

FFY 2012 ANNUAL SYNAR REPORTS TOBACCO SALES TO YOUTH

IN BRIEF

- **The national weighted average rate of tobacco sales to minors as reported by states and the District of Columbia in their federal fiscal year (FFY) 2012 Annual Synar Reports (ASR) is 9.1 percent. While this rate is the second lowest retailer violation rate (RVR) in the history of the Synar program, it represents an increase in the RVR from FFY 2011, when the national rate was 8.5 percent.**
- **Despite the increase in the national average rate of tobacco sales to youth, the number of states reporting RVRs below 10 percent (34 states) remained consistent between FFYs 2011 and 2012. However, the number of states reporting RVRs below five percent decreased from 12 in FFY 2011 to nine in FFY 2012.**
- **FFY 2012 is the seventh year in Synar history where the Secretary found no state out of compliance with the Synar requirements.**

OVERVIEW OF THE PROBLEM

Tobacco use is the leading preventable cause of death in the United States (USDHHS, 2004). In fact, the most commonly used form of tobacco, cigarettes, causes about one of every five deaths in this country each year (CDC, 2008).

Nearly all tobacco use begins during youth and young adulthood. In fact, among adults who have ever smoked daily, 88 percent report that they first smoked by the age of 18, with 99 percent reporting that they first smoked by the age of 26. Furthermore, more than one-third (36.7 percent) of adults who have ever smoked, report trying their first cigarette by the age of 14 (USDHHS, 2012). These data suggest that if youth are prevented from smoking while they are young, they will be unlikely to begin smoking as adults.

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 (DHHS). 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 Block Grant (SABG) funding.



THE SYNAR REGULATION

Because it plays a lead federal role in substance abuse prevention, the Substance Abuse and Mental Health Services Administration (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 state must 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. States also must:

- 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 an RVR of 20 percent or less by FFY 2003.
- 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 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.

EXAMPLES FROM THE FIELD

Recruiting youth inspectors to complete Synar inspections has consistently been a challenge for some states. Ohio and Pennsylvania have been successful in improving the recruitment of youth inspectors for the Synar survey through a comprehensive recruitment approach which includes education programs targeted at junior high and high school students and outreach activities with youth coalitions.

Specifically, Ohio attributes their success in youth recruitment to having a variety of options for youth recruitment, which allows them to recruit a diverse group of youth inspectors. Youth are recruited through several avenues. Many youth inspectors are family members of enforcement officers or children of community and agency partners. Prevention providers funded by the Ohio Department of Alcohol and Drug Addiction Services also submit names of youth who are interested in being a youth inspector and the state also recruits through their youth prevention network, which supports youth-led prevention groups and organizations that promote community service, prevention, and positive youth development. Finally, the state recruits through the Sober Truth program, an educational program targeted toward junior high and high school students.

Pennsylvania's success in recruitment of youth inspectors is attributed to the multi-faceted involvement of youth inspectors. Regional primary prevention contractors are tasked to develop and implement youth prevention programs that engage youth. Furthermore, youth inspectors are encouraged to recruit other youth and participate in peer-led training and mentoring.

