

FFY 2007 Annual Synar Reports

YOUTH TOBACCO SALES

In Brief

- The national weighted average rate of tobacco sales to minors (RVR) as reported by States and the District of Columbia in their FFY 2007 Annual Synar Reports is now 10.5 percent—the lowest RVR in Synar's 11-year history.
- FFY 2007 is the second year in Synar history where the Secretary found no State out of compliance with the Synar regulations.
- States meeting their Synar goals generally employ a comprehensive strategy combining vigorous enforcement efforts, political support from the State government, a climate of active social norms that discourage youth tobacco use, and well coordinated tobacco access control programs.

State Synar Enforcement Efforts and SAMHSA's Synar Regulation Monitoring

Tobacco use is the leading cause of death and disease in the United States, with more than 400,000 deaths annually attributed to smoking¹—more than the combined total of deaths from AIDS, motor vehicle accidents, suicide, murder, and alcohol and drug abuse². 80 percent of adults smokers that are nicotine-dependent report that they started smoking cigarettes before age 18³. Preventing the use of tobacco products by young people provides an important opportunity to reduce the death and disability that accompany tobacco use. One part of a comprehensive strategy to reduce youth tobacco use is to reduce youth access to tobacco products. The Substance Abuse and Mental Health Services Administration (SAMHSA) is charged with overseeing efforts in States and U.S. Jurisdictions to reduce youth access to tobacco products through retail sources.

¹Centers for Disease Control and Prevention. Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 1997–2001. *Morbidity and Mortality Weekly Report*. July 1, 2005. 54(25):625–628. www.cdc.gov/mmwr/preview/mmwrhtml/mm5425a1.htm [accessed May 22, 2008].

²Centers for Disease Control and Prevention. Health, United States, 2005, With Chartbook on Trends in the Health of Americans. Hyattsville, MD: National Center for Health Statistics, 2005. www.cdc.gov/nchs/data/abus/hus05.pdf [accessed May 22, 2008].

³Office of Applied Studies. Results from the 2006 National Survey on Drug Use and Health: Detailed Tables—Table 7.32A. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2007.



The Synar Amendment

In July 1992, Congress enacted the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (P.L. 102-321), which includes the Synar Amendment (section 1926) aimed at decreasing youth access to tobacco. This amendment requires States to enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under 18 years old. To determine compliance with the legislation, the Amendment requires each State and U.S. Jurisdiction to conduct annual random, unannounced inspections of retail tobacco outlets and to report the findings to the Secretary of the U.S. Department of Health and Human Services (HHS). States that do not comply with the requirements set forth in the Amendment are subject to a penalty of 40 percent of their Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funding.

The Synar Regulation

Because it plays a lead Federal role in substance abuse prevention, SAMHSA was charged with implementing the Synar Amendment. In January 1996, SAMHSA issued the Synar Regulation to provide guidance to the States. The Regulation stipulates that to comply with the Synar Amendment, each State⁴ must do the following:

- Have in effect a law prohibiting any manufacturer, retailer, or distributor of tobacco products from selling or distributing such products to any individual under age 18.
- Enforce such laws to a degree that can reasonably be expected to reduce the illegal sale of tobacco products to individuals under age 18.
- Develop a strategy and negotiate a timeframe with SAMHSA for achieving a retailer violation rate (RVR) of 20 percent or less.
- Conduct annual, random, unannounced inspections of over-the-counter tobacco outlets and vending machines to ensure compliance with the law. These inspections are to be conducted in such a way as to provide a valid sample of outlets accessible to youth.
- Submit an annual report that details the actions undertaken by the State to enforce its law and includes information on the overall success the State has achieved during the previous Federal fiscal year (FFY) in reducing tobacco availability to youth, the methods used to identify outlets, its inspection procedures, and its plans for enforcing the law in the next FFY.

States measure their progress in reducing youth access to tobacco via annual, random, unannounced inspections (also known as the Synar survey). SAMHSA, through its Center for Substance Abuse Prevention (CSAP), Division of State Programs, annually reviews each State's Synar survey and results, and provides technical assistance to help States comply with the requirements.

⁴State in this context refers to the 50 States, the District of Columbia, and the US Territories.

