

FFY 2011 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 FFY 2011 Annual Synar Reports is 8.5 percent. This is the lowest retailer violation rate (RVR) in the history of the Synar program.
- The number of States reporting low RVRs has increased. In FFY 2011, 34 States achieved an RVR below ten percent and 12 achieved an RVR below five percent.
- FFY 2011 is the sixth 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 cause of death and disease in the United States, with 443,000 deaths annually attributed to smoking or exposure to secondhand smoke (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.

Tobacco use is also highly associated with the use of alcohol and illicit drugs. Specifically, over half (52.9 percent) of youths aged 12 to 17 who smoked cigarettes in the past month also used an illicit drug compared with 6.2 percent of youths who did not smoke cigarettes. Similarly, close to half (43.7 percent) of current cigarette users age 12 and over also report binge drinking in the past month, compared to 16.9 percent of current nonsmokers (SAMHSA, 2011).

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 a retailer violation rate (RVR) of 20 percent or less by Federal fiscal year (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.

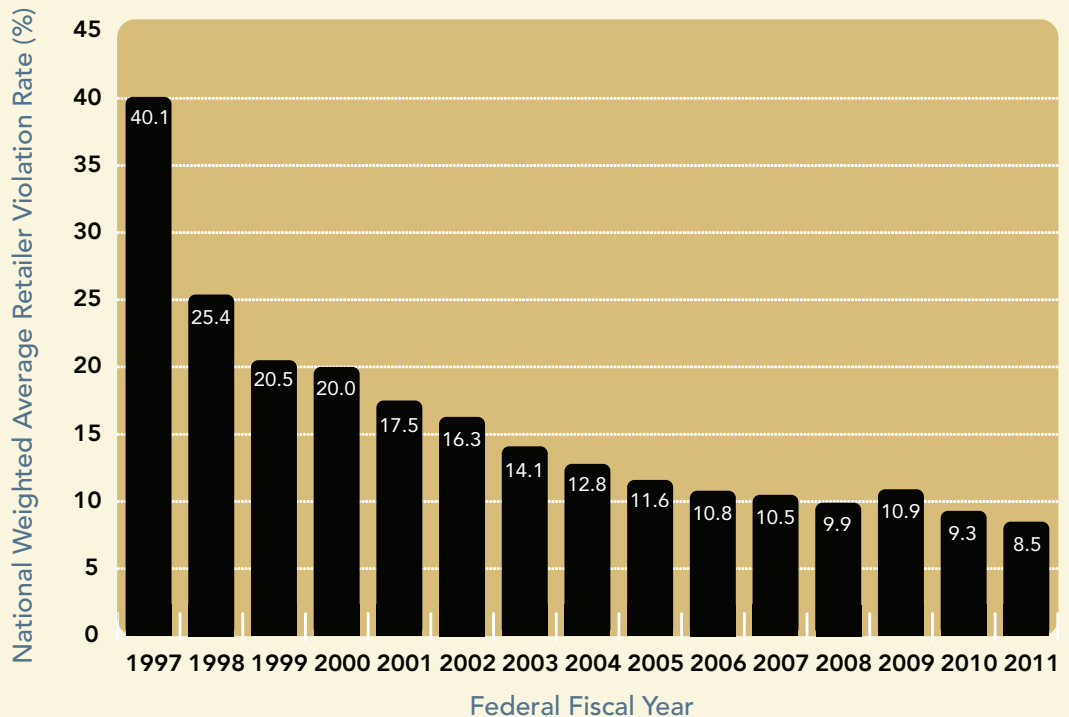
States measure their progress in reducing youth access to tobacco via annual, random, unannounced inspections (also known as the Synar survey). SAMHSA, through its Center for Substance Abuse Prevention (CSAP), Division of State Programs, annually reviews each State’s Synar survey and results, and provides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

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 2011 include:

- The national weighted average RVR as reported by States and the District of Columbia (DC) in their FFY 2011 Annual Synar Reports is 8.5 percent (Figure 1). This is the lowest RVR in the history of the Synar program.

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



- FFY 2011 is the sixth year in Synar history where the Secretary found no State out of compliance with the Synar regulation.
- In FFY 2011, 47 of the 51 States and DC achieved an RVR below 15.0 percent (unchanged from 47 States in FFY 2010), and 34 of the 51 achieved an RVR below 10.0 percent (unchanged from 34 States in FFY 2010). Additionally, 12 of the 51 achieved an RVR below 5.0 percent (up from 9 States in FFY 2010).