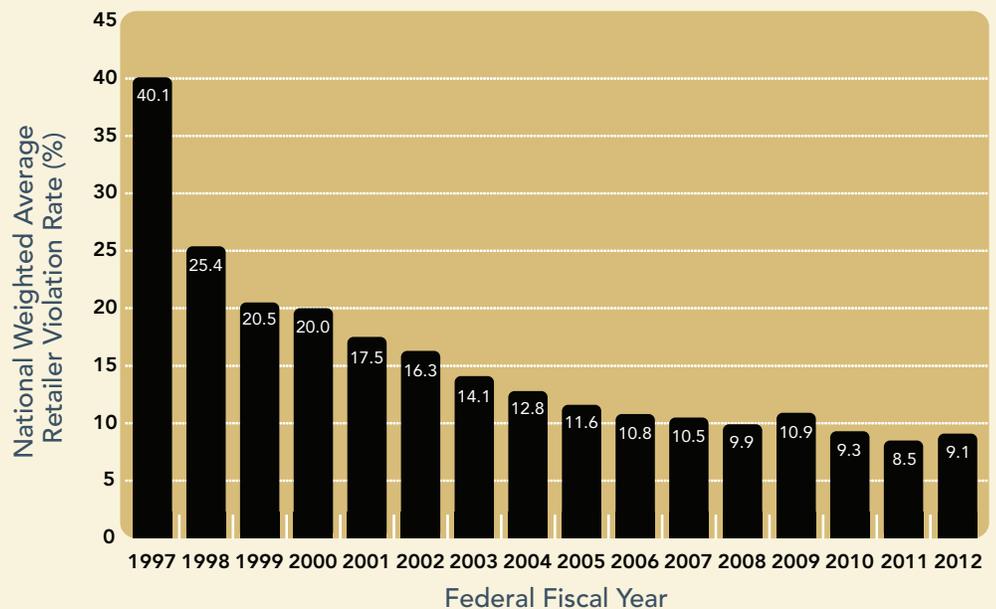
MAJOR FINDINGS

In FFY 1997, the first year for which states reported Synar data, the national weighted average RVR was 40.1 percent. Major findings for FFY 2012 include:

- The national weighted average rate of tobacco sales to minors as reported by states and the District of Columbia in their FFY 2012 ASRs is 9.1 percent (Figure 1). While this rate is the second lowest RVR in the history of the Synar program, it represents an increase in the RVR from FFY 2011, when the national rate was 8.5 percent.
- FFY 2012 is the seventh year in Synar history where the Secretary found no state out of compliance with the Synar regulation.

- In FFY 2012, 47 of the 50 states and the District of Columbia achieved an RVR below 15.0 percent (unchanged from 47 states in FFY 2011), and 34 of the 51 achieved an RVR below 10.0 percent (unchanged from 34 states in FFY 2011). Additionally, nine of the 51 achieved an RVR below 5.0 percent (down from 12 states in FFY 2011).

Figure 1. The National Weighted Average Retailer Violation Rate Since 1997



EXAMPLES FROM THE FIELD

Maintaining a low RVR can be achieved through various methods. States that have had a consistently low RVR like Minnesota, Maine, and Mississippi have reported that comprehensive programming is key to maintaining their rate over time. Minnesota has used a combination of policy efforts, including a statutory mandate that every retail outlet with a tobacco license must receive at least one compliance check per year and grants to community-based organizations to further prevention efforts to reduce youth access to tobacco. The state's efforts have paid off with an RVR of less than 10 percent since FFY 2007. Mississippi has utilized tobacco prevention education programs and placed a strong emphasis on funding prevention networks and providers to obtain an exceptional RVR of 1.8 percent in FFY 2012. Maine's effective youth tobacco access prevention efforts center on its NO BUTS! (Blocking Underage Tobacco Sales) training programs for retailers as well as providing support to retailers so they can adopt policies and practices to block underage tobacco sales. The state partners with local coalitions who support the effort by promoting NO BUTS! online training to tobacco retailers. In addition, community coalitions follow up with tobacco retailers who have enrolled as a NO BUTS! employer every six months to ensure compliance and provide technical assistance as needed.



UPWARD TREND IN RETAILER VIOLATION RATES OBSERVED IN FFY 2012

Data reported by the states in the 12-year period from FFY 1997 through FFY 2008 (Table 1) indicated a clear downward trend in RVRs associated with implementation of the Synar Regulation. However, for the first time in the history of the Synar program, the average weighted RVR increased between FFY 2008 and FFY 2009. This trend reversed in FFY 2010 and the RVR continued to decline in FFY 2011, when the average weighted RVR decreased to its lowest point ever. However, in FFY 2012, the average weighted RVR again increased from the previous year. Despite the increase, the rate still is the second lowest average weighted RVR in the history of the Synar program.

ASSOCIATED REDUCTIONS IN YOUTH SMOKERS REPORTING RETAIL PURCHASES AND YOUTH SMOKING

Since the beginning of the Synar program, the percentage of youth smokers who report retail sources as their usual source of tobacco products has declined. According to the Youth Risk Behavior Survey (YRBS), in 1995, 38.7 percent of students under the age of 18 who were current smokers reported that they usually got their own cigarettes by buying them in a store or gas station (Figure 2 on page 5). In 2011, this percentage had dropped to 14.0 percent (CDC, 2011).

