vehicles smokefree, and states can work toward making all public places and workplaces smokefree. Twenty-four states and Guam do not yet have comprehensive smokefree indoor air laws covering all bars, restaurants, and worksites. Local and state governments are responsible for deciding whether it is appropriate to address this problem through governmental action.

# Smokefree Indoor Air—Bars, Restaurants, Private Worksites and Government Worksites

In effect as of March 31, 2016 (n=54)

Location	Bars	Restaurants	Private Worksites	Government Worksites
Alabama	None	None	Designated Areas	Designated Areas
Alaska	No Provision	Designated Areas	No Provision	Designated Areas
Arizona	Banned	Banned	Banned	Banned
Arkansas	None	Designated Areas	Banned	Banned
California	Separate Ventilated Areas	Separate Ventilated Areas	Separate Ventilated Areas	Separate Ventilated
Colorado	Banned	Banned	Banned	Banned
Connecticut	Separate Ventilated Areas	Separate Ventilated Areas	Separate Ventilated Areas	Separate Ventilated
Delaware	Banned	Banned	Banned	Banned
District of Columbia	Banned	Banned	Banned	Banned
Florida	None	Banned	Banned	Banned
Georgia	Designated Areas	Designated Areas	Designated Areas	Separate Ventilated
Guam	None	Banned	Designated Areas	Designated Areas
Hawaii	Banned	Banned	Banned	Banned
Idaho	None	Banned	Designated Areas	Banned
Illinois	Banned	Banned	Banned	Banned
Indiana	None	Banned	Banned	Banned
Iowa	Banned	Banned	Banned	Banned
Kansas	Banned	Banned	Banned	Banned
Kentucky	No Provision	No Provision	No Provision	No Provision
Louisiana	None	Banned	Banned	Banned
Maine	Banned	Banned	Banned	Banned
Maryland	Banned	Banned	Banned	Banned
Massachusetts	Banned	Banned	Banned	Banned
Michigan	Banned	Banned	Banned	Banned
Minnesota	Banned	Banned	Banned	Banned
Mississippi	No Provision	No Provision	No Provision	Banned
Missouri	Designated Areas	Designated Areas	Designated Areas	Designated Areas
Montana	Banned	Banned	Banned	Banned
Nebraska	Banned	Banned	Banned	Banned
Nevada	None	Banned	Banned	Banned
New Hampshire	No Provision	Banned	Designated Areas	Designated Areas
New Jersey	Banned	Banned	Banned	Banned
New Mexico	Banned	Banned	Banned	Banned
New York	Banned	Banned	Banned	Banned
North Carolina	Banned	Banned	No Provision	Banned
North Dakota	Banned	Banned	Banned	Banned
Ohio	Banned	Banned	Banned	Banned
Oklahoma	None	Separate Ventilated Areas	Designated Areas	Banned
Oregon	Banned	Banned	Banned	Banned
Pennsylvania	None	Separate Ventilated Areas	Banned	Banned
Puerto Rico	Banned	Banned	Banned	Banned
Rhode Island	Banned	Banned	Banned	Banned
South Carolina	No Provision	No Provision	No Provision	Designated Areas
South Dakota	Banned	Banned	Banned	Banned
Tennessee	None	Designated Areas	Banned	Banned
Texas	No Provision	No Provision	No Provision	No Provision
U.S. Virgin Islands	Banned	Banned	Banned	Banned
Utah	Banned	Banned	Banned	Banned
Vermont	Banned	Banned	Banned	Banned
Virginia	Separate Ventilated Areas	Separate Ventilated Areas	No Provision	Designated Areas
Washington	Banned	Banned	Banned	Banned
West Virginia	No Provision	No Provision	No Provision	No Provision
Wisconsin	Banned	Banned	Banned	Banned
Wyoming	No Provision	No Provision	No Provision	Separate Ventilated

OSHData presents comprehensive tobacco prevention and control data in an online, easy to use, interactive data application.

Download the entire dataset from OSHData.

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*The STATE System contains data synthesized from state-level statutory laws. It does not contain state-level regulations; measures implemented by counties, cities, or other localities; opinions of Attorneys General; or relevant case law decisions for tobacco control topics other than preemption; all of which may vary significantly from the laws reported in the database, fact sheets, and publications.*

## GET THE FACTS ON TOBACCO USE PREVENTION AND CONTROL



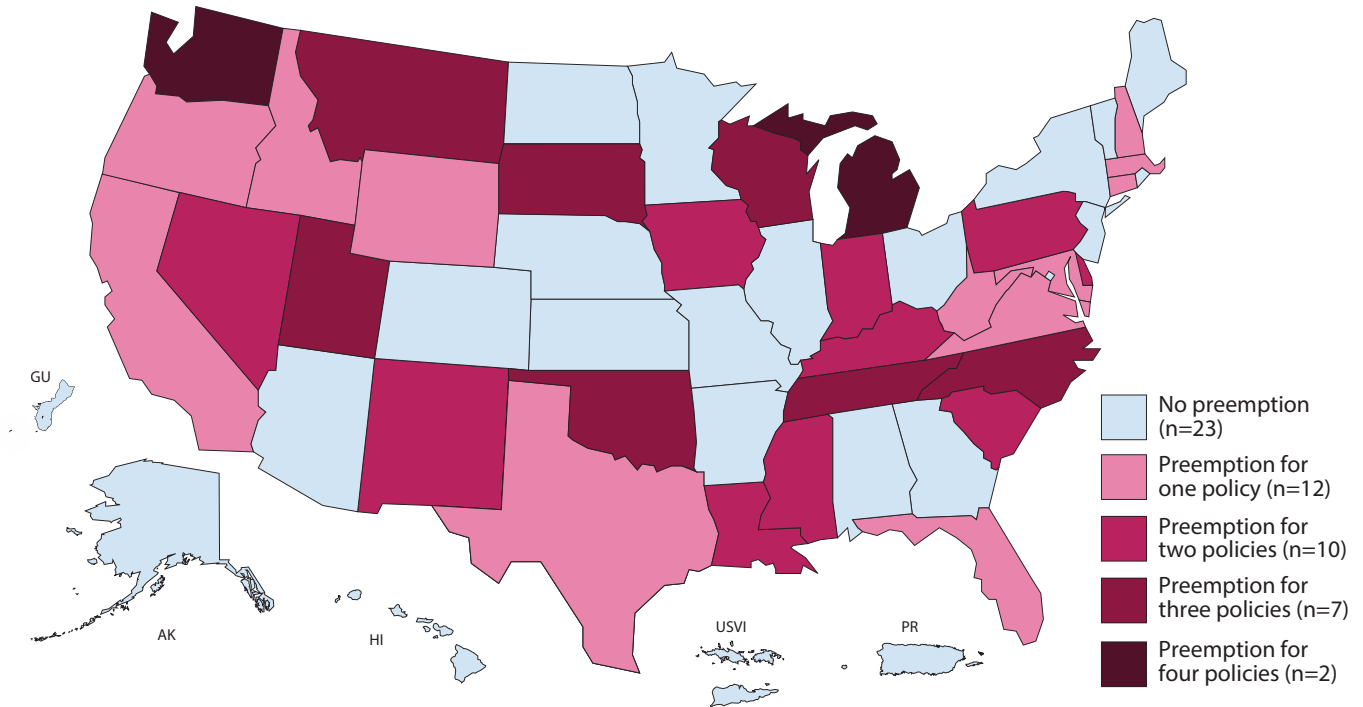
**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention

STATE System: [CDC.gov/STATESystem](http://CDC.gov/STATESystem)  
OSHData: [CDC.gov/OSHData](http://CDC.gov/OSHData)  
Office on Smoking and Health: [CDC.gov/Tobacco](http://CDC.gov/Tobacco)

# STATE System Preemption Fact Sheet

## State Preemption of Any Local Tobacco Control Ordinances—Advertising, Licensure, Smokefree Indoor Air, or Youth Access

(n=54; In effect as of March 31, 2016)



### Preemption Can Impede Local Tobacco Protection Efforts

Tobacco use is the cause of one of five deaths annually in the United States—more deaths than human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, and firearm-related incidents combined.<sup>1</sup> In addition, millions of nonsmokers remain exposed to secondhand smoke in homes, workplaces, public places, and vehicles.

States are using various legislative tools to reduce smoking rates and protect the public from the adverse health effects of smoking. To limit exposure to secondhand smoke, states

can enact laws prohibiting or restricting smoking in enclosed places; such as, government worksites, private worksites, restaurants, and bars. To reduce tobacco use, states can also raise excise taxes on tobacco products and choose to enact statutes that limit advertising (by restricting the display of tobacco products, tobacco product promotion, or tobacco product samples). States can also restrict youth access to tobacco by prohibiting the sale or distribution of tobacco to young people and restricting access to tobacco product vending machines. Tobacco control policies have often been adopted at the state level after being carried out in a critical mass of communities within a state.<sup>2</sup> At the local level, policies can be more restrictive or comprehensive than state laws. Local

**GET THE FACTS ON TOBACCO USE PREVENTION AND CONTROL**



**U.S. Department of Health and Human Services**  
Centers for Disease Control and Prevention

STATE System: [CDC.gov/STATESystem](http://CDC.gov/STATESystem)  
OSHData: [CDC.gov/OSHData](http://CDC.gov/OSHData)  
Office on Smoking and Health: [CDC.gov/Tobacco](http://CDC.gov/Tobacco)



Eliminate State laws that preempt stronger local tobacco control laws on **smokefree indoor air**<sup>13</sup>



Eliminate State laws that preempt stronger local tobacco control laws on **advertising**<sup>13</sup>



Eliminate State laws that preempt stronger local tobacco control laws on **youth access**<sup>13</sup>



Eliminate State laws that preempt stronger local tobacco control laws on **licensure**<sup>13</sup>

Data Source: State Tobacco Activities Tracking and Evaluation System (STATE), CDC/NCCDPHP. For more information, visit [CDC.gov/tobacco/hp2020](http://CDC.gov/tobacco/hp2020)

communities have responded to public health concerns related to smoking and tobacco use. Communities have adopted and put into action some of the strongest, innovative, and effective tobacco control policies that have served as a catalyst for transitioning social norms about tobacco use. These policies discourage young people from initiating use and encourage adult tobacco users to quit.<sup>2,3</sup>

## What Is Preemption?

Some states, preempt, or prevent local communities from passing local laws that are more stringent or differ from a state's tobacco control policies related to advertising, smokefree indoor air, and youth access. A state may preempt local tobacco control laws in all or only in some categories. The tobacco industry has historically supported state preemption laws as a way to reverse existing local tobacco control laws and prevent future enactment of such laws.<sup>4,5,6</sup> A Healthy People 2020 objective calls to eliminate state laws that preempt stronger local tobacco control laws, including local smokefree ordinances.<sup>7</sup>

## Court Decisions Can Determine Preemption

Even if a state law does not have "express preemption" (i.e., that state law does not contain explicit preemptive language), a state court may find that the state has "implied preemption" (i.e., that state law is implicitly preemptive).<sup>8</sup> If a local law is legally challenged, a court has the responsibility to interpret state statutes, as well as the state legislature's intent when the law was debated and passed. As a result, statutes must be read together with case law decisions to get a full understanding of a state's preemption status. In particular, court decisions related to smokefree indoor air have determined whether a state preempts the passing of local laws pertinent to tobacco prevention and control.

In several states, courts have weighed in and decisively influenced interpretations of whether states preempt local smoking restrictions. For example, a court in California ruled that the 1995 state smokefree law did not preempt local ordinances from making enclosed public places and places of employment smokefree. The court ruled that the state law

explicitly disclaimed any intent to preempt local governments from regulating smoking, and, in fact, expressly authorized local governments to prohibit smoking in any manner not consistent with the state law.<sup>9</sup> In 2008, a South Carolina court found that the state statute, including the Clean Indoor Air Act, did not preempt a city from passing a local ordinance regulating smoking in public places.<sup>10</sup> However, courts in New Hampshire and Washington ruled that state laws establishing smoking restrictions preempted local smoking restrictions in certain settings, even though the statutes in question did not contain explicit preemption language.<sup>8,11</sup>

## Enabling Local Communities to Pass Tobacco Control Measures

The only way for states to ensure that local tobacco control laws are not preempted is to include enabling clauses in state laws. These clauses explicitly allow local jurisdictions to pass ordinances that differ from the state law. This can have the effect of making the state law the floor for tobacco control regulations, rather than preemption provisions that establish state law as the ceiling.

