

FFY 2014 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 2014 Annual Synar Reports is 9.8 percent. This represents an increase in the retailer violation rate (RVR) from FFY 2013, when the national rate was 9.6 percent.
- Between FFYs 2013 and 2014, the number of states reporting RVRs below 10 percent decreased from 30 to 29.
- FFY 2014 is the first year since FFY 2005 that the Secretary found a state to be out of compliance with the Synar requirements.

OVERVIEW OF THE PROBLEM AND THE SOLUTIONS

Tobacco use is the leading cause of death and disease in the United States, with 480,000 deaths annually attributed to smoking or exposure to secondhand smoke (USDHHS, 2014). Nearly all tobacco use begins during youth and young adulthood. In fact, according to data from the Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Survey on Drug Use and Health, 88 percent of adults who have ever smoked daily report that they first smoked by the age of 18 (USDHHS, 2012). In addition, the use of multiple tobacco products is increasingly common, especially among young smokers (USDHHS, 2014).

For this reason, it is critically important to prevent youth from initiating tobacco use. In his report reflecting on 50 years of progress on tobacco prevention and control the Surgeon General has indicated that more aggressive use of evidence-based policies and programs would help to strengthen current tobacco control measures and that youth tobacco access strategies are one component of comprehensive tobacco control programs (USDHHS, 2014).

In 2014, the Community Preventative Task Force (CPTF) recommended comprehensive tobacco control programs based on strong evidence of effectiveness in reducing tobacco use and secondhand smoke exposure. Comprehensive tobacco control programs are defined as coordinated efforts to implement population-level interventions to reduce appeal and acceptability of tobacco use, increase tobacco use cessation, reduce secondhand smoke exposure, and prevent initiation of tobacco use among young people. As part of its review, CPTF noted that increased funding for comprehensive tobacco control programs resulted in decreased initiation of tobacco product use in two studies and decreased sales of cigarette packs (CPTF, 2014a and CPTF, 2014b).

State Synar programs are an important component of comprehensive tobacco control programs. In a 2001 review, CPTF recommended community mobilization combined with additional interventions — such as stronger local laws directed at retailers, active enforcement of



retailer sales laws, and retailer education with reinforcement—on the basis of sufficient evidence of effectiveness in reducing youth tobacco use and access to tobacco products from commercial sources (CPTF, 2014a). As the tobacco control environment changes over time, it is important that states remain committed to these comprehensive tobacco control programs and the integration of youth tobacco access programming as a strategy within those programs.

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 Block Grant (SABG) funding.

THE SYNAR REGULATION

Because it plays a lead 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 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 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 2014 include:

- The national weighted average rate of tobacco sales to minors as reported by states and the District of Columbia in their FFY 2014 Annual Synar Reports is 9.8 percent (Figure 1). This represents an increase in the RVR from FFY 2013, when the national rate was 9.6 percent.
- FFY 2014 is the first year since FFY 2005 that the Secretary has found that a state is out of compliance with the Synar requirements.
- In FFY 2014, 44 of the 50 states and DC achieved an RVR below 15.0 percent (decrease from 47 states in FFY 2013), and 29 of the 51 achieved an RVR below 10.0 percent (down from 30 states in FFY 2013). Additionally, 10 of the 51 achieved an RVR below 5.0 percent (unchanged from FFY 2013).

CONTINUED UPWARD TREND IN RETAILER VIOLATION RATES OBSERVED IN FFY 2014

Data reported by the states in the 12-year period from FFY 1997 through FFY 2014 (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. This upward trend continued through FFY 2013 and increased again in FFY 2014.