Table 1. Comparison of Reported Retailer Violation Rates for FFYs 1997–2012

Fiscal Year	Highest Reported Rate	Lowest Reported Rate	Weighted Average Rate
1997	72.7%	7.2%	40.1%
1998	58.8%	5.5%	25.4%
1999	46.9%	4.1%	20.5%
2000	55.8%	6.3%	20.0%
2001	36.0%	6.0%	17.5%
2002	33.7%	4.5%	16.3%
2003	30.2%	5.4%	14.1%
2004	41.9%	3.9%	12.8%
2005	38.0%	0.9%	11.6%
2006	19.2%	2.2%	10.8%
2007	22.7%	3.2%	10.5%
2008	17.0%	4.1%	9.9%
2009	18.8%	1.6%	10.9%
2010	16.8%	2.2%	9.3%
2011	19.3%	1.1%	8.5%
2012	17.9%	1.8%	9.1%

Over the same time period, tobacco use among youth declined (Figure 3). According to YRBS, the percentage of students reporting current cigarette use dropped from 34.8 percent in 1995 to 18.1 percent in 2011 (CDC, 2011).

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 individual RVR targets with SAMHSA in order to be found in compliance with the Synar regulation. Since FFY 2003, all states and U.S. jurisdictions have been required to meet the federally established RVR target of 20 percent (+/- 3 percent margin of error allowed for states that conduct a sample). FFY 2006 was the first year that all states and the District of Columbia were found in compliance with all Synar regulatory requirements, and this accomplishment has been achieved each year since, through FFY 2012 (Table 2 on page 6).

Figure 2. Current Youth Smokers Who Purchased Tobacco Products in a Store or Gas Station