## State Efforts to Restore or Preserve Local Smokefree Indoor Air Control Since 2004

Once enacted, state preemptive laws have traditionally proven difficult to repeal. However, since 2004, seven states have successfully repealed provisions that preempted local smoking restrictions in some or all settings. The seven states that have repealed smokefree indoor air preemption are Illinois, Louisiana, Mississippi, Montana, Nevada, New Jersey, and Oregon. For example, state smokefree laws enacted in Oregon in 2007 and Iowa in 2008 removed preemptive language from previous statutes, thus rescinding preemption even in the absence of explicit enabling language.<sup>11</sup> In addition, there appears to be a trend for states that enact new smoking restrictions to include explicit enabling language. For example state smokefree laws enacted in 2006 in New Jersey and Louisiana included explicit nonpreemptive language that expressly enables communities to enact local smokefree ordinances.<sup>12</sup>



## State Preemption of Any Local Tobacco Control Ordinances— Advertising, Licensure, Smokefree Indoor Air, or Youth Access

In effect as of March 31, 2016 (n=54)

Location	Preemption Summary	Advertising	Licensure	Smokefree Indoor Air	Youth Access
Alabama	No Preemption	No	No	No	No
Alaska	No Preemption	No	No	No	No
Arizona	No Preemption	No	No	No	No
Arkansas	No Preemption	No	No	No	No
California	Preemption for one policy	No	No	No	Yes
Colorado	No Preemption	No	No	No	No
Connecticut	Preemption for one policy	No	No	Yes	No
Delaware	Preemption for two policies	Yes	No	No	Yes
District of Columbia	No Preemption	No	No	No	No
Florida	Preemption for one policy	No	No	Yes	No
Georgia	No Preemption	No	No	No	No
Guam	No Preemption	No	No	No	No
Hawaii	No Preemption	No	No	No	No
Idaho	Preemption for one policy	No	Yes	No	No
Illinois	No Preemption	No	No	No	No
Indiana	Preemption for two policies	Yes	No	No	Yes
Iowa	Preemption for two policies	No	Yes	No	Yes
Kansas	No Preemption	No	No	No	No
Kentucky	Preemption for two policies	Yes	No	No	Yes
Louisiana	Preemption for two policies	Yes	No	No	Yes
Maine	No Preemption	No	No	No	No
Maryland	Preemption for one policy	No	Yes	No	No
Massachusetts	Preemption for one policy	No	Yes	No	No
Michigan	Preemption for four policies	Yes	Yes	Yes	Yes
Minnesota	No Preemption	No	No	No	No
Mississippi	Preemption for two policies	Yes	No	No	Yes
Missouri	No Preemption	No	No	No	No
Montana	Preemption for three policies	Yes	Yes	No	Yes
Nebraska	No Preemption	No	No	No	No
Nevada	Preemption for two policies	Yes	No	No	Yes
New Hampshire	Preemption for one policy	No	No	Yes	No
New Jersey	No Preemption	No	No	No	No
New Mexico	Preemption for two policies	Yes	No	No	Yes
New York	No Preemption	No	No	No	No
North Carolina	Preemption for three policies	Yes	No	Yes	Yes
North Dakota	No Preemption	No	No	No	No
Ohio	No Preemption	No	No	No	No
Oklahoma	Preemption for three policies	Yes	No	Yes*	Yes
Oregon	Preemption for one policy	No	No	No	Yes
Pennsylvania	Preemption for two policies	No	No	Yes	Yes
Puerto Rico	No Preemption	No	No	No	No
Rhode Island	No Preemption	No	No	No	No
South Carolina	Preemption for two policies	Yes	No	No	Yes
South Dakota	Preemption for three policies	Yes	No	Yes	Yes
Tennessee	Preemption for three policies	Yes	No	Yes	Yes
Texas	Preemption for one policy	No	Yes	No	No
U.S. Virgin Islands	No Preemption	No	No	No	No
Utah	Preemption for three policies	Yes	No	Yes	Yes
Vermont	No Preemption	No	No	No	No
Virginia	Preemption for one policy	No	No	Yes	No
Washington	Preemption for four policies	Yes	Yes	Yes	Yes
West Virginia	Preemption for one policy	Yes	No	No	No
Wisconsin	Preemption for three policies	Yes	Yes	No	Yes
Wyoming	Preemption for one policy	No	No	No	Yes

\* Oklahoma does not preempt local regulation for government worksites only.

## Current Status of State Preemption Related to Smokefree Indoor Air

As of March 31, 2016, 12 states have laws or court decisions in effect that explicitly preempt local ordinances from restricting smoking in government worksites, private worksites, restaurants, or bars. Seven of these 12 states preempt local action in all four of these settings. Michigan preempts local smoking restrictions in restaurants and bars, but allows restrictions in worksites. New Hampshire also preempts local smoking restrictions in restaurants but has no provision in the other three settings. One state (North Carolina) preempts local smoking restrictions in private worksites, and allows local smokefree indoor air restrictions in government worksites, restaurants, and bars. Washington preempts local smoking restrictions in government worksites, restaurants, and bars but not in private worksites.

Twenty-seven states have passed laws that explicitly allow local communities to adopt smoking restrictions that are stricter or differ from the state standard. One state—Oklahoma—does not preempt local regulation for government worksites only.

Eleven states, the District of Columbia, Guam, Puerto Rico and the U.S. Virgin Islands (excluding the court-decided preemption status in New Hampshire and Washington) do not have any explicit language in their statutes regarding the presence or absence of preemption of local smoking restrictions in government worksites, private worksites, restaurants, and bars.

## Current Status of State Preemption Related to Other Tobacco Control Efforts

As of March 31, 2016, 22 states have laws preempting local ordinances related to youth access to tobacco—20 states preempt local restrictions on selling tobacco products to young people, and 19 states preempt local restriction on distributing tobacco products to youth. Seventeen states have laws that preempt local ordinances related to restrictions on tobacco product vending machines.

Eighteen states have laws preempting localities from passing ordinances related to the advertisement of tobacco products. Within the four types of tobacco advertising laws (laws that restrict tobacco advertising in general, laws that restrict the display of tobacco products, laws that restrict the promotion of tobacco, and laws that restrict the distribution of tobacco product samples), three states have preemption laws for only one type. Five states have preemption statutes for two

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types of advertising laws and three states have preemption for three types of advertising. Seven states preempt all types of local tobacco advertising restrictions.

As of March 31, 2016, nine states have laws preempting localities from passing ordinances related to licensure of tobacco products—including both over-the-counter and vending machine sales of tobacco, whereas seven states preempt local restrictions on retail licenses for the over-the-counter sale of tobacco products only. It is up to local and state governments to decide whether it is appropriate to address this problem through governmental action.

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## Preemption Glossary

### General Terms

**Preemption:** State prevents local authorities from passing laws that differ from or are stricter than the state law.

**Enabling:** State specifically allows local authorities to pass laws that differ from and are stricter than state the law.

**State:** The 50 states and the District of Columbia.

### Smokefree Indoor Air Terms

**Government worksites:** Preemption of local laws related to the restriction of smoking in places of work that are owned, leased, or operated by state or local governments.

**Private worksites:** Preemption of local laws related to the restriction of smoking in places of work other than those that are owned, leased, or operated by governments.

**Restaurants:** Preemption of local laws related to the restriction of smoking in establishments that serve food for consumption on the premises.

**Bars:** Preemption of local laws related to the restriction of smoking in establishments that primarily serve alcohol for consumption on the premises.

### Youth Access Terms

**Distribution:** Preemption of local laws related to the distribution of tobacco products to minors.

**Youth Tobacco Sales:** Preemption of local laws related to the restriction of the retail sale of tobacco products to minors. Most states define a minor as a person under the age of 18. Four states—Alabama, Alaska, New Jersey and Utah define a minor as a person younger than the age of 19. In one state (Hawaii) it is defined as persons aged <21 years.

**Vending machines:** Preemption of local laws related to the sale of tobacco products through vending machines.

### Advertising Terms

**Advertising (generally):** Preemption of local laws related to the broad advertising of tobacco products (i.e., promotion, sampling, or display).

**Display:** Preemption of local laws related to the retail advertising and display of tobacco products in stores.

**Promotion:** Preemption of local laws related to retail promotions, coupons, and discounts for the sale of tobacco products.

**Sampling:** Preemption of local laws related to the distribution of tobacco product samples to the public for free or at a small cost.

### Licensure Terms

**Over-the-counter:** Whether there is any statutory state preemption of local regulations related to over-the-counter sales of tobacco. Over-the-counter means tobacco products are sold in face-to-face transactions direct to an individual consumer.

**Vending Machines:** Whether there is any statutory state preemption of local regulations related to vending machine sales of tobacco. Vending Machines mean coin or token operated machines that dispense tobacco products.

*The STATE System contains data synthesized from state-level statutory laws. It does not contain state-level regulations; measures implemented by counties, cities, or other localities; opinions of Attorneys General; or relevant case law decisions for tobacco control topics other than preemption; all of which may vary significantly from the laws reported in the database, fact sheets, and publications.*

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Establish laws in States and the District of Columbia on smokefree indoor air that prohibit smoking in **multiunit housing**<sup>16</sup>

## Secondhand Smoke Exposure in Multiunit Housing Facilities Is Detrimental to the Health of Children and Nonsmoking Adults

Secondhand smoke causes premature death and disease in children and nonsmoking adults.<sup>1</sup> In the United States, approximately 58 million nonsmokers are still exposed to secondhand smoke.<sup>2</sup> Exposure to secondhand smoke has immediate adverse effects on the cardiovascular system and causes heart disease, stroke, and lung cancer in nonsmoking adults.<sup>1,3</sup> Secondhand smoke exposure also puts children at an increased risk for a number of health problems, including sudden infant death syndrome, acute respiratory infections, middle ear disease, more severe asthma, respiratory symptoms, and slowed lung growth.<sup>1,3</sup> Each year, more than 41,000 nonsmoking adults and 400 infants die from exposure to secondhand smoke.<sup>3</sup> States have made substantial progress in protecting nonsmoking adults from secondhand smoke exposure in indoor worksites and public places through state and local laws and voluntary smoking restrictions introduced by employers. However, many people remain exposed to secondhand smoke in areas not covered by these policies—including homes. The home is the primary source of secondhand smoke exposure among children.<sup>4,5</sup> To capture emerging efforts to reduce exposure to secondhand smoke, the STATE System tracks state laws restricting smoking in both government and privately-owned multiunit housing facilities.

There is no risk-free level of secondhand smoke exposure, and even brief exposures can adversely affect the health of nonsmokers.<sup>1</sup> It is estimated that about 15 million US children aged 3-11 years are exposed to secondhand smoke.<sup>2</sup> The home is the major setting where children and nonsmoking adults are exposed to secondhand smoke.

Nearly 1 of 5 children aged 3-11 years live with someone who smoked inside the home, compared with 1 of 20 nonsmoking adults.<sup>6</sup> Children who live in homes where smoking is allowed have higher levels of biological markers for secondhand smoke exposure than children who live in homes where smoking is not allowed.<sup>1</sup> Eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from secondhand smoke exposure.<sup>1</sup>

Individuals who live in multiunit housing, including apartments, are particularly susceptible to involuntary secondhand smoke exposure in the home. Secondhand smoke can infiltrate throughout a building along various pathways. Exposure to secondhand smoke in multiunit housing facilities may vary depending on building structure, building age, and where smoking is allowed. Unlike a single family home, even if a family in a multiunit housing facility adopts a household rule prohibiting smoking in their home, secondhand smoke can still enter their unit from other units and shared areas where smoking is allowed.<sup>1,2,7</sup> The operation of a heating, ventilating, and air conditioning system can distribute secondhand smoke throughout a building.<sup>1</sup> There are currently no engineering approaches, including ventilation and air cleaning, that can fully eliminate the risk of secondhand smoke exposure.<sup>1,7</sup>

Approximately 80 million residents in the United States live in multiunit housing facilities such as apartment complexes and condominiums.<sup>2</sup> Among those residents with smokefree home rules, an estimated 27.6-28.9 million are exposed to secondhand smoke infiltration from neighboring units or shared areas in the building.<sup>8</sup> Smokefree policies to prohibit smoking in living units and common areas of multiunit housing facilities are legally permissible and the most effective way to fully protect residents from involuntary exposure to secondhand smoke.<sup>8,9</sup> Evidence suggests there is high compliance and support of smokefree building policies among most multiunit housing residents.<sup>8,9,10</sup> In addition, implementation of smokefree policies can result in substantial cost savings for multiunit housing operators and society.<sup>8,9,10</sup>

## Current State Efforts to Restrict Smoking in Multiunit Housing Facilities

State and local governments have begun to recognize the risk that residents of multiunit housing facilities face from secondhand smoke infiltration. While smoking restrictions in private homes have traditionally been established primarily through voluntary household rules, some states (Hawaii

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# Multiunit Housing Smoking Restrictions

In effect as of March 31, 2016 (n=54)