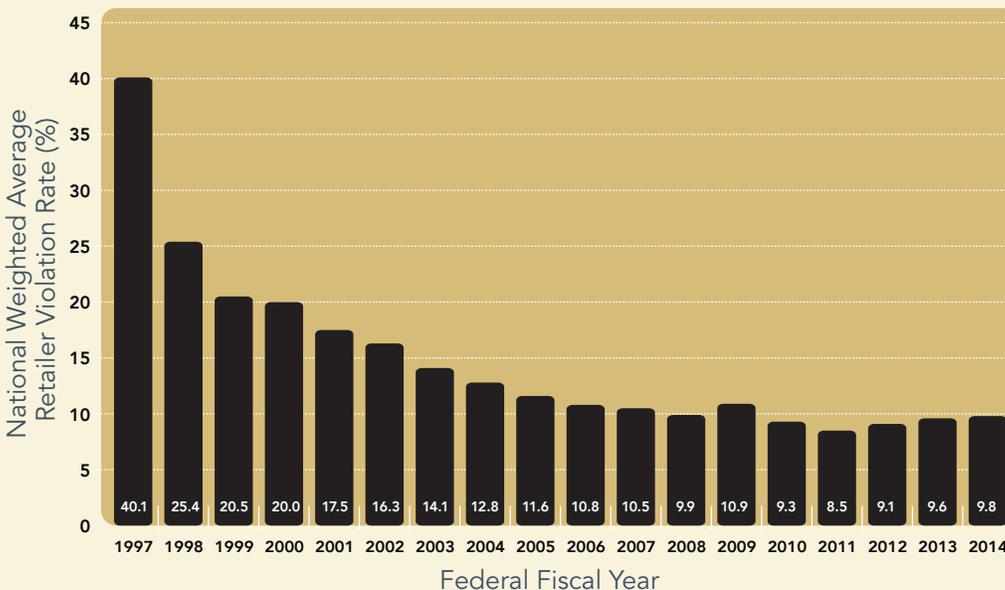
SAMHSA is closely monitoring the upward trend and is currently studying many of the factors that may be associated with the increase, including changes in states' inspection methodologies, enforcement presence, and the types of products that are included in Synar inspections. Research suggests that for youth tobacco access efforts to demonstrate a reduction in youth tobacco use, the retailer violation rate must be below 10 percent (Jason et al., 1991; Forster et al.,

1998; DiFranza, 1999). While the national weighted retailer violation rate remains below this target, the number of states reporting RVRs below 10 percent has decreased, which is a concern (Figure 1).

States may change their inspection protocols for many reasons. In 2013, the U.S. Department of Labor ruled that employing 15-year old youth to conduct inspections is a violation of the Fair Labor Standards Act. Because older youth are more likely to be sold to, this may have also contributed to the increase in the average RVR. In addition, some states have also altered their inspection methodologies to include the use of identification during the inspection, which is a more rigorous test than if identification is not used.

Additionally, research shows that one of the greatest predictors of a state's RVR is the amount and reach of a state's youth tobacco access enforcement efforts. Specifically, states that have consistent statewide enforcement of youth tobacco access laws in which every tobacco retailer in the state is inspected by law enforcement at least once every year to determine their compliance with access laws, and retailers found in violation of the law receive monetary penalties, tend to have much lower RVRs than states without such rigorous enforcement programs. As states have faced budget shortfalls, some have scaled back on the amount of state enforcement; this may be contributing to the increase in the rate of tobacco sales to youth.

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



Additionally, under the Synar program, SAMHSA encourages states to include in their inspections the types of tobacco products most often used by youth in their states. As states have expanded the types of tobacco products included in their Synar inspections, some states have found that retailers are sometimes more likely to sell non-cigarette tobacco products. While in FFY 2014, states have not begun to include e-cigarettes or other Electronic Nicotine Delivery Systems (ENDS) in their Synar inspections, many states do include other products such as



Table 1. Comparison of Reported Retailer Violation Rates for FFYs 1997–2014

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%
2013	22.5 %	1.0%	9.6%
2014	24.1%	0.0%	9.8%

chewing tobacco and small cigars. This may have contributed to the increase in the tobacco sales violation rate in some states that added these other tobacco products to their Synar inspections.

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, although the decline

has leveled off in recent years. 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 2013, the rate had fallen to 18.1 percent. This represents an increase from 2011, when the rate was 14.0 percent.

Over the same time period, cigarette 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 15.7 percent in 2013. The prevalence of current cigarette use significantly decreased from 1997–2013. The 2013 rate is the lowest ever recorded since the YRBS began in 1991 (CDC, 2014).

