

# Instructions for Completing the FFY 2008 Annual Synar Report

## Introduction

This brief set of instructions for completing the FFY 2008 Annual Synar Report was developed by the Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Substance Abuse Prevention (CSAP), in an effort to provide assistance to States and U.S. Territories (hereafter referred to as States) in completing the FFY 2008 Synar reporting requirements.

Please note that the Synar Survey Estimation System (SSES) remains in effect as SSES2.1. As last year, the software is being made available with the FFY 2008 Annual Synar Report application. As you know, the SSES is an optional software tool developed by CSAP to assist States in analyzing and reporting their annual Synar survey results. In FFY 2005, 38 States used the SSES and SAMHSA found that the use of SSES significantly streamlined and improved Synar reporting and review activities. If SSES2.1 is used, it will produce all of the required forms and some additional required information, which has reduced the need for iterative generations of correspondence requesting additional information subsequent to the submission of annual Synar reports. Question 7 further describes SSES related instructions. SAMHSA's goal remains that all States use the provided SSES for calculating and reporting its survey data and statistical analyses. Technical assistance with this data and analysis system remains available to any States with ongoing difficulties or questions.

We recognize the effort that States invest in completing their Annual Synar Reports and hope the enclosed guidance information will facilitate this process. We encourage all States to contact their SAMHSA/CSAP Project Officer if other questions arise as they complete their SAPT Block Grant applications.

## Completing the Annual Synar Report (ASR)

SAMHSA/CSAP recommends that States use the ASR checklist provided to the States to ensure all elements of the Annual Synar Report have been completed prior to submitting the report to SAMHSA/CSAP.

When completing the report, please carefully follow all *italicized* directions in the ASR. Please note that the specific questions and sub-questions each State must answer are dependent on the State-specific methodology used to conduct the Synar survey. The report contains skip patterns designed to adapt the report to meet your particular State reporting requirements. Please carefully follow all skip patterns embedded in the questions and answer all appropriate questions consistent with your State's circumstances.

The electronic MS Word document version of the FFY 2008 ASR utilizes Check Box Form Field Options. In order to properly use this feature, double click on the box you wish to check, select the "Checked" option under Default Value, and Click the "OK" button.

After completing the ASR electronically, States should accept all changes, if the Track Changes feature was used, save this as final before submitting the document to CSAP. Any electronic version of the ASR submitted by the State should include the State name or two-letter USPS State/Territory Abbreviation first in the file name. If changes are made to a part of the ASR, please resubmit the entire revised document with the appropriate date revised in the file name and in the header of the document.

## **ASR Signature on Funding Agreements/Certifications**

The FFY 2008: Funding Agreements/Certifications form must be signed by the Governor as the Chief Executive Officer, unless the State provides a letter from the Governor designating a specific State representative to sign the Substance Abuse Prevention and Treatment Block Grant (SAPT) application as the CEO on his behalf. If the State submits an SAPT Block Grant signed by other than the Governor, the State must include a copy of the designation letter signed by the Governor with the State's FFY 2008 ASR. Please note that ASRs are not considered complete if they are not signed and dated by the Governor as Chief Executive Officer or his authorized designee. Electronic

copies of ASRs submitted should still have the Funding Agreements/Certifications section completed with the Name, Title, and Date Signed boxes completed.

### **ASR Section I: (Compliance Progress)**

The Compliance Progress year is the year immediately prior to the current FFY SAPT Block Grant Application. For example, if the report is for FFY 2008, the State should report on activities taking place during the FFY 2007 year.

#### **ASR Question 1**

*State Tobacco Legislation:* In addition to monitoring each State's progress, SAMHSA/CSAP is tracking youth access to tobacco and other tobacco-related legislation throughout the United States and U.S. Territories. Additional legislation regarding tobacco control may support State efforts to reduce youth access to tobacco products. SAMHSA/CSAP will be able to use the information gathered about State laws to provide technical assistance to States.

- Please respond yes or no to Questions 1a-d. If the response is yes, follow the direction in italics asking for more information.
- If any changes in the specified State law(s) have occurred in FFY 2007, please attach a photocopy of the State law(s).

#### **ASR Question 2**

*Publicizing the Annual Synar Report:* As stipulated in the implementing regulation, States are required to make public the Annual Synar Report, prior to submission to SAMHSA/CSAP, which provides an opportunity for public comment about the implementation of States' youth tobacco access laws.

- Please check all applicable boxes describing how the ASR was made public.

#### **ASR Question 3**

*Identify Lead Agencies:* As State programs are periodically reorganized, SAMHSA/CSAP requires that the State specifies the State agencies involved in implementing Synar requirements.

- Please identify the agencies specified in Question 3a-c and mark whether the agency has changed since the previous reporting year.

#### **ASR Question 4**

*Tobacco Prevention Agency:* Often it is difficult for SAMHSA/CSAP to ascertain which State agencies are responsible for tobacco prevention in the State, as well as the relationship between the agency with tobacco prevention responsibilities and the agency responsible for enforcing tobacco control in the State.

- Please identify the agency(s) responsible for tobacco prevention activities and mark whether this agency has changed since the previous reporting year.

*Coordination and Collaboration with Lead Synar Agency:* SAMHSA/CSAP is often asked about the nature of coordination that occurs between the State tobacco prevention agency and that responsible for enforcing State tobacco laws. Describing the nature of the relationship between these two, if different, can be helpful in understanding the ways in which the State's Synar program functions within the State's tobacco program as a whole, as well as can be helpful in understanding the nature of the collaboration, if any, that exists between these two primary agencies in the State's overall tobacco prevention and control programming.