Location	Govt Housing Common Areas	Govt Housing Residential Areas	Private Housing Common Areas	Private Housing Residential Areas
Alabama	Designated Areas	Exempt	Designated Areas	Exempt
Alaska				
Arizona	Banned	Exempt	Banned	Exempt
Arkansas				
California				
Colorado	Banned		Banned	
Connecticut	Exempt	Exempt		
Delaware	Banned		Banned	
District of Columbia				
Florida				
Georgia				
Guam				
Hawaii	Banned	Banned	Banned	
Idaho				
Illinois				
Indiana				
Iowa	Banned			
Kansas	Banned		Banned	
Kentucky				
Louisiana				
Maine	Banned	Exempt		
Maryland				
Massachusetts				Exempt
Michigan				
Minnesota			Designated Areas	Exempt
Mississippi				
Missouri				
Montana				
Nebraska				
Nevada				
New Hampshire	Designated Areas	Exempt		
New Jersey	Banned	Exempt	Banned	Exempt
New Mexico				
New York				
North Carolina				
North Dakota	Banned	Exempt	Banned	Exempt
Ohio				
Oklahoma	Banned	Banned		
Oregon				
Pennsylvania				
Puerto Rico	Banned	Exempt	Banned	Exempt
Rhode Island	Banned	Exempt	Banned	Exempt
South Carolina				
South Dakota				
Tennessee	Banned	Exempt	Banned	Exempt
Texas				
U.S. Virgin Islands	Banned	Exempt	Banned	Exempt
Utah				
Vermont				
Virginia				
Washington				
West Virginia				
Wisconsin	Banned		Banned	
Wyoming				

and Oklahoma) have enacted legislation restricting smoking in government owned multiunit housing facilities.<sup>11</sup>

## Restrictions in Common Areas

Current state restrictions on smoking in multiunit housing facilities limit smoking in common areas, such as lobbies and hallways. Fifteen states, Puerto Rico and the U.S. Virgin Islands prohibit or restrict smoking in common areas of multiunit housing facilities that are considered government facilities, such as public housing authority-operated or funded facilities. Twelve states, Puerto Rico and the U.S. Virgin Islands prohibit or restrict smoking in common areas of privately owned housing facilities, such as a private apartment complexes or condominiums. Connecticut is the only state that explicitly exempts the common areas of government owned multiunit housing facilities from state smoking restrictions.

## Exemptions in Living Areas

Some state laws explicitly exempt individual units in multiunit housing facilities from smoking restrictions. Nine states, Puerto Rico and the U.S. Virgin Islands have exemptions for individual units in government-operated facilities and eight states, Puerto Rico and the U.S. Virgin Islands have exemptions for individual units in privately-operated facilities.

While some local communities in California have recently enacted laws that prohibit smoking in individual units in some or all multiunit housing facilities,<sup>12</sup> no state has carried out laws that restrict smoking in individual units. Hawaii and Oklahoma are the only states that have put into effect laws that restrict smoking in government-operated individual units.

## Future Implications for State Efforts to Restrict Smoking in Multiunit Housing

State laws to prohibit smoking in the living areas of government and private multiunit housing facilities in all 50 states and the District of Columbia has been established as a Healthy People 2020 objective.<sup>13</sup> As of March 31, 2016, only 16 states, Puerto Rico and the U.S. Virgin Islands have any restrictions in place on smoking in government or private multiunit housing facilities. Fourteen of these states, Puerto Rico and the U.S. Virgin Islands restrict smoking in common areas only, even

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though smoke from these areas can expose tenants to secondhand smoke infiltration.

Recent education campaigns have encouraged the public to create smokefree environments in their homes.<sup>1</sup> The prevalence of households with smokefree home rules has increased significantly in the past 2 decades, from 43% in 1993 to 83% in 2011.<sup>14</sup> The prevalence of voluntary private household smoking restrictions indicate public support for reducing exposure to secondhand smoke in living spaces. Surveys of multiunit housing facility residents in Minnesota found that the majority (60%) had implemented smokefree household rules in their units.<sup>5</sup> Surveys in Portland, Oregon, also found that 75% of residents supported the rights of facility owners to prohibit smoking to prevent secondhand smoke from infiltrating into neighboring units, and that while 25% of multiunit housing residents surveyed were smokers, only 11% of renters smoke inside their units on a regular basis.<sup>15</sup>

This public support for smokefree living spaces reflects shifts in attitudes toward the unacceptability of smoking in places where others can be exposed to secondhand smoke. A lack of smoking restrictions in a multiunit housing facility limits nonsmoking tenants' ability to protect their own and their families' health. Only the implementation of 100% smokefree policies in multiunit housing facilities, including both common areas and individual units, can fully protect residents from the dangers of secondhand smoke in their homes.<sup>1</sup> This can be established through policies adopted voluntarily by the owners or managers of apartments, by condominium associations, by housing authorities, or by local or state law. Local and state governments are responsible for deciding whether it is appropriate to address this problem through governmental action.

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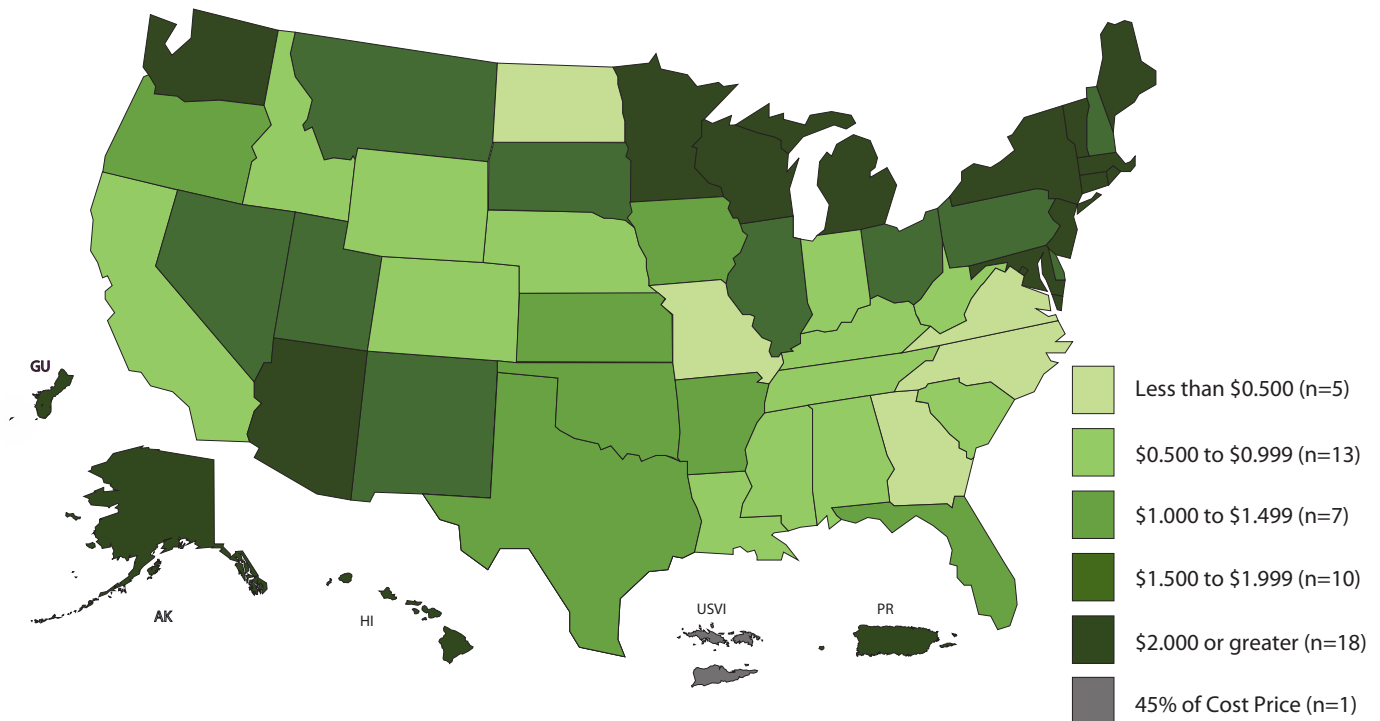
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# STATE System Excise Tax Fact Sheet

## Excise Tax Rates on Packs of Cigarettes by State

(n=54; In effect as of March 31, 2016)



## Taxes on Tobacco Help Reduce the Number of Tobacco Users

In the United States, tobacco use is the leading cause of preventable disease, disability, and death.<sup>1</sup> More than 480,000 people die prematurely in the United States annually and another 16 million have a serious illness caused by smoking or exposure to secondhand smoke.<sup>1</sup> Each year, smoking costs the United States nearly \$170 billion in direct medical costs and more than \$156 billion in lost productivity.<sup>1,2</sup> The Centers for Disease Control and Prevention's (CDC) *Best Practices for Comprehensive Tobacco Control Programs* concludes that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking.<sup>3</sup> However, in fiscal year 2015, states will receive \$25.6 billion from tobacco taxes and tobacco industry legal settlements, but will only spend \$490.4 million—less than 2% for tobacco control programs.<sup>4</sup> In 2012, the tobacco industry spent \$9.17 billion on advertising and promotion of cigarettes. This translates to

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Office on Smoking and Health: [CDC.gov/Tobacco](http://CDC.gov/Tobacco)



## Increase the Federal and State tax on cigarettes<sup>16</sup>

more than \$25 million every day, or more than \$1 million every hour.<sup>5</sup> States reaching recommended levels of investment in tobacco control is an integral component of meeting the Healthy People 2020 objective to reduce cigarette smoking among adults to 12% or less by the year 2020.<sup>3</sup>

According to the US Surgeon General, increasing the price of cigarettes through strategies such as excise tax increases are an effective policy intervention to prevent initiation of tobacco use, promote cessation, and reduce the prevalence and intensity of tobacco use among adolescents and young adults.<sup>1,6</sup> CDC found that an increase in excise taxes in Massachusetts, for example, when combined with an antismoking campaign, produced a 19.7% decline in cigarette consumption per capita 4 years after the tax increase was initiated.<sup>7</sup> Young people are particularly sensitive to tobacco product price increases and a study by the independent CDC Task Force on Community Preventive Services concluded that increasing the unit price for tobacco products is an effective method for reducing tobacco use among young adults and adolescents.<sup>8</sup> The largest impact on cigarette demand for youths is the perceived price of cigarettes.<sup>9,10</sup> Increasing excise taxes on tobacco products is

especially effective in discouraging initiation among young people who have not developed an addiction to tobacco, thus protecting their health and increasing their likelihood of remaining tobacco-free.<sup>11</sup>

## States' Activity to Reduce Tobacco Use Through Excise Taxes

### Cigarettes

Through March 31, 2016, the state excise tax on cigarettes ranges from \$0.170 per pack in Missouri, to \$4.350 per pack in New York. The federal tax remains at \$1.010 per pack. Five states (Georgia, Missouri, North Carolina, North Dakota, and Virginia) have an excise tax on cigarettes that is less than \$0.500 per pack. Thirteen states (Alabama, California, Colorado, Idaho, Indiana, Kentucky, Louisiana, Mississippi, Nebraska, South Carolina, Tennessee, West Virginia, and Wyoming) have an excise tax on cigarettes from \$0.500 to \$0.999 per pack. Seven states (Arkansas, Florida, Iowa, Kansas, Oklahoma, Oregon, and Texas) have cigarette excise taxes from \$1.000 to \$1.499 per pack. Ten states (Delaware, Illinois, Montana, Nevada, New Hampshire, New Mexico, Ohio, Pennsylvania, South Dakota, and Utah) have cigarette excise taxes from \$1.500 to \$1.999 per pack. In 2006, only six states had an excise tax rate of at least \$2.000. Seven states (Alaska, Arizona, Maine, Maryland, Michigan, New Jersey, and Wisconsin), the District of Columbia and Puerto Rico have a cigarette excise tax from \$2.000 to \$2.999 per pack. Seven states (Connecticut, Hawaii, Massachusetts, Minnesota, Rhode Island, Vermont, and Washington) and Guam have a cigarette excise tax from \$3.00 to \$3.999 per pack. One state (New York) has a cigarette tax greater than \$4.000. The U.S. Virgin Islands imposes a percentage tax of 45% of the Cost Price on cigarettes.

### Cigars

As of March 31, 2016, two states (Florida and Pennsylvania), the District of Columbia, and Puerto Rico do not tax cigars. The remaining states tax cigars either on a per-unit basis or by a percentage of the product price. Five states (Alabama, Arizona, Oklahoma, Texas, and Vermont) and Guam tax cigars based on a per-unit basis, and vary greatly in range, from \$0.011 to \$2.000. The other 43 states and the U.S. Virgin Islands tax cigars as a percentage of the product price. Eight states (Arkansas, Connecticut, Iowa, Michigan, Oregon, Rhode Island, Washington, and Wisconsin) limit the maximum cigar tax to \$0.500 per cigar.