Major Findings

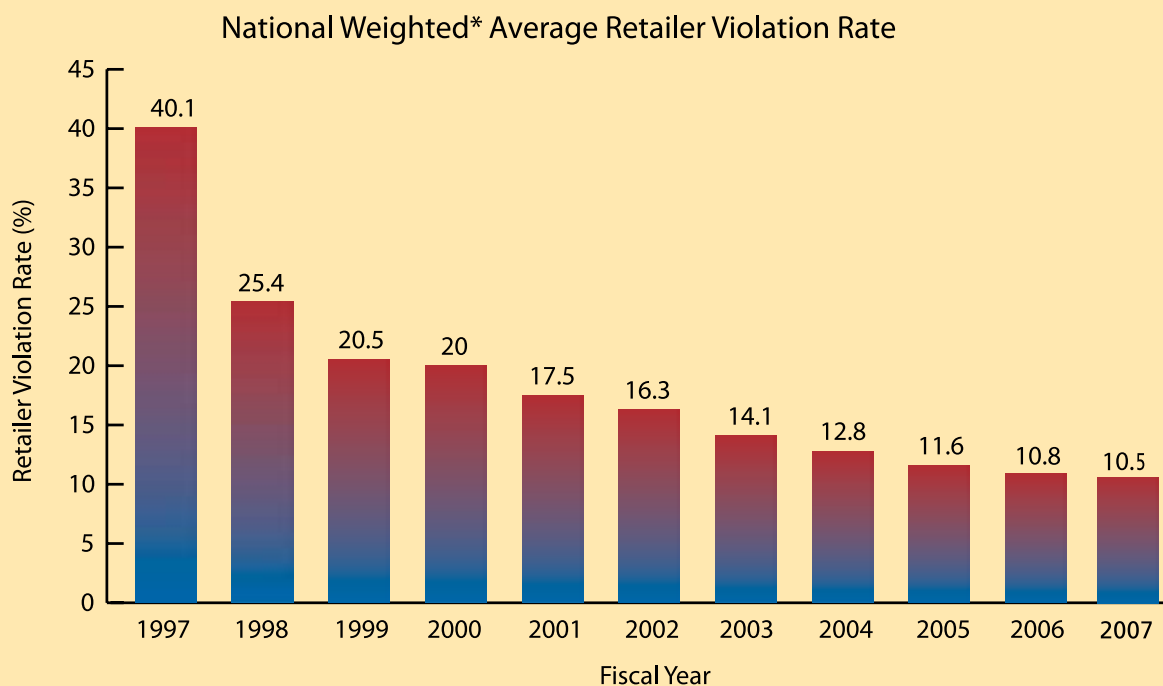
Community studies conducted before 1996 indicated that retailer violation rates in a number of States were in the 60- to 90- percent range. Synar data reported by States in FFY 1997 translated to a 40.1% average tobacco retailer violation rate (RVR) baseline, with the highest RVR reported that year of 74.6 percent. Major findings for FFY 2007 include:

- The national weighted average rate of tobacco sales to minors (RVR) as reported by States and the District of Columbia in their FFY 2007 Annual Synar Reports is now 10.5 percent. This is the lowest RVR in Synar’s 11-year history.
- FFY 2007 is the second year in Synar history where the Secretary found no State out of compliance with the Synar regulations. Although one State (MA) reported a RVR of 22.7 percent, which is 2.7 percent above its target RVR of 20 percent, the reported rate fell within the ± 3 percent margin of error allowed for States that conduct a sample.

In FFY 2007, 45 of the 51 States and DC achieved an RVR of no more than 15.0 percent (down slightly from 46 States in FFY 2006), and 26 of the 51 achieved an RVR of 10.0 percent or less (down slightly from 27 States in FFY 2006).

Downward Trend in Retailer Violation Rates Observed

Data reported by the States in the 11-year period from FFY 1997 through FFY 2007 indicate a clear downward trend in retailer violation rates associated with implementation of the Synar Regulation.



* Weighted by State population

Note: All figures include data from the 50 States and the District of Columbia.

The State RVRs were determined by the results of a series of random, unannounced compliance checks of tobacco retailers conducted by each State during the period from October 1, 2005, to September 30, 2006. These rates represent the percentage of inspected retail outlets that sold tobacco products to an inspector under 18 years old. The national weighted average was computed by weighting each State's reported RVR by that State's population.