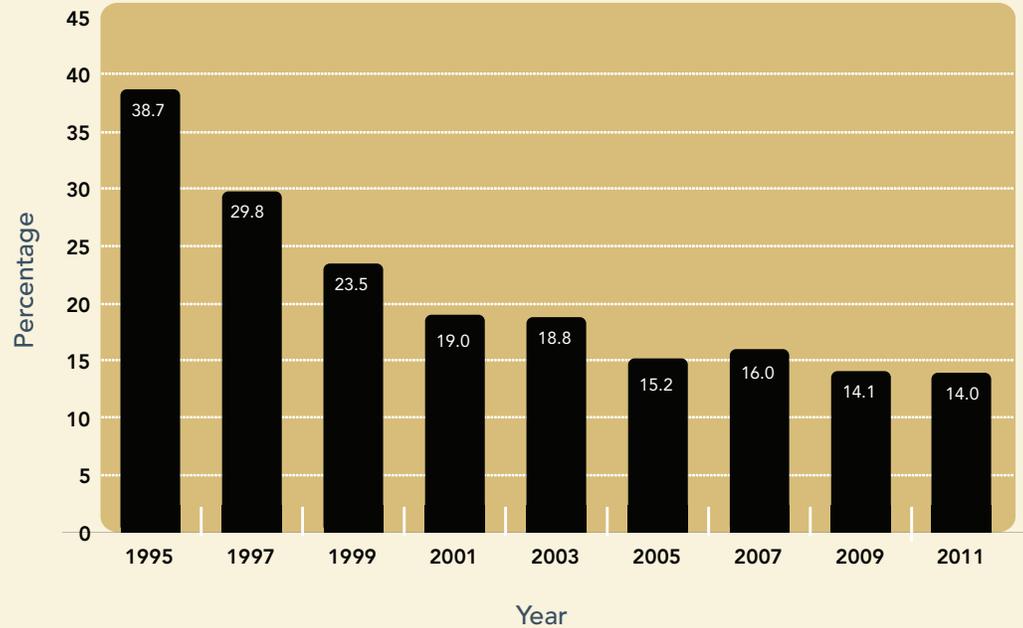


Figure 3. Students Reporting Current Cigarette Use

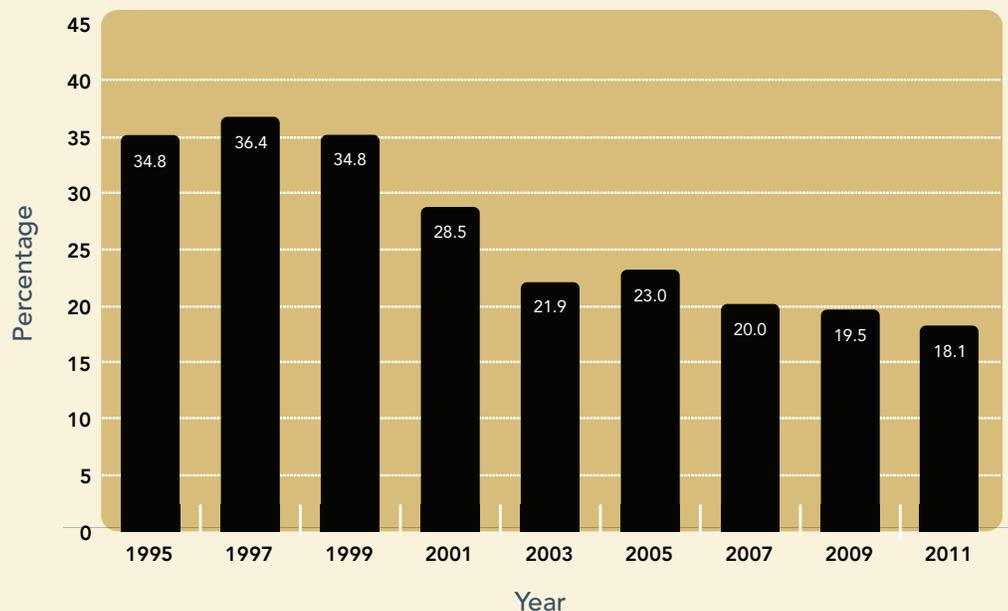




Table 2. Synar Retailer Violation Rates (FFY 2012)

State Name	Target	Reported
Alabama	20.0%	8.2%
Alaska	20.0%	6.5%
Arizona	20.0%	4.3%
Arkansas	20.0%	5.4%
California	20.0%	5.6%
Colorado	20.0%	8.3%
Connecticut	20.0%	11.3%
Delaware	20.0%	8.1%
District of Columbia	20.0%	6.5%
Florida	20.0%	8.4%
Georgia	20.0%	10.3%
Hawaii	20.0%	5.9%
Idaho	20.0%	6.9%
Illinois	20.0%	15.5%
Indiana	20.0%	5.3%
Iowa	20.0%	8.2%
Kansas	20.0%	7.6%
Kentucky	20.0%	5.7%
Louisiana	20.0%	4.1%
Maine	20.0%	1.8%
Maryland	20.0%	17.3%
Massachusetts	20.0%	9.6%
Michigan	20.0%	14.9%
Minnesota	20.0%	2.4%
Mississippi	20.0%	1.8%
Missouri	20.0%	10.2%

State Name	Target	Reported
Montana	20.0%	3.0%
Nebraska	20.0%	10.6%
Nevada	20.0%	3.1%
New Hampshire	20.0%	7.7%
New Jersey	20.0%	10.2%
New Mexico	20.0%	5.2%
New York	20.0%	5.8%
North Carolina	20.0%	13.9%
North Dakota	20.0%	11.6%
Ohio	20.0%	10.4%
Oklahoma	20.0%	6.8%
Oregon	20.0%	17.9%
Pennsylvania	20.0%	9.6%
Rhode Island	20.0%	9.9%
South Carolina	20.0%	9.5%
South Dakota	20.0%	4.0%
Tennessee	20.0%	16.7%
Texas	20.0%	11.3%
Utah	20.0%	7.6%
Vermont	20.0%	9.5%
Virginia	20.0%	13.0%
Washington	20.0%	11.3%
West Virginia	20.0%	13.4%
Wisconsin	20.0%	4.4%
Wyoming	20.0%	8.7%

The state RVRs listed above 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, 2010, to September 30, 2011. 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.

THE U.S. JURISDICTIONS

Section 212 of the Consolidated Appropriations Act of 2010 H.R. 3288 (P.L. 111-117) contains language that prevents the Secretary of DHHS from withholding substance abuse prevention funds, pursuant to section 1926, from a U.S. jurisdiction that receives less than \$1 million in SABG funds, and that fails to meet the required 20-percent noncompliance rate. This provision applies to the following U.S. jurisdictions: the U.S. Virgin Islands, American Samoa, Guam, the Republic of the Marshall Islands, the

Table 3. Synar Retailer Violation Rates for the U.S. Jurisdictions (FFY 2012)

Jurisdiction Name	Target	Reported
American Samoa	20.0%	1.9%
Commonwealth of the Northern Mariana Islands	20.0%	11.0%
Federated States of Micronesia	20.0%	17.9%
Guam	20.0%	7.8%
Palau	20.0%	19.8%
Puerto Rico	20.0%	4.5%
Republic of the Marshall Islands	20.0%	33.1%
U.S. Virgin Islands	20.0%	9.7%

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 SABG funds in FFY 2012.