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## Little Cigars

States tax little cigars in one of three ways: defined and taxed separately as “little cigars,” defined as and taxed as “tobacco products,” or defined as and taxed as “cigarettes.” Only one state (Florida) does not tax little cigars in any manner. Five states (Alabama, Arizona, Georgia, Oklahoma, and Texas) tax little cigars separately with taxes ranging from \$0.020 to \$0.720 per pack. Thirteen states (California, Hawaii, Illinois, Iowa, Massachusetts, Minnesota, New Hampshire, New York, Pennsylvania, Rhode Island, Utah, Vermont, and Washington), the District of Columbia, Guam and Puerto Rico tax little cigars as cigarettes. The other 31 states and the U.S. Virgin Islands tax little cigars as tobacco products.

## Pipe Tobacco

Pennsylvania and Puerto Rico do not tax pipe tobacco. Three states (Alabama, Arizona, and Texas) and Guam tax pipe tobacco on a per ounce basis ranging from \$0.0356 to \$2.5000. The remaining states tax pipe tobacco on a percentage of a specified cost.

## Roll-Your-Own Tobacco

Four states (Alabama, Arizona, Texas, and Vermont) and Guam tax roll-your-own tobacco on a per ounce basis ranging from \$0.0356 to \$4.2308. Three states (North Dakota, Pennsylvania, and Rhode Island) and Puerto Rico do not tax roll-your-own tobacco. The remaining states tax roll-your-own tobacco on a percentage of a specified cost.

## Noncombustible Tobacco

Unlike the tax on cigarettes (calculated per pack), the tax on noncombustible tobacco (sometimes referred to as “smokeless tobacco”) is usually measured in either a dollar amount per ounce or as a percentage of a price (such as the wholesale or manufacturer’s price) and the calculations vary by state. There are five product types within the non-combustible tobacco category, and the states can tax all of the products equally under a broad definition, or separately, citing specific product types. For example, Montana taxes “smokeless tobacco” at 50% of the wholesale price with moist snuff taxed separately at \$0.8500 per ounce, whereas Minnesota’s noncombustible tobacco tax is 95% of the Wholesale Sales Price across all product types. Twenty-one states have defined excise taxes on certain types of noncombustible, tobacco, such as chewing tobacco and dry and moist snuff. Pennsylvania and Puerto Rico do not tax any form of noncombustible tobacco. The other 28 states, the District of Columbia, Guam and the U.S. Virgin Islands tax these products together generally.

## Chewing Tobacco

Six states (Alabama, Arizona, Kentucky, Maine, North Dakota, and Texas) and Guam tax chewing tobacco on a per ounce basis, ranging from \$0.015 to \$2.500 per ounce. Pennsylvania and Puerto Rico do not tax chewing tobacco. The remaining states and the U.S. Virgin Islands tax it on a percentage basis.

## Dissolvable Tobacco

Twenty-six states, Guam and Puerto Rico do not tax dissolvable tobacco. Two states (Texas and Vermont) tax dissolvables on a per ounce basis. The remaining states and the U.S. Virgin Islands tax dissolvables on a percentage basis of a specified cost.

## Dry Snuff Tobacco

Thirteen states (Alabama, Arizona, Connecticut, Iowa, Kentucky, Maine, Nebraska, New York, North Dakota, Rhode Island, Texas, Vermont, and Virginia) and Guam tax dry snuff on a per ounce basis ranging from \$0.010 per ounce to \$2.570 per ounce. Pennsylvania and Puerto Rico do not tax dry snuff. The rest of the states and the U.S. Virgin Islands tax dry snuff on a percentage of a specified cost.

## Moist Snuff Tobacco

Twenty-two states and Guam tax moist snuff on a per-ounce basis ranging from \$0.010 per ounce to \$2.570 per ounce. Pennsylvania and Puerto Rico do not tax moist snuff. The remaining states and the U.S. Virgin Islands tax moist snuff on a percentage of a specified cost.

## Snus Tobacco

Five states (Alabama, Connecticut, New Hampshire, North Dakota, and Pennsylvania) and Puerto Rico do not tax snus. Five states (Arizona, Kentucky, Maine, Texas, and Vermont) and Guam tax snus on a per ounce basis and the remaining states and the U.S. Virgin Islands tax snus on a percentage of a specified cost.

## Future Implications for State Efforts to Raise Tobacco Excise Taxes

Increasing the price of tobacco products is one of the most effective methods to prevent or reduce tobacco use.<sup>1,10</sup> States are also beginning to look at excise taxes on Electronic Nicotine Delivery Systems (ENDS), including electronic cigarettes. Not only do excise taxes on tobacco products raise tax revenue for states, states realize health care-related cost savings from reductions in associated financial costs from death and disease because of tobacco use.<sup>3</sup> Eighteen states have excise tax rates of less than \$1.000 on packs of cigarettes and five states have taxes under \$0.500 per pack. States with lower tobacco product taxes may limit their potential to use dedicated tax revenue for tobacco control. Because incremental increases in excise taxes can influence smoking behavior (especially in young people), states can use excise taxes as a tool to raise revenue, reduce both private and public health care costs, and improve the health of their citizens. Local and state governments are responsible for deciding whether it is appropriate to address this problem through governmental action.

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# Excise Taxes on Combustible Tobacco Products

In effect as of March 31, 2016 (n=54)

Tobacco Product	Location	Tax	Location	Tax	Location	Tax
Cigarette	Alabama	\$0.675 per pack	Georgia	\$0.370 per pack	Maine	\$2.000 per pack
Cigar		\$0.0405 each		23% Wholesale Cost Price		20% Wholesale Sales Price
Little Cigar		\$0.0800 per pack of 20		\$0.0500 per pack of 20		20% Wholesale Sales Price
Pipe		\$0.0356 per ounce		10% Wholesale Cost Price		20% Wholesale Sales Price
Roll-Your-Own		\$0.0356 per ounce		10% Wholesale Cost Price		20% Wholesale Sales Price
Cigarette	Alaska	\$2.000 per pack	Guam	\$3.000 per pack	Maryland	\$2.000 per pack
Cigar		75% Wholesale Price		\$ 0.44 each		15% Wholesale Price
Little Cigar		75% Wholesale Price		\$8.0000 per pack of 20		70% Wholesale Price
Pipe		75% Wholesale Price		\$2.5000 per ounce		30% Wholesale Price
Roll-Your-Own		75% Wholesale Price		\$2.5000 per ounce		30% Wholesale Price
Cigarette	Arizona	\$2.000 per pack	Hawaii	\$3.200 per pack	Massachusetts	\$3.510 per pack
Cigar		\$0.2180 each		50% Wholesale Price		40% Wholesale Price
Little Cigar		\$0.4405 per pack of 20		\$3.2000 per pack of 20		\$3.5100 per pack of 20
Pipe		\$0.2875 per ounce		70% Wholesale Price		40% Wholesale Price
Roll-Your-Own		\$0.2875 per ounce		70% Wholesale Price		40% Wholesale Price
Cigarette	Arkansas	\$1.150 per pack	Idaho	\$0.570 per pack	Michigan	\$2.000 per pack
Cigar		68% Manufacturer's Sales Price		40% Wholesale Sales Price		32% Wholesale Price
Little Cigar		68% Manufacturer's Sales Price		40% Wholesale Sales Price		32% Wholesale Price
Pipe		68% Manufacturer's Sales Price		40% Wholesale Sales Price		32% Wholesale Price
Roll-Your-Own		68% Manufacturer's Sales Price		40% Wholesale Sales Price		32% Wholesale Price
Cigarette	California	\$0.870 per pack	Illinois	\$1.980 per pack	Minnesota	\$3.000 per pack
Cigar		28.13% Wholesale Cost		36% Wholesale Price		95% Retail Sales Price
Little Cigar		\$0.8700 per pack of 20		\$1.9800 per pack of 20		\$3.0000 per pack of 20
Pipe		28.13% Wholesale Cost		36% Wholesale Price		95% Wholesale Sales Price
Roll-Your-Own		28.13% Wholesale Cost		36% Wholesale Price		95% Wholesale Sales Price
Cigarette	Colorado	\$0.840 per pack	Indiana	\$0.995 per pack	Mississippi	\$0.680 per pack
Cigar		40% Manufacturer's List Price		24% Wholesale Price		15% Manufacturer's List Price
Little Cigar		40% Manufacturer's List Price		24% Wholesale Price		15% Manufacturer's List Price
Pipe		40% Manufacturer's List Price		24% Wholesale Price		15% Manufacturer's List Price
Roll-Your-Own		40% Manufacturer's List Price		24% Wholesale Price		15% Manufacturer's List Price
Cigarette	Connecticut	\$3.650 per pack	Iowa	\$1.360 per pack	Missouri	\$0.170 per pack
Cigar		50% Wholesale Sales Price		50% Wholesale Sales Price		10% Manufacturer's Invoice Price
Little Cigar		50% Wholesale Sales Price		\$1.3600 per pack or 20		10% Manufacturer's Invoice Price
Pipe		50% Wholesale Sales Price		50% Wholesale Sales Price		10% Manufacturer's Invoice Price
Roll-Your-Own		50% Wholesale Sales Price		50% Wholesale Sales Price		10% Manufacturer's Invoice Price
Cigarette	Delaware	\$1.600 per pack	Kansas	\$1.290 per pack	Nebraska	\$0.640 per pack
Cigar		15% Wholesale Price		10% Wholesale Sales Price		20% Purchase Price
Little Cigar		15% Wholesale Price		10% Wholesale Sales Price		20% Purchase Price
Pipe		15% Wholesale Price		10% Wholesale Sales Price		20% Purchase Price
Roll-Your-Own		15% Wholesale Price		10% Wholesale Sales Price		20% Purchase Price
Cigarette	Florida	\$1.339 per pack	Louisiana	\$0.860 per pack	Nevada	\$1.800 per pack
Cigar		No Provision		20% Manufacturer's Invoice		30% Wholesale Price
Little Cigar		No Provision		8% Manufacturer's Invoice		30% Wholesale Price
Pipe		85% Wholesale Sales Price		33% Manufacturer's Invoice		30% Wholesale Price
Roll-Your-Own		85% Wholesale Sales Price		33% Manufacturer's Invoice		30% Wholesale Price

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# Excise Taxes on Combustible Tobacco Products

In effect as of March 31, 2016 (n=54)

Tobacco Product	Location	Tax	State	Tax	Location	Tax
Cigarette	New Hampshire	\$1.780 per pack	Pennsylvania	\$1.600 per pack	Vermont	\$3.080 per pack
Cigar		65.03% Wholesale Sales Price		No Provision		\$2.0000 each
Little Cigar		\$1.7800 per pack of 20		\$1.6000 per pack of 20		\$3.0800 per pack of 20
Pipe		65.03% Wholesale Sales Price		No Provision		41% Wholesale Price
Roll-Your-Own		65.03% Wholesale Sales Price		No Provision		\$4.2308 per ounce
Cigarette	New Jersey	\$2.700 per pack	Puerto Rico	\$2.230 per pack	Virginia	\$0.300 per pack
Cigar		30% Wholesale Price		No Provision		10% Manufacturer's Sales Price
Little Cigar		30% Wholesale Price		\$2.230 per pack of 20		10% Manufacturer's Sales Price
Pipe		30% Wholesale Price		No Provision		10% Manufacturer's Sales Price
Roll-Your-Own		30% Wholesale Price		No Provision		10% Manufacturer's Sales Price
Cigarette	New Mexico	\$1.660 per pack	Rhode Island	\$3.750 per pack	Washington	\$3.025 per pack
Cigar		25% Product Value		80% Wholesale Cost		95% Taxable Sales Price
Little Cigar		25% Product Value		\$3.7500 per pack of 20		\$3.0250 per pack of 20
Pipe		25% Product Value		80% Wholesale Cost		95% Taxable Sales Price
Roll-Your-Own		25% Product Value		No Provision		95% Taxable Sales Price
Cigarette	New York	\$4.350 per pack	South Carolina	\$0.570 per pack	West Virginia	\$0.550 per pack
Cigar		75% Wholesale Price		5% Manufacturer's Price		7% Wholesale Price
Little Cigar		\$4.3500 per pack of 20		5% Manufacturer's Price		7% Wholesale Price
Pipe		75% Wholesale Price		5% Manufacturer's Price		7% Wholesale Price
Roll-Your-Own		75% Wholesale Price		5% Manufacturer's Price		7% Wholesale Price
Cigarette	North Carolina	\$0.450 per pack	South Dakota	\$1.530 per pack	Wisconsin	\$2.520 per pack
Cigar		12.8% Cost Price		35% Wholesale Purchase Price		71% Manufacturer's List Price
Little Cigar		12.8% Cost Price		35% Wholesale Purchase Price		71% Manufacturer's List Price
Pipe		12.8% Cost Price		35% Wholesale Purchase Price		71% Manufacturer's List Price
Roll-Your-Own		12.8% Cost Price		35% Wholesale Purchase Price		71% Manufacturer's List Price
Cigarette	North Dakota	\$0.440 per pack	Tennessee	\$0.620 per pack	Wyoming	\$0.600 per pack
Cigar		28% Wholesale Purchase Price		6.6% Wholesale Cost Price		20% Wholesale Purchase Price
Little Cigar		28% Wholesale Purchase Price		6.6% Wholesale Cost Price		20% Wholesale Purchase Price
Pipe		28% Wholesale Purchase Price		6.6% Wholesale Cost Price		20% Wholesale Purchase Price
Roll-Your-Own		No Provision		6.6% Wholesale Cost Price		20% Wholesale Purchase Price
Cigarette	Ohio	\$1.600 per pack	Texas	\$1.410 per pack		
Cigar		17% Wholesale Price		\$0.0110 each		
Little Cigar		37% Wholesale Price		\$0.0200 per pack of 20		
Pipe		17% Wholesale Price		\$1.22 per ounce		
Roll-Your-Own		17% Wholesale Price		\$1.22 per ounce		
Cigarette	Oklahoma	\$1.030 per pack	U.S. Virgin Islands	45% Cost Price		
Cigar		\$0.1200 each		25% Cost Price		
Little Cigar		\$0.7200 per pack of 20		25% Cost Price		
Pipe		80% Factor List Price		25% Cost Price		
Roll-Your-Own		80% Factor List Price		25% Cost Price		
Cigarette	Oregon	\$1.320 per pack	Utah	\$1.700 per pack		
Cigar		65% Wholesale Sales Price		86% Manufacturer's Sales Price		
Little Cigar		65% Wholesale Sales Price		\$1.7000 per pack of 20		
Pipe		65% Wholesale Sales Price		86% Manufacturer's Sales Price		
Roll-Your-Own		65% Wholesale Sales Price		86% Manufacturer's Sales Price		