Comparison of Reported Retailer Violation Rates for FFY 1997, 2002, and 2007

Fiscal Year	Highest Reported Rate	Lowest Reported Rate	Weighted Average Rate
1997	72.7%	7.2%	40.1%
2002	33.7%	4.5%	16.3%
2007	22.7%	3.2%	10.5%

All 50 States and DC Achieved the Overall Synar Goal

Between FFY 1997 and FFY 2002, all States and U.S. Jurisdictions were legislatively required to negotiate with SAMHSA individual RVR targets to be found in compliance with the Synar regulations. Since FFY 2003, all States and U.S. Jurisdictions have been required to meet the federally established RVR target of 20.0 percent. FFY 2007 is the second year that all States and DC were found in compliance with all Synar regulatory requirements. Although one State reported a RVR of 22.7 percent, which is 2.7 percent above its target RVR of 20 percent, the reported rate fell within the +/- 3 percent margin of error allowed for States that conduct a sample.

Synar Retailer Violation Rates (FFY 2007)

State Name	Target	Reported
Alabama	20.0%	11.2%
Alaska	20.0%	13.6%
Arizona	20.0%	14.6%
Arkansas	20.0%	4.7%
California	20.0%	13.2%
Colorado	20.0%	7.2%
Connecticut	20.0%	11.4%
Delaware	20.0%	5.0%
District of Columbia	20.0%	13.9%
Florida	20.0%	8.1%
Georgia	20.0%	14.2%
Hawaii	20.0%	5.9%
Idaho	20.0%	13.2%
Illinois	20.0%	9.5%
Indiana	20.0%	9.9%
Iowa	20.0%	11.8%
Kansas	20.0%	19.9%
Kentucky	20.0%	6.3%
Louisiana	20.0%	4.7%
Maine	20.0%	5.8%
Maryland	20.0%	9.5%
Massachusetts	20.0%	22.7%
Michigan	20.0%	14.5%
Minnesota	20.0%	9.5%
Mississippi	20.0%	3.2%
Missouri	20.0%	6.3%

State Name	Target	Reported
Montana	20.0%	8.8%
Nebraska	20.0%	14.5%
Nevada	20.0%	16.4%
New Hampshire	20.0%	11.9%
New Jersey	20.0%	11.2%
New Mexico	20.0%	9.3%
New York	20.0%	9.2%
North Carolina	20.0%	10.3%
North Dakota	20.0%	10.1%
Ohio	20.0%	11.6%
Oklahoma	20.0%	9.0%
Oregon	20.0%	11.0%
Pennsylvania	20.0%	7.0%
Rhode Island	20.0%	8.0%
South Carolina	20.0%	12.3%
South Dakota	20.0%	15.6%
Tennessee	20.0%	16.3%
Texas	20.0%	7.2%
Utah	20.0%	9.9%
Vermont	20.0%	10.7%
Virginia	20.0%	10.0%
Washington	20.0%	5.2%
West Virginia	20.0%	16.9%
Wisconsin	20.0%	5.5%
Wyoming	20.0%	6.5%



The U.S. Jurisdictions

The Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act of 2006 (H.R. 3010) contains language (section 214) that prevents the Secretary of Health and Human Services from withholding substance abuse prevention funds, pursuant to section 1926, from a U.S. Jurisdiction that receives less than \$1 million in SAPT Block Grant funds. According to Section 104 of the Revised Continuing Appropriations Resolution, 2007 (H.J. Res. 20), the provisions of Section 214 continued in effect through September 30, 2007. This provision applies to the following U.S. Jurisdictions: the Virgin Islands, American Samoa, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, and Palau. This provision does not apply to the District of Columbia and Puerto Rico, which both received more than \$1 million in SAPT Block Grant funds in FFY 2007.

At the same time, SAMHSA maintains oversight of Synar program development in all U.S. Jurisdictions, including visits for program review and enhancement. Each Jurisdiction has demonstrated significant progress in reducing youth access to tobacco. Significantly, four U.S. Jurisdictions not subject to monetary penalties because of Section 214 (American Samoa, Guam, the Northern Mariana Islands and the Federated States of Micronesia) nevertheless complied with all Synar regulatory requirements in FFY 2007.

Comprehensive Strategies Are Most Effective

An overall comprehensive tobacco control program applies a mix of educational, clinical, regulatory, economic, and social strategies and is the guiding principle for eliminating the health and economic burden of tobacco use. The Centers for Disease Control and Prevention (CDC) recommends, in *Best Practices for Comprehensive Tobacco Control Programs—2007*, that such state programs are comprehensive, sustainable, and accountable and contain the following overarching elements: state and community interventions, health communication interventions, cessation interventions, surveillance and evaluation, and administration and management. Reducing youth access to tobacco products (the goal of the Synar program) is critical to these efforts.

