

Subject: Prevention Policy 01 - Synar
Re-Issued: July 21, 2015; October 20, 2023
Effective: November 1, 2023

PURPOSE:

The purpose of this policy is to specify Prepaid Inpatient Health Plans (PIHP) requirements with regard to federal Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS BG) Synar compliance.

The policy was revised in October 2023 to update the minimum required age to purchase tobacco to 21 years, to align with federal requirement language, and to amend requirements for PIHP regions that do not achieve a Retailer Violation Rate (RVR) of 20% or less.

SCOPE:

This policy applies to PIHPs and their Synar-related provider network, including Designated Youth Tobacco Use Representatives (DYTUR), which are part of substance use disorder (SUD) services administered through the Michigan Department of Health and Human Services, Substance Use, Gambling and Epidemiology Section (MDHHS/SUGE).

BACKGROUND:

The Center for Substance Abuse Prevention (CSAP) within the Substance Abuse and Mental Health Services Administration (SAMHSA) assists states in complying with the Synar Amendment's goals by issuing programmatic requirements and guidance.

CSAP is charged with overseeing the states' implementation of the Synar requirements and provides technical assistance on the requirements and youth tobacco access issues in general. CSAP also provides guidance to states regarding the conduct of random, unannounced inspections. Specifically, in conducting their annual Synar surveys, states must:

- Develop a sampling frame that includes both over-the-counter and vending machine locations accessible to youth and young adults under the age of 21.
- Ensure that the sampling frame includes, at a minimum, 80% of the tobacco outlets in the state. CSAP requires states that use a list frame to conduct and report the results of a coverage study designed to assess the completeness of the sampling frame every 3 years.
- Design a sampling methodology and implementation plan that are based on sound survey sampling methodology.
- Sample a large enough number of outlets to meet SAMHSA's precision requirement (one-sided 95% confidence interval).
- Obtain a completion rate of 90% or better.
- Record the actual steps of the survey process in the field and keep records of all sources of sample attrition in the field.
- Weight the results of the Synar survey to account for unequal probabilities of selection, differences in percentages of eligible outlets between strata or clusters, and other deviations from the intended design.

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States are also required to submit an annual report and an implementation plan with regard to Synar related activities. These requirements are incorporated in the annual SUPTRS Block Grant application. The state may be penalized up to 10% of the State's federal SUPTRS Block Grant award for non-compliance.

A state can avoid the 10% reduction in its SUPTRS Block Grant funds if the state stipulates that it will spend its own funds to improve compliance with the law. Specifically, under the alternative penalty, a state that fails to meet Synar requirements can take the following steps to avoid being penalized:

- Submit a corrective action plan to the Assistant Secretary for Mental Health and Substance Use within 90 days of receipt of notice that they are not in compliance with the Synar regulations, which outlines strategies they will take to reduce the Retail Violation Rate to 20% or less. States may not use SUPTRS Block Grant funds to pay for these activities and must find alternate sources of funds to cover these costs.

The Synar Requirements are summarized as follows:

- 1) States must enact a youth access to tobacco law restricting the sale and distribution of tobacco products to individuals under 21. The Michigan Youth Tobacco Act (YTA) satisfies this requirement by restricting the sale and distribution of tobacco products, including vapor products and alternative nicotine products, to youth and young adults under the age of 21.
- 2) States must actively enforce their youth access to tobacco laws.
- 3) The State must conduct a formal Synar survey annually to determine retailer compliance with the tobacco youth access law and to measure the success of state compliance with the Synar program.
- 4) The State must achieve and maintain a youth tobacco non-sales rate of 80% or better during the formal Synar survey.

In addition, SAMHSA/CSAP requires that an accurate listing of tobacco retail outlets be maintained, including periodic tobacco retail outlet coverage studies intended to confirm the accuracy of the list and establishes Synar sampling requirements.

REQUIREMENTS:

It is the responsibility of the PIHP to implement tobacco retail access prevention measures to achieve and maintain a youth and young adult under the age of 21 tobacco non-sales rate of 80% or better within their region. Activities associated with Synar best practices and other evidenced based prevention such as conducting inspections, and providing merchant or vendor education are defined as prevention services and must be carried out by a licensed (Community Change, Alternatives, Information, Training (CAIT) license) substance use disorder prevention provider.

In doing so, it is required that the PIHP will:

- 1) Use best practices relative to reducing access to tobacco products by youth and young adults under the age of 21.