- Please check all applicable boxes in Question 4a that best identify coordination and collaboration efforts between the Synar agency specified in Question 3a and the Prevention agency specified in Question 4. Please describe additional collaborations in writing if more exists beyond the options available to be checked.

#### **ASR Question 5**

*Enforcement of Youth Tobacco Access Laws:* Synar legislation requires States to enforce their youth access to tobacco laws. For questions 5a-e, please clarify how the State conducts enforcement.

- Please check the applicable box in Question 5a that best describes the agencies that enforce the State’s youth tobacco laws.
- Please complete the table (Question 5b) specifying the number of penalties (citations, fines, permits/licenses suspended, permits/licenses revoked) imposed for violations of youth access to tobacco laws.
- Please check all applicable boxes (Question 5c) that best identify the additional activities conducted in your State to support enforcement and compliance with State tobacco access laws and describe each of the checked activities in the space provided.
- For Question 5e and if the State combines Synar survey inspections with State enforcement inspections, please describe the State’s plan to address the possibility that bias to the survey results could be introduced through a retailer’s notifying other retailers in the area that compliance inspections are in progress in the area.

### ASR Question 6

*Sampling Methodology:* The State is required to have an approved up-to-date description of the Synar sampling methodology on file with CSAP.

- Please indicate by checking the appropriate box whether the sampling methodology changed since the previous reporting year.
- Please submit a copy of your CSAP approved Synar Survey Sampling Methodology (*Appendix B*). If the sampling methodology changed from the previous reporting year, these changes must be reflected in the methodology submitted.

### ASR Question 7

*Results of the Synar survey:* States have the option to use the SSES or another method to analyze survey results.

- Indicate, by checking the appropriate box, whether the State used the SSES to analyze the Synar survey data (Question 7a)
  - If the State used the SSES to analyze the Synar survey data:
    - Attach SSES summary tables 1, 2, 3, and 4 to the report and;
    - Go to Question 8.
  - If the State did not use the SSES to analyze the Synar survey:
    - Answer Questions 7b-h.
    - For Question 7b, provide appropriate statistics in the blank spaces;
    - For Question 7c, attach *Form 1 (required)* filled out by following instructions provided in the ASR;
    - For Question 7d, if Form 2 (for stratified sampling designs only) was used, check the first box and attach *Form 2 (Optional)* filled out by following instructions provided in the ASR. If a method other than Form 2 was used, or if Form 2 cannot be used due to the complexity of the sampling design (e.g., single stage or two stage cluster sampling designs), please provide all formulas and calculations OR attach and clearly explain the program code and output with descriptions of all variable names used in the program;
    - For Question 7e, check the appropriate box, Provide an explanation if “yes” box is checked;
    - For Question 7f, if a cluster design was used for the Synar survey, complete *Form 3* by following instructions provided in the ASR;
    - For the table in Question 7g, report the outlet sample sizes for the Synar survey;
    - For Question 7h, following instructions provided in the ASR, fill out and attach *Form 4 (required)* to provide detailed tallies of ineligible sample outlets by reasons for ineligibility and detailed tallies of eligible sample outlets with noncomplete inspections by reasons for noncompletion.

### ASR Question 8

### List Frame

- Indicate, by checking the appropriate box, whether the State's Synar survey used a list frame (i.e., selected the sample from a list of outlets).
  - If the State used a list frame:
    - Complete Questions 8a-d.
    - If a new coverage study (i.e., study to evaluate the completeness of the list frame) was conducted in this reporting period, complete and submit *Appendix D*.
  - If the State did not use a list frame:
    - Go to Question 9

### ASR Question 9

*Inspection Protocol:* The State is required to have an approved up-to-date description of the Synar inspection protocol on file with CSAP.

- Please indicate by checking the appropriate box whether the inspection protocol changed since the previous reporting year.
- Please submit a copy of your Synar Survey inspection protocol (*Appendix C*), which has been approved by CSAP. If the inspection protocol changed from the previous reporting year, these changes must be reflected in the methodology submitted.
- Provide the inspection period for the Synar survey (Question 9a).
- Provide the number of youth inspectors used in the current inspection year (Question 9b).
- Complete *Form 5* by following the instructions provided in the ASR to report the number of inspections (attempted buys) as well as the number of violations (successful buys) that occurred by age and gender of the youth inspectors. *SSES automatically produces the information in Form 5. If SSES was used to analyze the Synar survey data, Form 5 is not required.*

### **ASR Section II (Intended Use)**

The Intended Use year is the year (FFY 2008) for which SAPT funds are being requested.

### ASR Question 1

#### *Anticipated Changes*

- Indicate, by checking the appropriate boxes, whether the State anticipates any changes in the Synar sampling methodology and inspection protocol.
- If changes are made in either the Synar sampling methodology or the Synar inspection protocol, the State is required to obtain approval from CSAP prior to implementation of the changes and file an updated Synar Survey Sampling Methodology (*Appendix B*) or an updated Synar Survey Inspection Protocol (*Appendix C*).

### ASR Question 2

#### *State Plan*

- Please, in two to three paragraphs, describe the State's planned activities to maintain the RVR at or below the target rate for the upcoming year. Describe plans for law enforcement efforts and supporting activities to enforce youth tobacco access laws, and any anticipated changes in youth tobacco access legislation or regulation in the State.

### ASR Question 3

#### *Challenges*

- Please check all applicable boxes that describe challenges the State faces in complying with the Synar requirements.
- Include, in the space provided, a brief description of all selected challenges.