In its oversight of State Synar programs over the past 11 years, SAMHSA has observed that compliant States share multiple characteristics. Specifically, these States employ a comprehensive strategy that combines vigorous enforcement, political support from the State government, and a climate of active social norms that discourage youth tobacco use. Tobacco access control programs in these successful States tend to be well coordinated and include an array of strategies. These strategies often include:

- New policy and regulatory activities, including State-wide tobacco retailer licensing
- Partnership with SAMHSA, the Centers for Disease Control and Prevention, and other tobacco-directed State programs
- State and local law enforcement agencies actively enforcing State tobacco laws
- Merchant and community education targeted in areas with higher noncompliance rates that is made available in the language of the local community and is sensitive to cultural differences

- Extensive media advocacy
- Use of community coalitions to mobilize community support for restricting youth access to tobacco

SAMHSA Provides Support to the States

Since 1995, SAMHSA has provided extensive technical assistance (TA) to the States to assist them in meeting the Synar requirements. SAMHSA's initial TA and support to the States was designed to assist them in developing a framework for implementation of the Regulation. As States gained experience in conducting youth tobacco control programs in accordance with the Synar Regulation, their TA needs have shifted from general program development to specific Synar Regulation programming and implementation issues. The TA now includes technical consultation with States seeking to ensure that sampling and reporting methodologies are statistically sound and investing in effective strategies to reduce noncompliance rates among retailers.

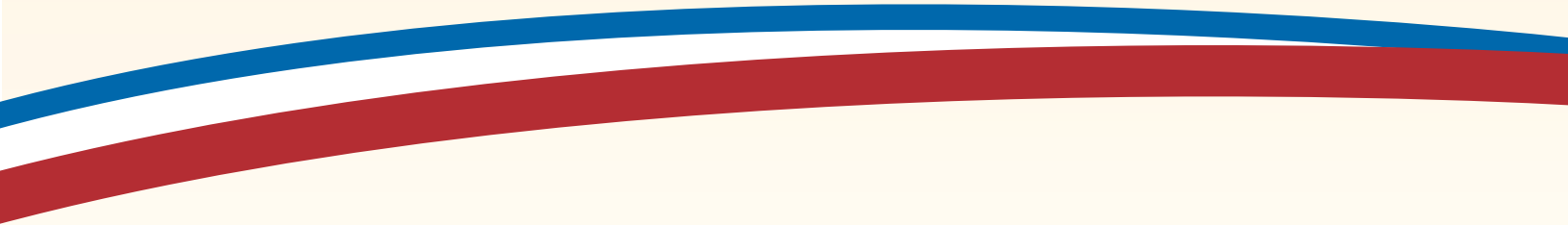
To support State Synar program compliance and enhancement, SAMHSA has also produced a variety of guidance documents on such issues as model inspection protocols and sampling designs. SAMHSA has also provided materials for training teen inspectors to conduct tobacco sales compliance checks. These guidance documents and training materials can be downloaded from the following Web address: <http://prevention.samhsa.gov/tobacco/guidance.aspx>. Additionally, SAMHSA has conducted national and regional workshops, individual telephone consultations, and provided onsite training and technical assistance.

Conclusion

The results of random, unannounced inspections required by the Synar Amendment and its implementing Regulation show that States have made significant progress in enforcing youth tobacco access laws and in reducing the percentage of retailers who sell tobacco products to minors. Over the past 11 years, all States and DC have reached the overall Synar goal, achieving a retailer violation rate of no more than 20 percent; the other U.S. Jurisdictions are continuing to develop and improve their Synar programs.

In monitoring progress of the States and Jurisdictions, SAMHSA has observed that States meeting their Synar goals tend to share certain characteristics. Generally, they employ a comprehensive strategy combining vigorous enforcement efforts, political support from the State government, and a climate of active social norms that discourage youth tobacco use. Tobacco access control programs in these States also tend to be well coordinated and include an array of strategies, such as targeted merchant and community education, media advocacy, and use of community coalitions to mobilize community support for restricting youth access to tobacco.

SAMHSA plans to continue to provide extensive TA to the States to assist them in implementing comprehensive tobacco access control strategies with the goal of eliminating the availability of tobacco products to minors, and so spare future generations the long-term disease and death attributable to tobacco use.



SAMHSA is a public health agency within the Department of Health and Human Services. The agency is responsible for improving the accountability, capacity, and effectiveness of the Nation's substance abuse prevention, addictions treatment, and mental health services delivery system.

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