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# Excise Taxes on Non-Combustible Tobacco Products

In effect as of March 31, 2016 (n=54)

Tobacco Product	Location	Tax	State	Tax	Location	Tax
Chewing Tobacco	Alabama	\$0.015 per ounce	Georgia	10% Wholesale Cost Price	Maine	\$2.0200 per ounce
Dissolvable Tobacco		No Provision		No Provision		No Provision
Dry Snuff Tobacco		\$0.0100 per ounce		10% Wholesale Cost Price		\$2.0200 per ounce
Moist Snuff Tobacco		\$0.0100 per ounce		10% Wholesale Cost Price		\$2.0200 per ounce
Snus Tobacco		No Provision		10% Wholesale Cost Price		\$2.0200 per ounce
Chewing Tobacco	Alaska	75% Wholesale Price	Guam	\$2.5000 per ounce	Maryland	30% Wholesale Price
Dissolvable Tobacco		75% Wholesale Price		No Provision		No Provision
Dry Snuff Tobacco		75% Wholesale Price		\$2.5000 per ounce		30% Wholesale Price
Moist Snuff Tobacco		75% Wholesale Price		\$2.5000 per ounce		30% Wholesale Price
Snus Tobacco		75% Wholesale Price		\$2.5000 per ounce		30% Wholesale Price
Chewing Tobacco	Arizona	\$0.2225 per ounce	Hawaii	70% Wholesale Price	Massachusetts	210% Price Paid By Licensee/Unclassified Acquirer
Dissolvable Tobacco		No Provision		70% Wholesale Price		No Provision
Dry Snuff Tobacco		\$0.2225 per ounce		70% Wholesale Price		210% Price Paid By Licensee/Unclassified Acquirer
Moist Snuff Tobacco		\$0.2225 per ounce		70% Wholesale Price		210% Price Paid By Licensee/Unclassified Acquirer
Snus Tobacco		\$0.2225 per ounce		70% Wholesale Price		30% Wholesale Price
Chewing Tobacco	Arkansas	68% Manufacturer's Sales Price	Idaho	40% Wholesale Sales Price	Michigan	32% Wholesale Price
Dissolvable Tobacco		68% Manufacturer's Sales Price		40% Wholesale Sales Price		No Provision
Dry Snuff Tobacco		68% Manufacturer's Sales Price		40% Wholesale Sales Price		32% Wholesale Price
Moist Snuff Tobacco		68% Manufacturer's Sales Price		40% Wholesale Sales Price		32% Wholesale Price
Snus Tobacco		68% Manufacturer's Sales Price		40% Wholesale Sales Price		32% Wholesale Price
Chewing Tobacco	California	28.13% Wholesale Cost	Illinois	36% Wholesale Price	Minnesota	95% Wholesale Sales Price
Dissolvable Tobacco		28.13% Wholesale Cost		No Provision		95% Wholesale Sales Price
Dry Snuff Tobacco		28.13% Wholesale Cost		36% Wholesale Price		95% Wholesale Sales Price
Moist Snuff Tobacco		28.13% Wholesale Cost		\$0.0300 per ounce		95% Wholesale Sales Price
Snus Tobacco		28.13% Wholesale Cost		36% Wholesale Price		95% Wholesale Sales Price
Chewing Tobacco	Colorado	40% Manufacturer's List Price	Indiana	24% Wholesale Price	Mississippi	15% Manufacturer's List Price
Dissolvable Tobacco		No Provision		No Provision		No Provision
Dry Snuff Tobacco		40% Manufacturer's List Price		24% Wholesale Price		15% Manufacturer's List Price
Moist Snuff Tobacco		40% Manufacturer's List Price		\$0.4000 per ounce		15% Manufacturer's List Price
Snus Tobacco		40% Manufacturer's List Price		24% Wholesale Price		15% Manufacturer's List Price
Chewing Tobacco	Connecticut	50% Wholesale Sales Price	Iowa	50% Wholesale Sales Price	Missouri	10% Manufacturer's Invoice Price
Dissolvable Tobacco		No Provision		No Provision		No Provision
Dry Snuff Tobacco		\$1.0000 per ounce		\$1.1900 per ounce		10% Manufacturer's Invoice Price
Moist Snuff Tobacco		\$1.0000 per ounce		\$1.1900 per ounce		10% Manufacturer's Invoice Price
Snus Tobacco		No Provision		50% Wholesale Sales Price		10% Manufacturer's Invoice Price
Chewing Tobacco	Delaware	15% Wholesale Price	Kansas	10% Wholesale Sales Price	Nebraska	20% Purchase Price
Dissolvable Tobacco		15% Wholesale Price		No Provision		No Provision
Dry Snuff Tobacco		15% Wholesale Price		10% Wholesale Sales Price		\$0.4400 per ounce
Moist Snuff Tobacco		\$0.5400 per ounce		10% Wholesale Sales Price		\$0.4400 per ounce
Snus Tobacco		15% Wholesale Price		10% Wholesale Sales Price		20% Purchase Price
Chewing Tobacco	Florida	85% Wholesale Sales Price	Louisiana	20% Manufacturer's Invoice	Nevada	30% Wholesale Price
Dissolvable Tobacco		No Provision		20% Manufacturer's Invoice		30% Wholesale Price
Dry Snuff Tobacco		85% Wholesale Sales Price		20% Manufacturer's Invoice		30% Wholesale Price
Moist Snuff Tobacco		85% Wholesale Sales Price		20% Manufacturer's Invoice		30% Wholesale Price
Snus Tobacco		85% Wholesale Sales Price		20% Manufacturer's Invoice		30% Wholesale Price

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# Excise Taxes on Non-Combustible Tobacco Products

In effect as of March 31, 2016 (n=54)

Tobacco Product	Location	Tax	State	Tax	Location	Tax
Chewing Tobacco	New Hampshire	65.03% Wholesale Sales Price	Pennsylvania	No Provision	Vermont	92% Wholesale Price
Dissolvable Tobacco		65.03% Wholesale Sales Price		No Provision		\$2.5700 per ounce
Dry Snuff Tobacco		65.03% Wholesale Sales Price		No Provision		\$2.5700 per ounce
Moist Snuff Tobacco		65.03% Wholesale Sales Price		No Provision		\$2.5700 per ounce
Snus Tobacco		No Provision		No Provision		\$2.5700 per ounce
Chewing Tobacco	New Jersey	30% Wholesale Price	Puerto Rico	No Provision	Virginia	10% Manufacturer's Sales Price
Dissolvable Tobacco		30% Wholesale Price		No Provision		No Provision
Dry Snuff Tobacco		30% Wholesale Price		No Provision		\$0.2100 per ounce
Moist Snuff Tobacco		\$0.7500 per ounce		No Provision		\$0.1800 per ounce
Snus Tobacco		30% Wholesale Price		No Provision		10% Manufacturer's Sales Price
Chewing Tobacco	New Mexico	25% Product Value	Rhode Island	80% Wholesale Cost	Washington	95% Taxable Sales Price
Dissolvable Tobacco		25% Product Value		80% Wholesale Cost		95% Taxable Sales Price
Dry Snuff Tobacco		25% Product Value		\$1.0000 per ounce		95% Taxable Sales Price
Moist Snuff Tobacco		25% Product Value		\$1.0000 per ounce		\$2.105 per ounce
Snus Tobacco		25% Product Value		80% Wholesale Cost		95% Taxable Sales Price
Chewing Tobacco	New York	75% Wholesale Price	South Carolina	5% Manufacturer's Price	West Virginia	7% Wholesale Price
Dissolvable Tobacco		No Provision		No Provision		7% Wholesale Price
Dry Snuff Tobacco		\$2.0000 per ounce		5% Manufacturer's Price		7% Wholesale Price
Moist Snuff Tobacco		\$2.0000 per ounce		5% Manufacturer's Price		7% Wholesale Price
Snus Tobacco		75% Wholesale Price		5% Manufacturer's Price		7% Wholesale Price
Chewing Tobacco	North Carolina	12.8% Cost Price	South Dakota	35% Wholesale Purchase Price	Wisconsin	71% Manufacturer's List Price
Dissolvable Tobacco		12.8% Cost Price		35% Wholesale Purchase Price		No Provision
Dry Snuff Tobacco		12.8% Cost Price		35% Wholesale Purchase Price		71% Manufacturer's List Price
Moist Snuff Tobacco		12.8% Cost Price		35% Wholesale Purchase Price		100% Manufacturer's List Price
Snus Tobacco		12.8% Cost Price		35% Wholesale Purchase Price		71% Manufacturer's List Price
Chewing Tobacco	North Dakota	\$0.1600 per ounce	Tennessee	6.6% Wholesale Cost Price	Wyoming	20% Wholesale Purchase Price
Dissolvable Tobacco		No Provision		6.6% Wholesale Cost Price		No Provision
Dry Snuff Tobacco		\$0.6000 per ounce		6.6% Wholesale Cost Price		20% Wholesale Purchase Price
Moist Snuff Tobacco		\$0.6000 per ounce		6.6% Wholesale Cost Price		\$0.600 per ounce
Snus Tobacco		No Provision		6.6% Wholesale Cost Price		20% Wholesale Purchase Price
Chewing Tobacco	Ohio	17% Wholesale Price	Texas	\$1.22 per ounce		
Dissolvable Tobacco		No Provision		\$1.22 per ounce		
Dry Snuff Tobacco		17% Wholesale Price		\$1.22 per ounce		
Moist Snuff Tobacco		17% Wholesale Price		\$1.22 per ounce		
Snus Tobacco		17% Wholesale Price		\$1.22 per ounce		
Chewing Tobacco	Oklahoma	60% Factory List Price	U.S. Virgin Islands	25% Cost Price		
Dissolvable Tobacco		60% Factory List Price		25% Cost Price		
Dry Snuff Tobacco		60% Factory List Price		25% Cost Price		
Moist Snuff Tobacco		60% Factory List Price		25% Cost Price		
Snus Tobacco		60% Factory List Price		25% Cost Price		
Chewing Tobacco	Oregon	65% Wholesale Sales Price	Utah	86% Manufacturer's Sales Price		
Dissolvable Tobacco		No Provision		86% Manufacturer's Sales Price		
Dry Snuff Tobacco		65% Wholesale Sales Price		86% Manufacturer's Sales Price		
Moist Snuff Tobacco		\$1.7800 per ounce		\$1.8300 per ounce		
Snus Tobacco		65% Wholesale Sales Price		86% Manufacturer's Sales Price		

GET THE FACTS ON TOBACCO USE PREVENTION AND CONTROL



**U.S. Department of Health and Human Services**  
Centers for Disease Control and Prevention

STATE System: [CDC.gov/STATESystem](http://CDC.gov/STATESystem)  
OSHData: [CDC.gov/OSHData](http://CDC.gov/OSHData)  
Office on Smoking and Health: [CDC.gov/Tobacco](http://CDC.gov/Tobacco)

OSHData presents comprehensive tobacco prevention and control data in an online, easy to use, interactive data application.

Download the entire dataset from OSHData.

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## The STATE System Includes Excise Taxes on Different Types of Tobacco Products

In the STATE System, excise taxes on tobacco products are included for combustible and non-combustible (smokeless) tobacco.

