

# 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 2006 Annual Synar Reports is now 10.8 percent—the lowest RVR in Synar’s 10-year history.
- FFY 2006 is the first 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 smoking<sup>1</sup>—more than the combined total of deaths from AIDS, motor vehicle accidents, suicide, murder, and alcohol and drug abuse<sup>2</sup>.** More than 80 percent of current adult tobacco users report that they started smoking cigarettes before age 18<sup>3</sup>. 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 the responsibility of overseeing the work and enforcement in States and U.S. Jurisdictions related to reducing youth access to tobacco.

<sup>1</sup> Centers 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* [serial online]. 2005; 54(25): 625-628.

<sup>2</sup> Centers for Disease Control and Prevention. *Health United States, 2005 With Chartbook on Trends in the Health of Americans*. (PDF–119KB) Hyattsville, MD: U.S. Department of Health and Human Services, CDC, National Center for Health Statistics; 2006.

<sup>3</sup> CDC. Preventing tobacco use among young people: report of the Surgeon General. US Department of Health and Human Services, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, editors. 1994. Atlanta, Georgia.



## 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 State<sup>4</sup> 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.

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<sup>4</sup>State 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 2006 include:

- The national weighted average rate of tobacco sales to minors (RVR) as reported by States and the District of Columbia in their FFY 2006 Annual Synar Reports is now 10.8 percent. This is the lowest RVR in Synar’s 10-year history.
- FFY 2006 is the first year in Synar history where the Secretary found no State out of compliance with the Synar regulations.

FFY 2006 is the first year in Synar history where each State reported an RVR of less than 20 percent. In fact, 47 of the 51 States and DC achieved an RVR of no more than 15 percent (up from 43 States in FFY 2005), and 27 of the 51 achieved an RVR of 10.0 percent or less (up from 21 States in FFY 2005).

## Downward Trend in Retailer Violation Rates Observed

Data reported by the States in the 10-year period from FFY 1997 through FFY 2006 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, 2001, and 2006

| Fiscal Year | Highest Reported Rate | Lowest Reported Rate | Weighted Average Rate |
|-------------|-----------------------|----------------------|-----------------------|
| 1997        | 72.7%                 | 7.2%                 | 40.1%                 |
| 2001        | 36.0%                 | 6.0%                 | 17.5%                 |
| 2006        | 19.2%                 | 2.2%                 | 10.8%                 |

## 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 2006 is the first year that all States and DC were found in compliance with all Synar regulatory requirements. In addition, FFY 2006 is the first year all States and DC reported an RVR meeting the federal target of 20.0%.

**Synar Retailer Violation Rates (FFY 2006)**

| State Name           | Target | Reported |
|----------------------|--------|----------|
| Alabama              | 20.0   | 9.3      |
| Alaska               | 20.0   | 9.4      |
| Arizona              | 20.0   | 7.6      |
| Arkansas             | 20.0   | 2.2      |
| California           | 20.0   | 10.2     |
| Colorado             | 20.0   | 12.2     |
| Connecticut          | 20.0   | 10.6     |
| Delaware             | 20.0   | 3.5      |
| District of Columbia | 20.0   | 12.6     |
| Florida              | 20.0   | 7.3      |
| Georgia              | 20.0   | 16.4     |
| Hawaii               | 20.0   | 5.6      |
| Idaho                | 20.0   | 12.0     |
| Illinois             | 20.0   | 6.0      |
| Indiana              | 20.0   | 14.8     |
| Iowa                 | 20.0   | 8.2      |
| Kansas               | 20.0   | 19.2     |
| Kentucky             | 20.0   | 6.3      |
| Louisiana            | 20.0   | 6.7      |
| Maine                | 20.0   | 8.5      |
| Maryland             | 20.0   | 8.9      |
| Massachusetts        | 20.0   | 18.2     |
| Michigan             | 20.0   | 15.0     |
| Minnesota            | 20.0   | 13.4     |
| Mississippi          | 20.0   | 3.2      |
| Missouri             | 20.0   | 6.4      |

| State Name     | Target | Reported |
|----------------|--------|----------|
| Montana        | 20.0   | 9.5      |
| Nebraska       | 20.0   | 10.7     |
| Nevada         | 20.0   | 14.4     |
| New Hampshire  | 20.0   | 11.4     |
| New Jersey     | 20.0   | 15.6     |
| New Mexico     | 20.0   | 7.7      |
| New York       | 20.0   | 11.7     |
| North Carolina | 20.0   | 14.8     |
| North Dakota   | 20.0   | 8.2      |
| Ohio           | 20.0   | 12.0     |
| Oklahoma       | 20.0   | 9.6      |
| Oregon         | 20.0   | 17.8     |
| Pennsylvania   | 20.0   | 8.1      |
| Rhode Island   | 20.0   | 9.1      |
| South Carolina | 20.0   | 10.9     |
| South Dakota   | 20.0   | 6.5      |
| Tennessee      | 20.0   | 13.0     |
| Texas          | 20.0   | 12.4     |
| Utah           | 20.0   | 8.5      |
| Vermont        | 20.0   | 13.1     |
| Virginia       | 20.0   | 9.7      |
| Washington     | 20.0   | 9.6      |
| West Virginia  | 20.0   | 13.5     |
| Wisconsin      | 20.0   | 7.8      |
| Wyoming        | 20.0   | 7.0      |

## 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. 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 2006.

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, two U.S. Jurisdictions not subject to monetary penalties because of Section 214 (Guam and the Northern Mariana Islands) nevertheless complied with all Synar regulatory requirements in FFY 2006.

## Comprehensive Strategies Are Most Effective

An overall comprehensive tobacco control program should include the following key components: community programs to reduce tobacco use, chronic disease programs to reduce the burden of tobacco-related diseases, school programs, statewide programs, counter-marketing, cessation programs, surveillance and evaluation, administration and management, and enforcement. Reducing youth access to tobacco products (the goal of the Synar program) is critical to the enforcement component.

In its oversight of State Synar programs over the past 10 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 10 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 these comprehensive strategies with the goal of eliminating the availability of tobacco products to minors, and so spare future generations the long-term disease and death consequences 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.

1 Choke Cherry Road  
Rockville, MD 20857  
1-877-SAMHSA7 or 1-877-726-4727  
[www.samhsa.gov](http://www.samhsa.gov)

#### ADMINISTRATOR

Terry L. Cline, Ph.D.

#### Substance Abuse Resources

SAMHSA'S NATIONAL CLEARINGHOUSE FOR  
ALCOHOL AND DRUG INFORMATION (NCADI)

1 (800) 729-6686 (English and Español)  
or 1 (800) 487-4889 (TDD)  
<http://www.ncadi.samhsa.gov>

#### Mental Health Resources

SAMHSA'S NATIONAL MENTAL HEALTH  
INFORMATION CENTER (NMHIC)

1 (800) 789-2647 or 1 (866) 889-2647 (TTY)  
<http://www.mentalhealth.samhsa.gov>