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- 2) Develop and implement a regional plan of Synar/tobacco prevention activity that will restrict youth and young adults under the age of 21 access to tobacco and surpass the 80% non-sales rate.
- 3) Incorporate data including youth and young adults under the age of 21 sales data and analysis of the effectiveness of Synar related activities when developing PIHP region plan.
- 4) Identify a DYTUR agency to implement Synar-related activities. The agency or individual identified as the DYTUR, must have knowledge in youth tobacco access reduction and related Synar prevention initiatives.
- 5) Conduct activities necessary to ensure the Tobacco Retailer Master List is correct and participate in the clarification and improvement process, as well as the CSAP Coverage Study. Submit to SUGE all information as required by the MDHHS/PIHP contract agreement.
- 6) Annually conduct and complete the Formal Synar Survey to all outlets in the random sample drawn by MDHHS/SUGE during the designated time period and utilize the official MDHHS protocol. Additionally, complete the compliance check report (CCR) forms and CCR spreadsheet and submit all required information to MDHHS per the MDHHS/PIHP contract agreement.
- 7) Collaborate with local partners (e.g., law enforcement, community coalitions, or local health departments) on Synar and related activities.
- 8) Ensure providers within the PIHP region are aware of Synar requirements and procedures prior to the formal Synar inspection period.
- 9) Monitor progress, address challenges (e.g., lack of youth inspectors) and any other issues during the formal Synar inspection period to ensure inspection timeframe requirements are met.
- 10) Contribute to enforcement of the Michigan YTA at tobacco outlets within the PIHP region by conducting non-Synar enforcement checks with law enforcement participation, non-Synar enforcement activity through civilian checks, and/or vendor education with tobacco retailers.
- 11) Seek to change community norms and conditions by forming relationships with stakeholders for the purposes of developing joint initiatives and/or for collaboration to impact sales trends to youth.
- 12) Report on YTA enforcement activities carried out by law enforcement agencies, including the number of violations, to satisfy federal reporting requirements. Correspondingly, it is the responsibility of the PIHP to comply with Synar protocol and demonstrate a good faith effort to obtain and report required information. Documentation of good faith effort may be required if the PIHP cannot provide the required information.

Note: SUPTRS Block Grant funds cannot be used to fund law enforcement to enforce the Michigan Youth Tobacco Act; this includes Formal Synar and non-Synar activities.

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It is recommended that non-Synar checks be carried out in no less than 25% of the outlets in the PIHP region with priority to vendor categories that have historically had a higher sell rate to youth and young adult under the age of 21, e.g., gas stations, tobacco specialty stores, grocery stores and drug stores.

For PIHPs with a 20% “sell rate” or Retailer Violation Rate (RVR) higher than 20% for two consecutive Synar surveys, the requirement is:

- 1) Conduct Vendor Education activities, utilizing the MDHHS approved vendor education protocol, with no less than 50% of the total outlets within the PIHP region during the MDHHS designated Vendor Education period.
- 2) Conduct non-Synar compliance checks with no less than 50% of the outlets within the region during the subsequent third year.
- 3) Provide a corrective action plan regarding which activities or services the PIHP will fund to achieve compliance with the required RVR rate.

Or provide an alternative corrective action plan that the PIHP will undertake to achieve compliance with the required RVR rate. The plan must be approved by the Department.

REPORTING REQUIREMENTS:

See the MDHHS/PIHP agreement for PIHP reporting requirements.

PROCEDURE:

The PIHP must adhere to MDHHS-provided protocols, including the Formal Synar Survey Protocol, the Vendor Education Protocol, the Synar Tobacco Retailer Master List Update Guidance, and Coverage Study Procedures. Identification and implementation of activities, and local data collection and evaluation procedures, are left to the discretion of the PIHP. Technical assistance to PIHPs in development of local procedures is available through MDHHS. All associated protocols are placed on the MDHHS website and updated as needed.

REFERENCES:

Substance Abuse and Mental Health Services Administration (SAMHSA). *Programmatic Requirements for the Synar Program*. [Programmatic Requirements for the Synar Program | SAMHSA](#)

Youth Tobacco Act 31 of 1915, MCL1915 PA31, Michigan Legislature, 1915-1916 Legislative Session, Lansing, MI. (Amended July 22, 2022).
<http://www.legislature.mi.gov/documents/mcl/pdf/mcl-Act-31-of-1915.pdf>

APPROVED BY:

Kristen Jordan

Kristen Jordan, Director
Bureau of Specialty Behavioral Health Services