### Cigarettes

Any roll of tobacco wrapped in paper or in any substance not containing tobacco, and any roll of tobacco wrapped in any substance containing tobacco that—because of its appearance, the type of tobacco used in the filler, or its packaging and labeling—is likely to be offered to, or purchased by, consumers as a cigarette.<sup>12</sup>

### Cigar

Any roll of tobacco wrapped in leaf tobacco or in any substance containing tobacco [other than a rolled cigarette].<sup>12</sup>

### Little Cigars

Lighter than traditional cigars in weight, and while they are rolled in tobacco leaf instead of paper, they are typically similar in size to a cigarette and have other cigarette characteristics, including filters. They often are not defined as cigarettes for tax purposes.<sup>13</sup>

### Pipe Tobacco

Any tobacco that—because of its appearance, type, packaging, or labeling—is suitable for use and likely to be offered to, or purchased by, consumers as tobacco to be smoked in a pipe.<sup>12</sup>

### Roll-Your-Own Tobacco

Any tobacco that—because of its appearance, type, packaging, or labeling—is suitable for use and likely to be offered to, or purchased by, consumers as tobacco for making cigarettes or cigars, or for use as wrappers thereof.<sup>12</sup>

### Chewing Tobacco

Any leaf tobacco that is not intended to be smoked.<sup>12</sup>

### Dissolvable Tobacco

A type of smokeless tobacco product that dissolves in the mouth.

### Dry Snuff Tobacco

Any finely cut, ground, or powdered tobacco that is not intended to be smoked but inhaled.<sup>12</sup>

### Moist Snuff Tobacco

Any moist finely cut ground or powdered tobacco intended to be placed in the mouth.<sup>14</sup>

### Snus Tobacco

A spitless, moist snuff packaged in a small teabag-like sachet.<sup>15</sup>

COMBUSTIBLES

NON-COMBUSTIBLES

*The STATE System contains data synthesized from state-level statutory laws. It does not contain state-level regulations; measures implemented by counties, cities, or other localities; opinions of Attorneys General; or relevant case law decisions for tobacco control topics other than preemption; all of which may vary significantly from the laws reported in the database, fact sheets, and publications.*

## GET THE FACTS ON TOBACCO USE PREVENTION AND CONTROL



U.S. Department of  
Health and Human Services  
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Control and Prevention

STATE System: [CDC.gov/STATESystem](http://CDC.gov/STATESystem)  
OSHData: [CDC.gov/OSHData](http://CDC.gov/OSHData)  
Office on Smoking and Health: [CDC.gov/Tobacco](http://CDC.gov/Tobacco)

## STATE System E-Cigarette Fact Sheet

### TRENDS

#### Youth use of e-cigarettes continues to rise rapidly in the United States.

- From 2011 to 2015, past 30-day use of e-cigarettes increased 10-fold for high school students (1.5% to 16.0%) and more than 9-fold for middle school students (0.6% to 5.3%).<sup>1</sup>
- Nearly 2.5 million US middle and high school students were past 30-day e-cigarette users in 2015, including about 1 of 7 high school students.<sup>1</sup>
- In 2013, more than a quarter of a million (263,000) middle and high school students who had never smoked cigarettes had ever used e-cigarettes.<sup>2</sup>

#### Most adult e-cigarette users also smoke conventional cigarettes. This is referred to as “dual use.”

- In 2012-2013, 1.9% of adults were past 30-day e-cigarette users, including 9.4% of conventional cigarette smokers.<sup>3</sup> Among adult past 30-day e-cigarette users, 76.8% were also current cigarette smokers (i.e., “dual users”) in 2012-2013.<sup>3</sup>

### WHAT IS AN E-CIGARETTE?

Any electronic device that can be used to deliver nicotine or other substances to the person inhaling from the device, including—but not limited to—electronic cigarettes (e-cigarettes), e-cigars, e-pipes, e-hookahs, vape pens, and other electronic nicotine delivery systems.

### HEALTH INFORMATION

#### Nicotine poses dangers to pregnant women and fetuses, children, and adolescents.<sup>4</sup>

- Nicotine is highly addictive.<sup>4</sup>
- Nicotine is toxic to developing fetuses and impairs fetal brain and lung development.<sup>4,5</sup>

#### Youth use of nicotine in any form, including e-cigarettes, is unsafe.<sup>4</sup>

- Because the adolescent brain is still developing, nicotine use during adolescence can disrupt the formation of brain circuits that control attention, learning, and susceptibility to addiction.<sup>5</sup>

#### In order for adult smokers to benefit from e-cigarettes, they must completely quit combusted tobacco use.

- Smokers who cut back on cigarettes by using e-cigarettes, but who don't completely quit smoking cigarettes, aren't fully protecting their health.
  - Smoking just 1-4 cigarettes a day doubles the risk of dying from heart disease.<sup>6</sup>
  - Heavy smokers who reduce their cigarette use by half still have a very high risk for early death.<sup>7</sup>

#### E-cigarette aerosol is not harmless “water vapor” and is not as safe as clean air.<sup>8</sup>

- E-cigarettes generally emit lower levels of dangerous toxins than combusted cigarettes. However, in addition to nicotine, e-cigarette aerosols can contain heavy metals, ultrafine particulate, and cancer-causing agents like acrolein.<sup>9</sup>

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# STATE LEGISLATIVE ACTIVITY

Enacted as of March 31, 2016

## Restrictions on Sales to Minors

- As of March 31, 2016, 46 states, Guam and the U.S. Virgin Islands have passed legislation prohibiting the sale of e-cigarettes to minors.
- Four states (Massachusetts, Maine, Michigan, and Pennsylvania), the District of Columbia and Puerto Rico do not have any legislation requiring a minimum age restriction on the purchase of e-cigarettes.

## Retail Licensure on E-Cigarettes

- As of March 31, 2016, eleven states (Arkansas, Connecticut, Indiana, Iowa, Kansas, Louisiana, Minnesota, Montana, Rhode Island, Utah, and Vermont) and the U.S. Virgin Islands have passed legislation that requires a retail license to sell e-cigarettes over-the-counter.

## Smokefree Indoor Air Laws, Including E-Cigarettes

- As of March 31, 2016, six states (Delaware, Hawaii, New Jersey, North Dakota, Oregon, and Utah) have passed comprehensive smokefree indoor air laws that include e-cigarettes. These laws prohibit smoking and the use of e-cigarettes in indoor areas of private worksites, restaurants, and bars.

## E-Cigarette Tax

- As of March 31, 2016, five states (Kansas, Louisiana, Minnesota, North Carolina, and Nevada) the District of Columbia and the U.S. Virgin Islands have passed legislation that requires a tax on e-cigarettes. Three states (Kansas, Louisiana, and North Carolina) tax e-cigarettes per milliliter of liquid or consumable material. Minnesota, Nevada and the District of Columbia tax e-cigarettes on a percentage of a specified cost.
- In Kansas, the e-cigarette tax becomes effective on July 1, 2016.

GET THE FACTS ON TOBACCO USE PREVENTION AND CONTROL



**U.S. Department of  
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Control and Prevention

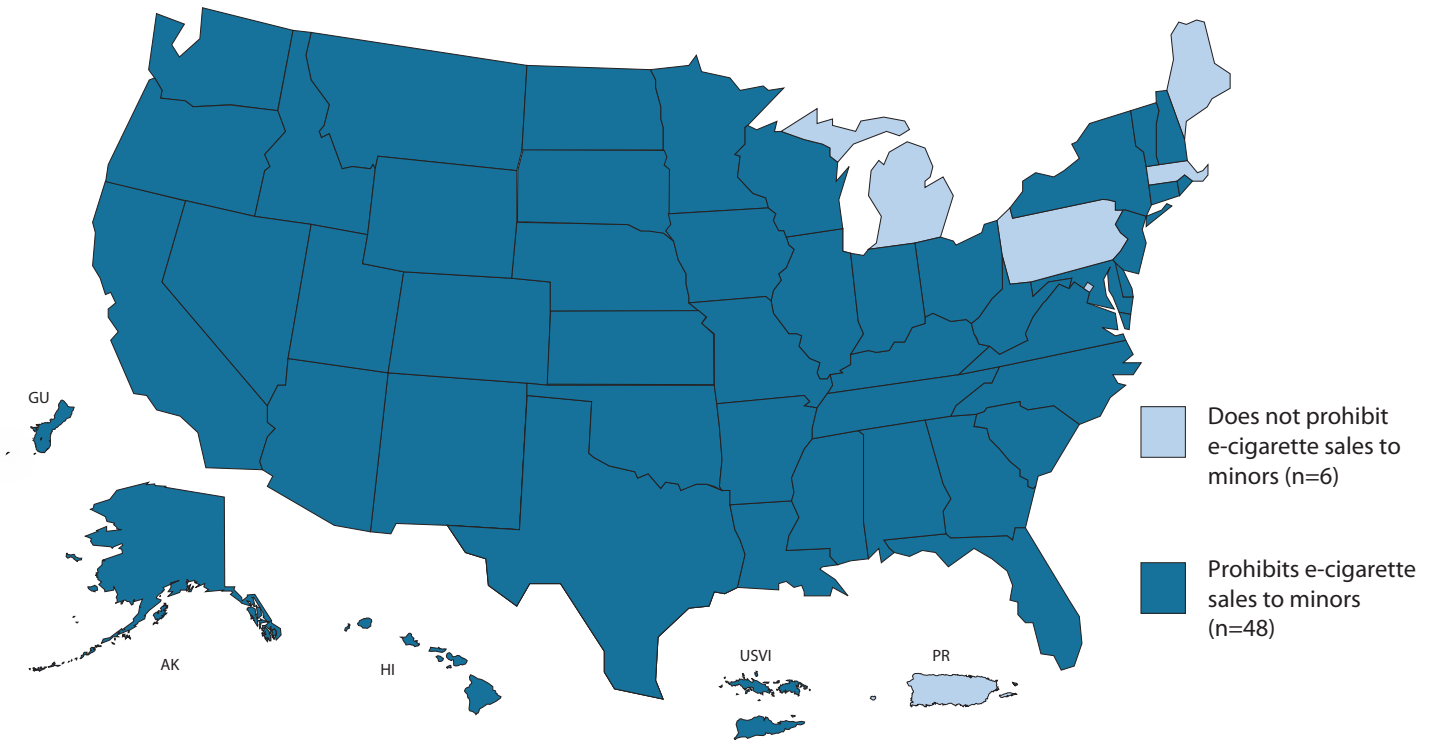
STATE System: [CDC.gov/STATESystem](http://CDC.gov/STATESystem)  
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Office on Smoking and Health: [CDC.gov/Tobacco](http://CDC.gov/Tobacco)