DOWNWARD TREND IN RETAILER VIOLATION RATES OBSERVED IN FFY 2011

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 again in FFY 2011, when the average weighted RVR decreased to its lowest point ever.

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 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 DC were found in compliance with all Synar regulatory requirements, and this trend has continued in FFY 2011 (Table 2).

Table 1. Comparison of Reported Retailer Violation Rates for FFYs 1997–2011

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%



The State RVRs listed below 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, 2009, to September 30, 2010. 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.

ASSOCIATED REDUCTIONS IN YOUTH SMOKERS REPORTING RETAIL PURCHASES AND YOUTH SMOKING

The Synar program has also contributed to a decline in the percentage of youth smokers who report retail sources as their usual source of tobacco products.

Table 2. Synar Retailer Violation Rates for FFY 2011

State Name	Target	Reported
Alabama	20.0%	7.6%
Alaska	20.0%	7.6%
Arizona	20.0%	5.9%
Arkansas	20.0%	3.4%
California	20.0%	7.7%
Colorado	20.0%	7.0%
Connecticut	20.0%	13.3%
Delaware	20.0%	3.1%
District of Columbia	20.0%	14.7%
Florida	20.0%	6.2%
Georgia	20.0%	14.1%
Hawaii	20.0%	4.6%
Idaho	20.0%	14.3%
Illinois	20.0%	4.0%
Indiana	20.0%	5.7%
Iowa	20.0%	8.7%
Kansas	20.0%	7.8%
Kentucky	20.0%	5.4%
Louisiana	20.0%	4.3%
Maine	20.0%	4.2%
Maryland	20.0%	17.0%
Massachusetts	20.0%	7.1%
Michigan	20.0%	18.8%
Minnesota	20.0%	4.1%
Mississippi	20.0%	2.3%
Missouri	20.0%	10.6%

State Name	Target	Reported
Montana	20.0%	3.6%
Nebraska	20.0%	10.7%
Nevada	20.0%	1.1%
New Hampshire	20.0%	8.6%
New Jersey	20.0%	8.5%
New Mexico	20.0%	11.6%
New York	20.0%	5.6%
North Carolina	20.0%	10.3%
North Dakota	20.0%	9.7%
Ohio	20.0%	9.9%
Oklahoma	20.0%	11.5%
Oregon	20.0%	19.3%
Pennsylvania	20.0%	6.1%
Rhode Island	20.0%	11.1%
South Carolina	20.0%	7.9%
South Dakota	20.0%	3.6%
Tennessee	20.0%	16.1%
Texas	20.0%	9.0%
Utah	20.0%	7.1%
Vermont	20.0%	11.2%
Virginia	20.0%	11.3%
Washington	20.0%	9.9%
West Virginia	20.0%	14.6%
Wisconsin	20.0%	4.5%
Wyoming	20.0%	7.3%

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). In 2009, this percentage had dropped to 14.1 percent (CDC, 2009).