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

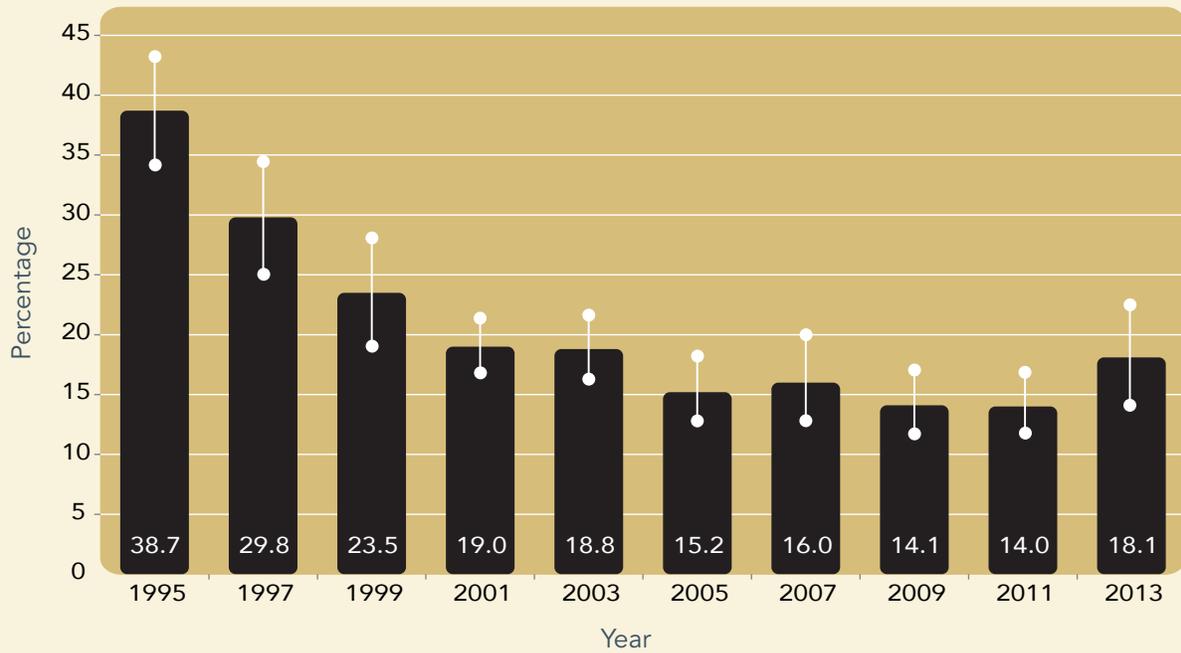
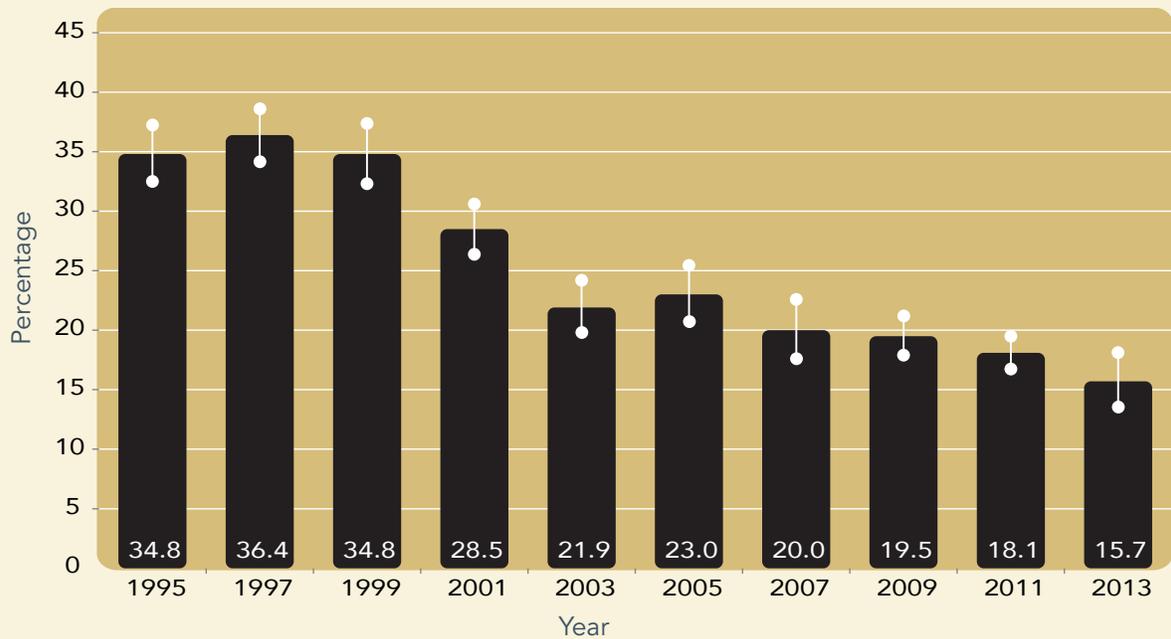