# RESTRICTIONS ON SALES TO MINORS

## States with Laws Prohibiting Sales of E-Cigarettes to Minors

Enacted as of March 31, 2016

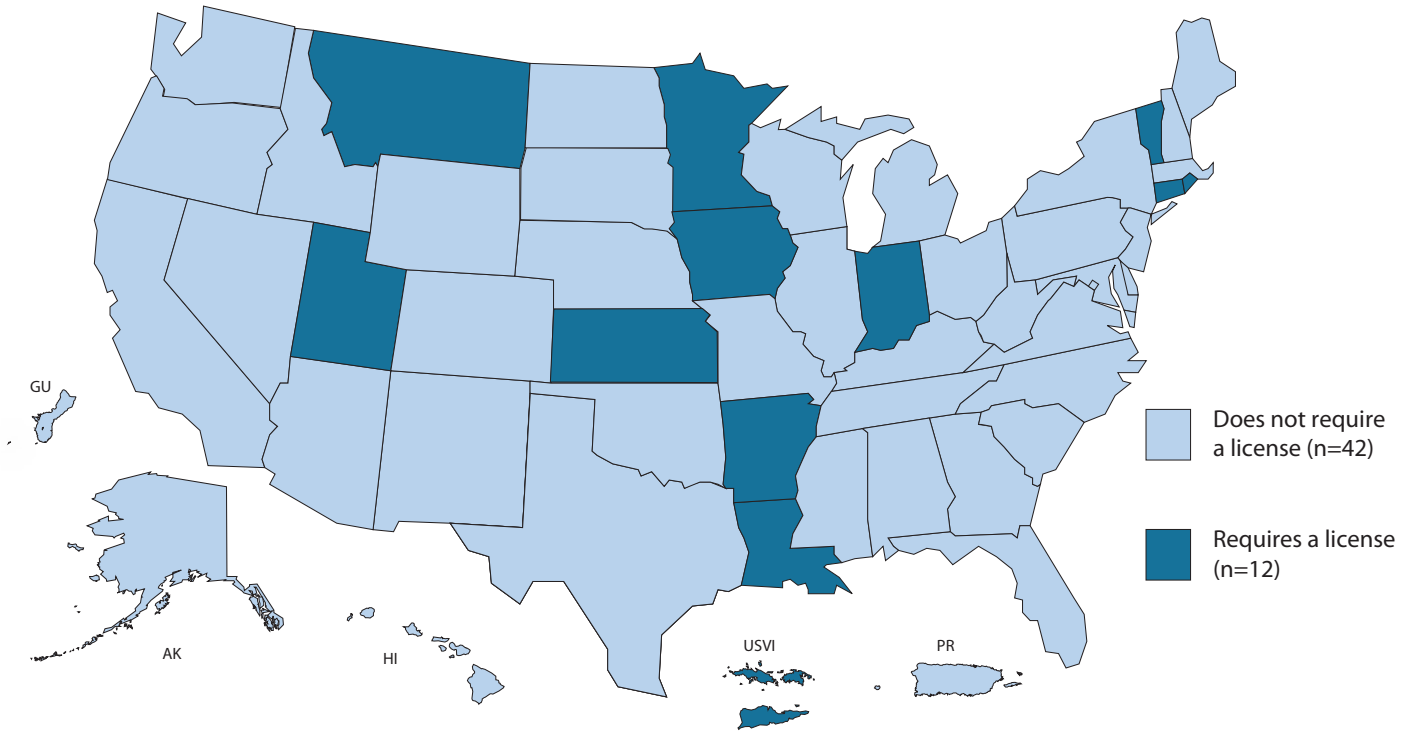


Location	Sales to Minors Prohibited	Minimum Age	Effective	State	Sales to Minors Prohibited	Minimum Age	Effective
Alabama	Yes	19	8/1/2013	Montana	Yes	18	1/1/2016
Alaska	Yes	19	8/22/2012	Nebraska	Yes	18	4/9/2014
Arizona	Yes	18	9/13/2013	Nevada	Yes	18	10/1/2015
Arkansas	Yes	18	5/1/2015	New Hampshire	Yes	18	7/31/2010
California	Yes	18	9/27/2010	New Jersey	Yes	19	3/12/2010
Colorado	Yes	18	3/25/2011	New Mexico	Yes	18	6/19/2015
Connecticut	Yes	18	10/1/2014	New York	Yes	18	1/1/2013
Delaware	Yes	18	6/12/2014	North Carolina	Yes	18	8/1/2013
District of Columbia				North Dakota	Yes	18	8/1/2015
Florida	Yes	18	7/1/2014	Ohio	Yes	18	8/2/2014
Georgia	Yes	18	7/1/2014	Oklahoma	Yes	18	11/1/2014
Guam	Yes	18	5/21/2014	Oregon	Yes	18	5/26/2015
Hawaii	Yes	21	1/1/2016	Pennsylvania			
Idaho	Yes	18	7/1/2012	Puerto Rico			
Illinois	Yes	18	1/1/2014	Rhode Island	Yes	18	1/1/2015
Indiana	Yes	18	7/1/2013	South Carolina	Yes	18	6/7/2013
Iowa	Yes	18	7/1/2014	South Dakota	Yes	18	7/1/2014
Kansas	Yes	18	7/1/2012	Tennessee	Yes	18	7/1/2015
Kentucky	Yes	18	4/10/2014	Texas	Yes	18	10/1/2015
Louisiana	Yes	18	5/28/2014	U.S. Virgin Islands	Yes	18	
Maine				Utah	Yes	19	5/11/2010
Maryland	Yes	18	10/1/2012	Vermont	Yes	18	7/1/2013
Massachusetts				Virginia	Yes	18	7/1/2014
Michigan				Washington	Yes	18	7/28/2013
Minnesota	Yes	18	8/1/2010	West Virginia	Yes	18	6/6/2014
Mississippi	Yes	18	7/1/2013	Wisconsin	Yes	18	4/20/2012
Missouri	Yes	18	10/10/2014	Wyoming	Yes	18	3/13/2013

# RETAIL LICENSURE ON E-CIGARETTES

## States with Laws Requiring Licenses For Over-the-counter Sales of E-Cigarettes

Enacted as of March 31, 2016



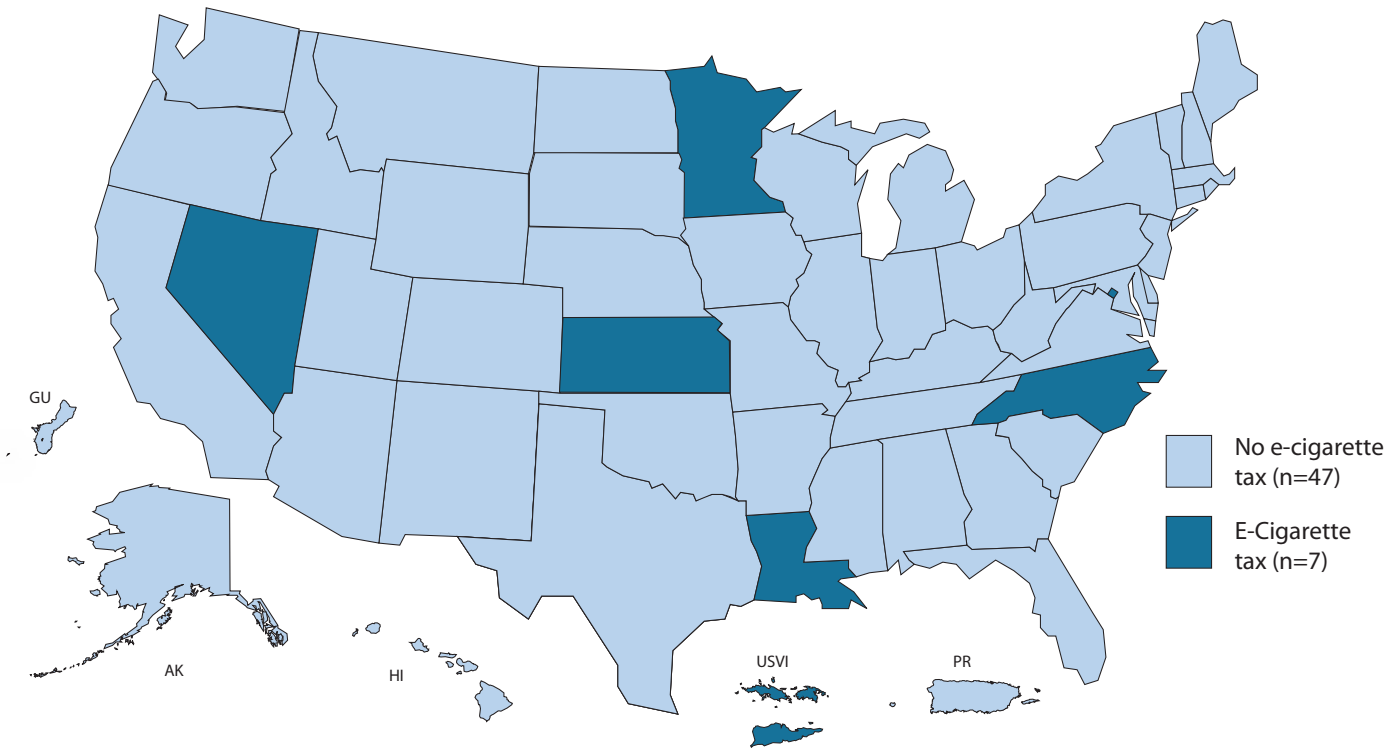
Location	License Required	Effective	State	License Required	Effective
Alabama			Montana	Yes	1/1/2016
Alaska			Nebraska		
Arizona			Nevada		
Arkansas	Yes	5/1/2015	New Hampshire		
California			New Jersey		
Colorado			New Mexico		
Connecticut	Yes	1/1/2016	New York		
Delaware			North Carolina		
District of Columbia			North Dakota		
Florida			Ohio		
Georgia			Oklahoma		
Guam			Oregon		
Hawaii			Pennsylvania		
Idaho			Puerto Rico		
Illinois			Rhode Island	Yes	1/1/2015
Indiana	Yes	7/1/2015	South Carolina		
Iowa	Yes	7/1/2014	South Dakota		
Kansas	Yes	7/1/2012	Tennessee		
Kentucky			Texas		
Louisiana	Yes	5/28/2014	U.S. Virgin Islands	Yes	
Maine			Utah	Yes	7/1/2015
Maryland			Vermont	Yes	7/1/2013
Massachusetts			Virginia		
Michigan			Washington		
Minnesota	Yes	8/1/2014	West Virginia		
Mississippi			Wisconsin		
Missouri			Wyoming		



# E-CIGARETTE TAX

## States with Laws Taxing E-Cigarettes

Enacted as of March 31, 2016



Location	Type of Tax	Effective	State	Type of Tax	Effective
Alabama			Montana		
Alaska			Nebraska		
Arizona			Nevada	30% wholesale price	7/1/2015
Arkansas			New Hampshire		
California			New Jersey		
Colorado			New Mexico		
Connecticut			New York		
Delaware			North Carolina	0.05 per fluid milliliter	6/1/2015
District of Columbia	67% wholesale sales price	10/1/2015	North Dakota		
Florida			Ohio		
Georgia			Oklahoma		
Guam			Oregon		
Hawaii			Pennsylvania		
Idaho			Puerto Rico		
Illinois			Rhode Island		
Indiana			South Carolina		
Iowa			South Dakota		
Kansas	\$0.20 per milliliter of consumable material	*7/1/2016	Tennessee		
Kentucky			Texas		
Louisiana	\$0.05 per liquid milliliter of nicotine	7/1/2015	U.S. Virgin Islands	45% Cost Price	
Maine			Utah		
Maryland			Vermont		
Massachusetts			Virginia		
Michigan			Washington		
Minnesota	95% wholesale sales price	7/1/2013	West Virginia		
Mississippi			Wisconsin		
Missouri			Wyoming		

\* Italicized dates represent states with laws that have been enacted but not yet taken effect.

# GLOSSARY TERMINOLOGY

## RESTRICTIONS ON SALES TO MINORS

**Minimum Age:** Indicates whether a minimum age is required by law before vendors can legally sell e-cigarettes to an individual for personal consumption. In most instances, minors are defined by statute as people younger than 18 years of age, except in 4 states (Alabama, Alaska, New Jersey, and Utah) where they are defined as people younger than 19 years of age and 1 state (Hawaii) where they are defined as people younger than 21 years of age.

**Minimum Age (Years):** The minimum age—in years—required by law that an individual must reach before vendors can legally sell e-cigarettes to the individual.

## RETAIL LICENSURE ON E-CIGARETTES

**License Required:** Whether a person engaged in the business of selling e-cigarettes over-the-counter to individual consumers must obtain a license or permit prior to conducting business.

**Over-the-Counter:** means e-cigarette products are sold in face-to-face transactions directly to an individual consumer.

## SMOKEFREE INDOOR AIR POLICIES, INCLUDING E-CIGARETTES

**Comprehensive Smokefree Indoor Air Law:** CDC defines a state smokefree air law as comprehensive if it prohibits smoking in indoor areas of private worksites, restaurants, and bars.

Note: States have passed comprehensive smokefree air laws that include the use of e-cigarettes. These laws prohibit smoking and the use of e-cigarettes in indoor areas of private worksites, restaurants, and bars.

## E-CIGARETTE TAX

**E-Cigarette Tax:** Any excise tax levied on e-cigarettes.

**Type of Tax:** E-cigarette tax is collected on a percentage on one of three levels—to the manufacturer, to the wholesaler, or to the retailer.

**Percent Value:** E-cigarette tax collected at the manufacturer, retailer, or wholesale level as a percentage of the product price.

## GET THE FACTS ON TOBACCO USE PREVENTION AND CONTROL



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## References:

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# E-cigarette Ads and Youth

About 2.4 million middle and high school students were current (past 30-day) users of electronic cigarettes, or e-cigarettes, in 2014. Most e-cigarettes contain nicotine, which causes addiction, may harm brain development, and could lead to continued tobacco product use among youth. Tobacco product advertising can entice youth to use tobacco, and spending to advertise e-cigarettes has increased rapidly since 2011. About 69% of middle and high school students were exposed to e-cigarette advertisements in retail stores, on the Internet, in magazines/newspapers, or on TV/movies. Exposure to e-cigarette advertisements may be contributing to increases in e-cigarette use among youth. Efforts by states, communities, and others could reduce this exposure.

## States and communities can:

- Fund tobacco prevention and control programs at CDC-recommended levels to prevent youth use of all tobacco products, including e-cigarettes.
- Work to limit where and how all tobacco products, including e-cigarettes, are sold to reduce youth e-cigarette use, as well as ad exposure.
- Support efforts to implement and sustain proven youth tobacco prevention actions such as tobacco price increases, comprehensive smoke-free laws, and high-impact mass media campaigns.

## 18 Million

More than 18 million (7 in 10) US middle and high school youth were exposed to e-cigarette ads in 2014.