While SAMHSA is prohibited from withholding substance abuse funds from jurisdictions that do not comply with the Synar regulatory requirements, SAMHSA maintains oversight of Synar program development in all U.S. jurisdictions, including visits for program review and enhancement. This support has enabled the U.S. jurisdictions to develop effective youth tobacco access control programming and to demonstrate significant progress in reducing youth access to tobacco. Six jurisdictions that receive less than \$1 million in SABG funds met the FFY 2012 Synar regulatory requirements, despite the challenges posed by their special circumstances. These jurisdictions are American Samoa, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, Guam, Palau, and the U.S. Virgin Islands (Table 3).

COMPREHENSIVE STRATEGIES ARE MOST EFFECTIVE

SAMHSA/CSAP strongly recommends that states employ multiple strategies in their efforts to reduce youth access to tobacco products. Listed below are SAMHSA/CSAP's recommendations for a

comprehensive program to reduce youth access to tobacco products. These recommendations are based on research evidence reviewed by the Community Preventive Services Task Force, which found that community mobilization interventions aimed at focusing public attention on the issue of youth access to tobacco products, combined with the approaches listed below, can lead to a reduction in both youth tobacco access and use (Task Force on Community Preventive Services, 2005):

- **Policy Approaches:** Enact clear-cut policies and actively encourage strict policies at the local level. This includes avoiding preemption of stricter policies at the local level. Among policy approaches, the data indicate that significant effects can be achieved with retailer licensing, elimination of vending machines, elimination of self-service displays, and requirement of proof of age identification for tobacco purchases.
- **Enforcement:** Actively enforce compliance on an ongoing basis. Without enforcement, considerable backsliding may occur in the rate of sales to minors. Frequent enforcement operations are necessary to reinforce proper merchant practices and to maintain the reduction in illegal sales.
- **Merchant Education:** Provide all tobacco distributors, trade associations, and retailers, as well as chambers of commerce, with materials that summarize the laws and regulation regarding youth access; explain the requirements to retailers in visits by representatives of the regulatory or



enforcement agency and provide an opportunity for questions and answers; offer corporate-level and employee training programs; and build mandatory education into penalties for violators of youth access laws.

- **Community Education and Support:** Provide positive reinforcement to merchants who do not sell to minors to foster support for and compliance with the law. For example, in addition to using compliance checks to monitor and penalize merchants for illegal sales, involve community members in conducting compliance checks to generate public recognition and other rewards for merchants who do consistently comply with the access laws. Foster community support for reducing sales to minors through media advocacy. Media advocacy can create or enhance a supportive context in the community for enforcement efforts. It can inform the public and modify the attitudes and norms of the community at large, build support for law enforcement agencies, and reinforce the practices of merchants who comply with the law.

It is important to note that efforts to reduce youth access to tobacco products are only one component of a larger strategy to reduce youth tobacco use. As such, SAMHSA/CSAP strongly encourages states to partner with the state public health agency to ensure that youth tobacco access strategies are part of the state's comprehensive tobacco control plan and to also coordinate with the state agency receiving the Food and Drug Administration's (FDA) state enforcement contract to ensure efficient resource utilization for the enforcement of youth tobacco access laws. More information about coordination between the Synar program and the FDA's state enforcement contracts can be found in the document "A Strategic Partnership: FDA's State Enforcement Contracts and the Synar Program," at www.fda.gov/downloads/TobaccoProducts/NewsEvents/UCM284343.pdf.

EXAMPLE FROM THE FIELD

Coordination of tobacco prevention efforts can reduce duplication as well as maximize the reach of individual programs while ensuring a greater number of retailers receive compliance checks. One example of this is in the state of Colorado, which created the Interagency Tobacco Workgroup to increase coordination of tobacco efforts. This group consists of key program staff from multiple agencies including the agency that receives the SABG, and the agency that receives the Centers for Disease Control and Prevention's National Tobacco Control Program funding and the Food and Drug Administration's Tobacco Retail Inspection contract. As part of this workgroup, the Department of Human Services, the Department of Revenue, and the Department of Public Health and Education meet quarterly to review tobacco prevalence and consequence data, review reports, and plan for joint activities.

CONCLUSION

Over the past 16 years, states have made significant progress in enforcing youth tobacco access laws and in reducing the percentage of retailers who sell tobacco products to minors. The national weighted average RVR has dramatically fallen since the inception of the Synar program and all states and the District of Columbia have reached the overall Synar goal, achieving an RVR of no more than 20 percent. Most of the U.S. jurisdictions have also reached this goal and the others are continuing to develop and improve their Synar programs. SAMHSA plans to continue to work with the states to assist them in implementing comprehensive strategies to reduce youth access to tobacco products, with the ultimate goal of reducing youth tobacco use.

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