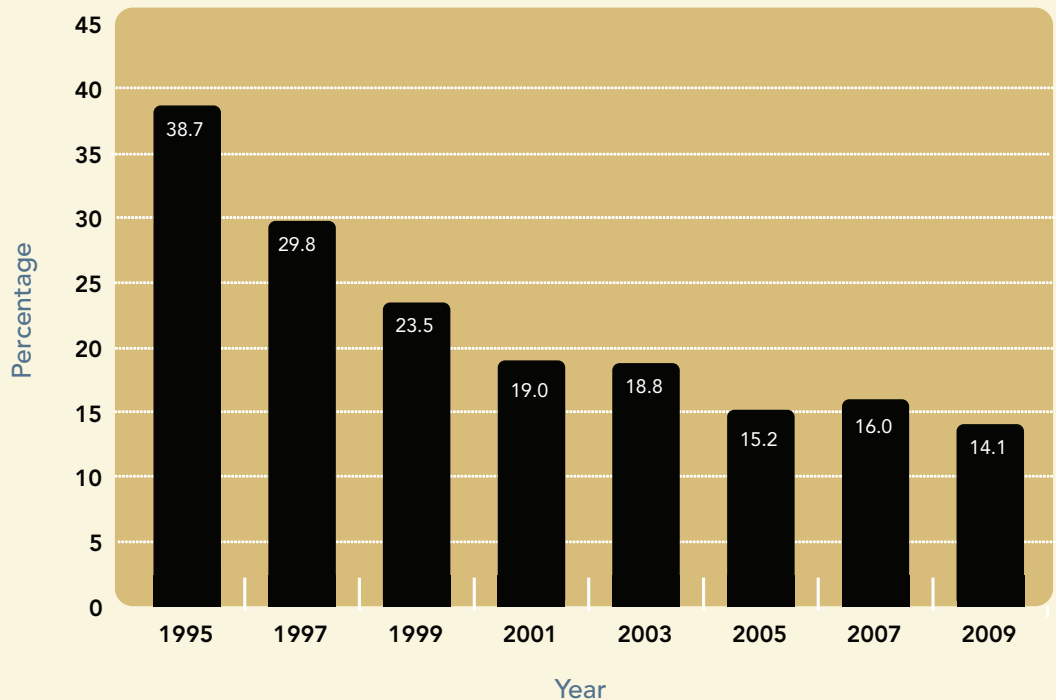
At the same time, tobacco use among youth has declined. According to YRBS, the percentage of students reporting current cigarette use dropped from 34.8 percent in 1995 to 19.5 percent in 2009. While this drop is not attributable to the Synar program alone, the Synar requirements have contributed to a culture change in which youth tobacco use is discouraged (CDC, 2009).

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 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 SABG funds in FFY 2011.

While SAMHSA is prohibited from withholding substance abuse funds from jurisdictions who do not comply with the Synar regulatory requirements,

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



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 2011 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 Virgin Islands (Table 3).

COMPREHENSIVE STRATEGIES ARE MOST EFFECTIVE

In its oversight of State Synar youth tobacco access control programs over the past 15 years, SAMHSA has observed that compliant States share multiple characteristics. Throughout the history of the Synar program, SAMHSA has found that States that plan



Table 3. Synar Retailer Violation Rates for the U.S. Jurisdictions for FFY 2011

Jurisdiction Name	Target	Reported
American Samoa	20.0%	4.3%
Commonwealth of the Northern Mariana Islands	20.0%	5.8%
Federated States of Micronesia	20.0%	6.4%
Guam	20.0%	11.6%
Palau	20.0%	15.0%
Puerto Rico	20.0%	11.4%
Republic of the Marshall Islands	20.0%	73.5%
U.S. Virgin Islands	20.0%	12.6%

youth tobacco access interventions that have multiple components, using several strategies, tend to report the lowest retailer violation rates. Specifically, when efforts to control youth access have been multifaceted and have involved various sectors of the community, larger reductions in sales to minors have been achieved than when a single intervention was tried.

SAMHSA/CSAP strongly recommends that States employ multiple strategies in their efforts to reduce youth access to tobacco products, including:

- Actively enforcing youth access laws in a consistent manner statewide;
- Providing merchant education to all retailers in a variety of formats;
- Utilizing coalition members to conduct non-enforcement compliance checks of tobacco retailers in which compliant retailers are rewarded and non-compliant retailers are warned about the law;
- Partnering with the State public health agency to ensure that youth tobacco access strategies are part of the State’s comprehensive tobacco control plan; and
- Coordinating 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 <http://www.fda.gov/downloads/TobaccoProducts/NewsEvents/UCM284343.pdf>.

CONCLUSION

The results of the random, unannounced inspections required by the Synar Amendments 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. The national weighted average RVR has dramatically fallen since the inception of the Synar program. This reflects not only a substantial change in retailers’ sales patterns but also a swift and dramatic change in tobacco enforcement programs, which were nonexistent in most States prior to the Synar program. Over the past 15 years, all States and DC 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.

This work is also having an effect on youth smoking rates. In fact, a recent review of studies that evaluated the impact on youth tobacco use of efforts to disrupt the sale of tobacco to youth found that all enforcement programs that reduced the sale of tobacco to minors reduced smoking by youth and this effect was greater the more sales to youth were reduced (DiFranza, 2011).

SAMHSA plans to continue to provide extensive technical assistance to 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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