## 1 in 2

More than 1 in 2 middle and high school youth were exposed to e-cigarette ads in retail stores.

## 2 in 5

Nearly 2 in 5 middle and high school youth saw e-cigarette ads online.

Want to learn more? [www.cdc.gov/vitalsigns/ecigarette-ads](http://www.cdc.gov/vitalsigns/ecigarette-ads)



**Centers for Disease  
Control and Prevention**  
 National Center for Chronic  
 Disease Prevention and  
 Health Promotion

# Problem:



## Youth are vulnerable to e-cigarette ads.

### 18 million youth were exposed to e-cigarette ads in 2014.

- More than 10 million high school students and nearly 8 million middle school students were exposed to e-cigarette ads in 2014.
- More than half of high school students (about 8 million) saw e-cigarette ads in retail stores, and more than 6 million saw them on the Internet.
- More than half of middle school students (6 million) saw e-cigarettes ads in retail stores, and more than 4 million saw them on the Internet.
- About 15% of all students reported seeing e-cigarette ads from all four sources, including retail stores, the Internet, magazines/newspapers, and TV/movies.

### Exposure to e-cigarette ads may contribute to youth e-cigarette use:

- E-cigarette companies have rapidly increased advertising spending, from \$6.4 million in 2011 to \$115 million in 2014.
- Many of the themes used in advertising for cigarettes are also now used to advertise e-cigarettes – including sex, independence, and rebellion.
- During the time e-cigarette ads have increased, there are also increases in e-cigarette use among US youth. From 2011-2014, e-cigarette use in the past 30 days increased from less than 1% to almost 4% among middle school students and from less than 2% to 13% among high school students.

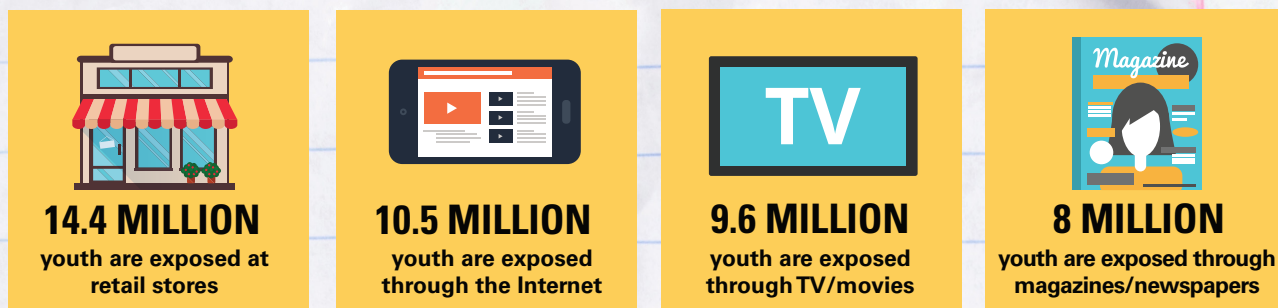
Most e-cigarettes contain **NICOTINE**, which causes **ADDICTION**, may harm brain development, and could lead to continued tobacco product use among youth.



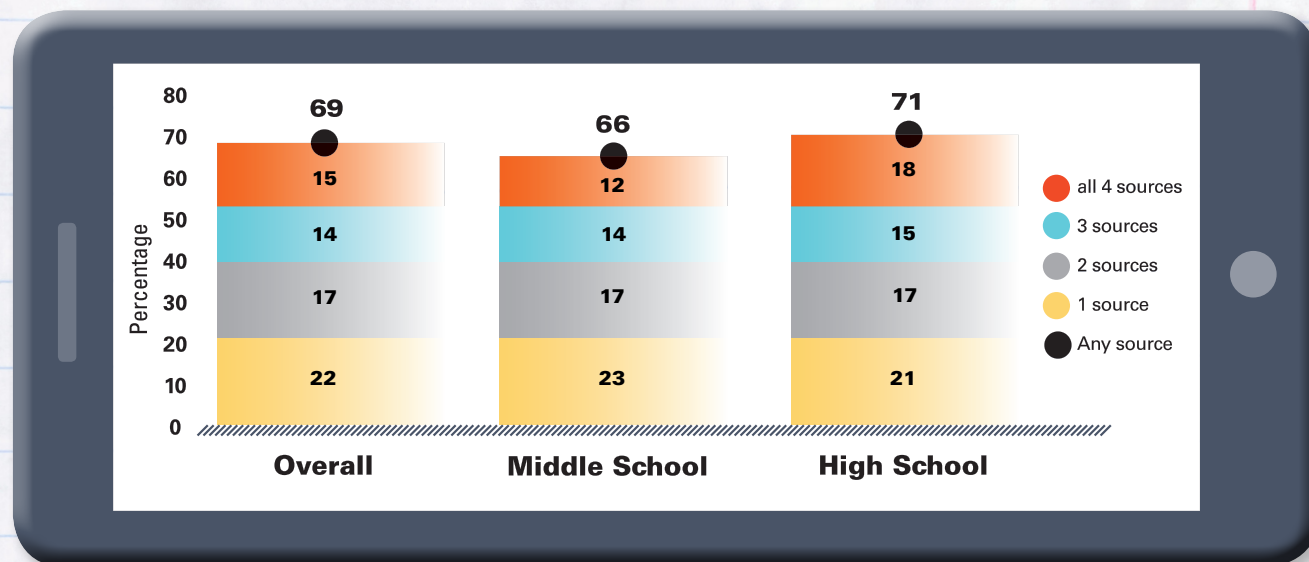


# Youth are exposed to e-cigarette advertisements from multiple sources.

## Sources of e-cigarette advertisement exposure



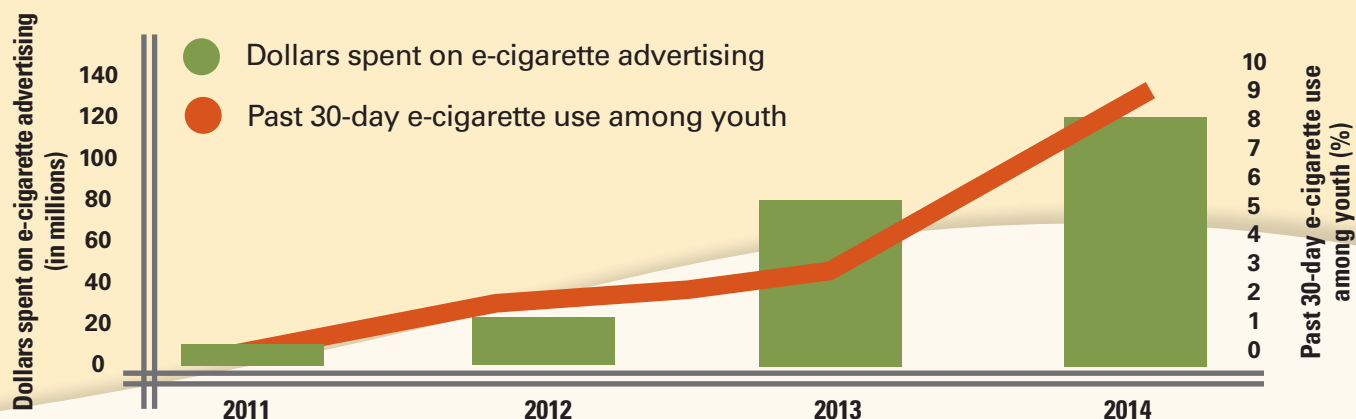
## US students exposed to e-cigarette advertisements, by school type and number of sources of exposure



\* Percentages may not add up exactly to any source due to rounding.

SOURCE: National Youth Tobacco Survey 2014.

## E-cigarette use among youth is rising as e-cigarette advertising grows



SOURCE: National Youth Tobacco Survey, 2011-2014; Kim et al (2014), Truth Initiative (2015).

# What Can Be Done?



## The Federal government is

- Supporting state tobacco prevention and control programs to prevent any youth use of tobacco products, including e-cigarettes.
- Tracking e-cigarette use; supporting research on the health effects and factors contributing to youth e-cigarette use; and providing information to the public, including health care providers.
- Developing regulations for e-cigarettes and other currently unregulated tobacco products to reduce the disease and death from tobacco use, including by preventing youth tobacco use.
- Funding and promoting campaigns that inform people about the dangers of tobacco use, such as FDA's *The Real Cost* and *Fresh Empire* for youth and CDC's *Tips From Former Smokers* for adults.

## States and communities can

- Fund tobacco prevention and control programs at CDC-recommended levels to prevent youth use of all tobacco products, including e-cigarettes.
- Work to limit where and how all tobacco products, including e-cigarettes, are sold to reduce youth e-cigarette use, as well as ad exposure. This may include:
  - ▶ Requiring age verification to enter e-cigarette vendors' websites, make purchases, and accept deliveries of e-cigarettes.
  - ▶ Restricting the number of stores that sell tobacco and how close they can be to schools.
  - ▶ Requiring that e-cigarettes be sold only through face-to-face transactions, not on the Internet.
  - ▶ Limiting tobacco product sales to facilities that never admit youth.
- Support efforts to implement and continue proven youth tobacco prevention approaches, including tobacco price increases, comprehensive smoke-free laws, and high-impact mass media campaigns.

## Pediatricians, nurses, and other health care providers can

- Ask about youths' e-cigarette use and counsel them about the dangers of nicotine, e-cigarettes, and all other tobacco use.
- Ask all patients whether they use tobacco products, encourage those who do to quit, and provide help with quitting.
- Ask about youths' media and Internet use. Advise parents and caregivers to take an active role in deciding which websites and media children may view and teaching critical viewing skills.

## Parents and caregivers can

- Set a positive example by being tobacco-free. For free help, call 1-800-QUIT-NOW or visit [www.smokefree.gov](http://www.smokefree.gov)
- Talk to youth about why they shouldn't use any tobacco products, including e-cigarettes.
- Know what media their children are viewing, and decide what programs and websites are appropriate for their age. Watch programs together and discuss content.

1-800-CDC-INFO (232-4636)

TTY: 1-888-232-6348

[www.cdc.gov](http://www.cdc.gov)

Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30329

Publication date: 01/05/2016

## for Comprehensive Tobacco Control Programs

*Defines the specific annual investment needed for state comprehensive tobacco control programs to implement what we know works to improve health.*

### Core Comprehensive Tobacco Control Program Components:

1. State and Community Interventions
2. Mass-Reach Health Communication Interventions
3. Cessation Interventions
4. Surveillance and Evaluation
5. Infrastructure, Administration, and Management

### What is a Comprehensive Tobacco Control Program?

A comprehensive tobacco control program is a statewide, coordinated effort to establish smoke-free policies and social norms, to promote quitting and help tobacco users quit, and to prevent tobacco use initiation. These programs reduce tobacco-related disease, disability, and death.

### Goals:

1. Prevent tobacco use initiation among youth and young adults
2. Promote quitting among adults and youth
3. Eliminate exposure to secondhand smoke
4. Identify and eliminate tobacco-related disparities

### Comprehensive tobacco control programs work and are a public health "best buy."

- Investments in comprehensive tobacco control programs have high return on investment.
- Sustained funding for these programs improves health and leads to even greater returns on investment.

### CDC's Best Practices–2014 Recommended Funding Levels by Program Component

Recommended National Investment	Total	State and Community Interventions	Mass-Reach Health Communication Interventions	Cessation Interventions	Surveillance & Evaluation	Infrastructure, Administration, & Management
<b>Total Level (dollars in millions)</b>	<b>Minimum:</b> \$2,325.3 <b>Recommended:</b> \$3,306.3	<b>Minimum:</b> \$856.7 <b>Recommended:</b> \$1,071.0	<b>Minimum:</b> \$370.1 <b>Recommended:</b> \$532.0	<b>Minimum:</b> \$795.1 <b>Recommended:</b> \$1,271.9	<b>Minimum:</b> \$202.6 <b>Recommended:</b> \$287.7	<b>Minimum:</b> \$100.8 <b>Recommended:</b> \$143.7
<b>Per Person (based on total state population)</b>	<b>Minimum:</b> \$7.41 <b>Recommended:</b> \$10.53	<b>Minimum:</b> \$2.73 <b>Recommended:</b> \$3.41	<b>Minimum:</b> \$1.18 <b>Recommended:</b> \$1.69	<b>Minimum:</b> \$2.53 <b>Recommended:</b> \$4.05	<b>Minimum:</b> \$0.65 <b>Recommended:</b> \$0.92	<b>Minimum:</b> \$.32 <b>Recommended:</b> \$0.46

## FAST FACTS

**Tobacco use is the single most preventable cause of death and disease.**

**1 in 4 adults uses tobacco.**

**There is no risk-free level of secondhand smoke exposure.**

**Tobacco use costs the United States \$289–\$332.5 billion in direct health care costs and productivity losses every year.**