Figure 3. Students Reporting Current Cigarette Use





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 maximum of 20 percent (+/- 3 percent margin of error allowed for states that conduct a sample). In 2014, one state was not in compliance with the

RVR requirement. This is the first time a state has been out of compliance since FFY 2005.

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, 2012, to September 30, 2013 (Table 2). These rates were reported in the FFY 2014 Annual Synar Reports and 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.

Table 2. Synar Retailer Violation Rates (FFY 2014 Annual Synar Reports)

State Name	Target	Reported
Alabama	20.0%	7.5
Alaska	20.0%	4.2
Arizona	20.0%	3.8
Arkansas	20.0%	3.7
California	20.0%	7.6
Colorado	20.0%	8.3
Connecticut	20.0%	14.8
Delaware	20.0%	2.9
District of Columbia	20.0%	10.2
Florida	20.0%	8.2
Georgia	20.0%	9.8
Hawaii	20.0%	7.5
Idaho	20.0%	6.5
Illinois	20.0%	16.0
Indiana	20.0%	10.6
Iowa	20.0%	7.7
Kansas	20.0%	8.5
Kentucky	20.0%	5.4
Louisiana	20.0%	15.9
Maine	20.0%	4.1
Maryland	20.0%	24.1
Massachusetts	20.0%	10.2
Michigan	20.0%	13.2
Minnesota	20.0%	2.6
Mississippi	20.0%	2.7
Missouri	20.0%	7.4

State Name	Target	Reported
Montana	20.0%	2.9
Nebraska	20.0%	16.4
Nevada	20.0%	0.0
New Hampshire	20.0%	11.6
New Jersey	20.0%	11.6
New Mexico	20.0%	10.4
New York	20.0%	4.6
North Carolina	20.0%	15.1
North Dakota	20.0%	14.1
Ohio	20.0%	19.1
Oklahoma	20.0%	7.8
Oregon	20.0%	16.3
Pennsylvania	20.0%	10.5
Rhode Island	20.0%	8.7
South Carolina	20.0%	10.6
South Dakota	20.0%	10.3
Tennessee	20.0%	13.5
Texas	20.0%	7.6
Utah	20.0%	7.9
Vermont	20.0%	8.8
Virginia	20.0%	9.7
Washington	20.0%	14.8
West Virginia	20.0%	14.3
Wisconsin	20.0%	7.3
Wyoming	20.0%	7.6

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 HHS from withholding substance abuse funding, pursuant to section 1926, from a U.S. jurisdiction that receives less than \$1 million in SABG funds and that exceeds the 20 percent noncompliance maximum. This provision applies to the following U.S. jurisdictions: the U.S. 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 2014.

While SAMHSA is prohibited from withholding substance abuse funds from jurisdictions that receive less than \$1 million in SABG funds and 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. Despite the challenges posed by their special circumstances, six of the seven jurisdictions that receive less than \$1 million in SABG funds and Puerto Rico met the FFY 2014 Synar regulatory requirements; including both meeting an RVR of 20 percent or less and enforcing youth tobacco access laws. These jurisdictions are American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, Palau, Puerto Rico,

the Republic of the Marshall Islands, and the U.S. Virgin Islands (Table 3). While the Federated States of Micronesia did meet the RVR target, it did not meet the enforcement requirement.

CHANGING TOBACCO CONTROL ENVIRONMENT

The social and retail environments in which youth are experiencing tobacco sales and messages are rapidly changing. Youth are exposed to a wide variety of tobacco products and tobacco messages every day. The use of electronic cigarettes and hookahs increased among middle and high school students from 2011 to 2014. The Centers for Disease Control and Prevention (CDC) has reported that almost 4 of every 100 middle school students (3.9 percent) indicated that they used electronic cigarettes in the past 30 days in 2014—an increase from 0.6 percent in 2011. Additionally, more than 13 of every 100 high school students (13.4 percent) reported in 2014 that they used electronic cigarettes in the past 30 days—an increase from 1.5 percent in 2011 (CDC, 2015). Furthermore, nearly 3 of every 100 middle school students (2.5 percent) reported in 2014 that they had used a hookah in the past 30 days—an increase from 1.0 percent in 2011. Over 9 of every 100 high school students (9.4 percent) reported in 2014 that they had used a hookah in the past 30 days—an increase from 4.1 percent in 2011 (CDC, 2015).

Youth are also seeing different types of tobacco messages in movies and on television. CDC noted that youth-related movies that were smoke free doubled from 2002 to 2014

Table 3. Synar Retailer Violation Rates for the U.S. Jurisdictions (FFY 2014)

Jurisdiction Name	Target	Reported
American Samoa	20.0%	1.9
Commonwealth of the Northern Mariana Islands	20.0%	10.0
Federated States of Micronesia	20.0%	14.1
Guam	20.0%	4.9
Palau	20.0%	13.5
Puerto Rico	20.0%	11.6
Republic of the Marshall Islands	20.0%	19.8
U.S. Virgin Islands	20.0%	11.6



(from 32 percent to 64 percent). However, in youth-rated movies that showed any amount of smoking, the average number of tobacco incidents per movie also nearly doubled (from 21 to 38) over that time frame. Furthermore, even though the Motion Picture Association of America (MPAA) assigns a “smoking label” for some movies that contain smoking, almost 9 of every 10 (88 percent) youth-rated, top-grossing movies with smoking do not carry an MPAA “smoking label” (Polansky et al., 2015). In addition, youth exposure to e-cigarette advertising on television has increased 256 percent from 2011 to 2013 (Duke et al., 2014).

These changes to the social and retail environment have changed the way many states approach youth tobacco access. As of June 2014, 40 states have explored legislation to prohibit the sale of e-cigarettes, though there is significant variation in the definitions of the products included in these bills and laws (Lempert et al., 2014). States that define e-cigarettes as tobacco products may include these products in their Synar surveys, though no states included e-cigarettes in their FFY 2014 Synar inspections. The addition of these products to Synar inspections in the future may affect the Synar RVR.

Many states and localities have explored increasing the age of sale of tobacco products to 21. In 2015, the Institute of Medicine issued a report that indicated increasing the minimum age of legal access to tobacco products will likely prevent or delay initiation of tobacco use by adolescents and young adults and that the largest proportionate reduction in the initiation of tobacco use will likely occur among youth

between the ages of 15–17. In June 2015, Hawaii became the first state to increase the age of sale to 21 statewide. Four states have increased the age of sale to 19, and several other states are now considering increasing the age of sale. States that increase the age of sale may (but are not required to) use older inspectors during their Synar inspections. These legislative changes may also affect the Synar RVR moving forward.

CONCLUSION

The results of the 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 that sell tobacco products to minors. While the national weighted average RVR has dramatically fallen since the inception of the Synar program, the rate has increased over the past three years.

SAMHSA/CSAP is working with states to address this issue and plans to continue to provide extensive technical assistance to states to assist them in implementing comprehensive strategies to reduce youth access to tobacco products, with the ultimate goal of reducing youth tobacco use. In addition, SAMHSA/CSAP is continuing to study the factors that affect the RVR in order to provide more targeted technical assistance and support to states that are experiencing increases in their state RVRs.

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