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NON-PRESCRIPTION PHARMACY ACCESS TO STERILE SYRINGES IN OREGON

INJECTION DRUG USE accounts for almost one-third of all AIDS cases nationally and one-fifth of AIDS cases in Oregon.¹ Oregon's lower-than-average proportion of AIDS cases among injection drug users (IDUs), despite high rates of injection drug use,² is often attributed to interventions that have increased the availability of sterile syringes, such as exempting syringe sales from drug paraphernalia laws.^{3,4} In Oregon in 2002, of 286 AIDS cases, 43 were IDUs. This number has increased by about 5 cases a year since 1999. The data show that while the rate of AIDS is on a gradual rise, the prevalence of HIV infection remains low and stable among IDUs in Oregon. This issue of the *CD Summary* reviews the role of pharmacists' attitudes and practices regarding syringe sales to IDUs, and the development and implementation of strategies for facilitating more consistent availability of sterile syringes in Oregon.

PHARMACISTS ARE THE KEY

Research shows that the mere absence of legal barriers does not ensure the ability to obtain sterile syringes. The primary determinant is the willingness of pharmacists to sell to known or suspected IDUs.^{5,6} Recognizing this key role of pharmacy sales in providing access to sterile syringes, the American Medical Association, the American Pharmaceutical Association,

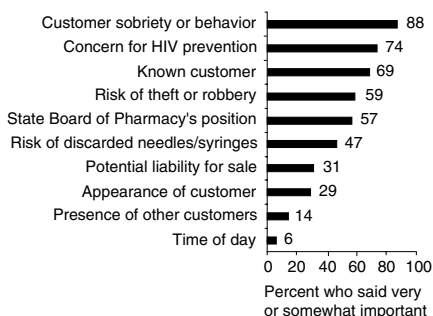
the Association of State and Territorial Health Officials, the National Association of Boards of Pharmacy, and the National Alliance of State and Territorial AIDS Directors issued a joint letter in October 1999 urging state leaders in medicine, pharmacy, and public health to coordinate their actions to improve IDUs' access to sterile syringes through pharmacy sales.⁷ This strategy supported the U.S. Public Health Service's recommendation for "one-time-only use of sterile syringes."⁸ State and local health departments in a number of jurisdictions, including Minnesota and New York states and King County in Washington State, have designed and implemented successful campaigns to increase the attainability of sterile syringes through partnerships with pharmacies and local health departments.

Concerned about maintaining a low incidence of HIV infection and AIDS among IDUs and controlling the spread of other blood-borne pathogens like hepatitis C, the HIV/STD/TB (HST) Program at the Oregon Department of Human Services conducted a survey of Oregon pharmacists in the summer of 2002 to test for barriers to getting sterile syringes in our state. To gather information on Oregon retail pharmacists' attitudes and practices regarding non-prescription syringe sales, we developed a telephone survey based on surveys used in previous studies. We tried to ensure that all types of retail pharmacies and all regions of the state were represented. We attempted to contact 282 retail pharmacies and reached pharmacists at 172 of them. One hundred seven (62%) agreed to participate; each survey participant represented a different pharmacy. Approximately one-quarter were from the tri-county Portland metro area.

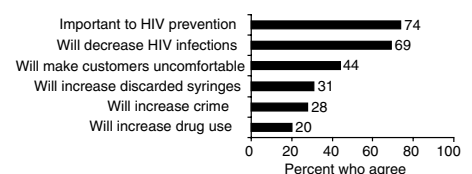
PHARMACISTS' ATTITUDES AND PRACTICES

- About one-third of pharmacists indicated that they were always willing to sell syringes to suspected IDUs. Sixteen percent said they were never willing to sell, and the remaining 54% would sell on a conditional basis.
- Of the 54% of pharmacists who were "conditional" sellers, the most common factor in deciding to sell was the customer's behavior or apparent sobriety. Concerns about HIV ranked second highest (see figure, bottom left).
- From "conditional" sellers, the most common requirements for purchase of syringes were justification of need and showing identification. Acceptable justifications included insulin and vitamin injections as well as non-medical uses such as for hobbies—but not injection drug use. A third of pharmacists required proof of diabetic status, often in the form of a verbal "quiz," and 37% required customers to provide their name and address or to sign a log-book. Many pharmacists had multiple requirements.
- Prices for syringes varied considerably and sometimes even varied from customer to customer within a pharmacy.
- The majority of pharmacists were supportive of providing some HIV prevention-related services or items.

Factors in decision to sell syringes (n=49)



Pharmacist opinions about syringe sales (n=93)





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- Although two-thirds to three-quarters of pharmacists agreed with the HIV-prevention benefits of syringe sales, a number also had concerns or beliefs that made them reluctant to sell to known or suspected IDUs (see figure *verso*, bottom right).

PHARMACISTS ON SYRINGE DISPOSAL

Appropriate disposal of used syringes is another important HIV prevention activity in which pharmacists can play a central role. Pharmacists were asked a series of questions regarding their practices for accepting used syringes, offering sharps containers, and providing customers with information about proper syringe disposal. Overall, about a quarter of pharmacists (26%) said that they accepted used syringes for biohazard disposal. Portland tri-county area pharmacists were more likely to accept used syringes than were those from other Oregon counties. Statewide, about one-quarter were consistently offering both sharps containers and disposal information to their customers. The remaining pharmacists were more likely to offer disposal information than sharps containers, although 30% offered neither to their syringe-sale customers.

CONCLUSIONS AND NEXT STEPS

Oregon pharmacists play an important role in controlling the spread of HIV and other blood-borne pathogens among IDUs in Oregon. Promoting the use of sterile syringes is an effective means of reducing HIV transmission in this population,⁹ and pharmacy-based

availability of sterile syringes depends upon each pharmacist's willingness to sell them to known or suspected IDUs. Based on the results of this survey, it appears that Oregon pharmacists can do more to ensure that Oregon's IDUs can get sterile syringes and then dispose of used ones safely.

As we strive to increase the availability of syringes, it is important to keep in mind what *is* working. A full 33% of the pharmacists surveyed were willing to sell to IDUs, no questions asked, and many of the conditional sellers were very concerned about HIV prevention but were troubled by ethical uncertainty. The HST Program will work with the Oregon Board of Pharmacy, Oregon Pharmacy Association, Pharmacy School at OSU, individual pharmacists and physicians, other state and local health departments and IDUs to develop and implement strategies for facilitating more consistent access to sterile syringes in Oregon pharmacies. Our program will build on successes from campaigns in other parts of the country using strategies such as:

- Calling pharmacists' attention to data showing that increasing IDUs' ability to procure sterile syringes increases neither the number of people who inject drugs nor the number of drug injections.^{10, 11}
- Promoting discussions in pharmacy schools, continuing education programs, and other venues about the public health contribution of pharmacists in controlling the HIV and viral hepatitis epidemics.

- Recruiting pharmacists to participate in HIV Prevention Community Planning Groups and other public health activities.

If you would like more information on this project or a copy of the full report please contact Anna Vail at 503/731-4029 or by email at anna.e.vail@state.or.us.

REFERENCES

1. Oregon Department of Human Services. 2002 Oregon Epidemiological Profile of HIV/AIDS.
2. National Institute of Justice. 2000 Annual Report of the Arrestee Drug Abuse Monitoring System.
3. Burris, Scott. Deregulation of Hypodermic Needles and Syringes as a Public Health Measure. A Report on Emerging Policy and Law in the United States. 2001. American Bar Association
4. Oregon Revised Statutes 475.525(3) & 475.805.
5. Case P, Beckett GA, Jones TS. Access to sterile syringes in Maine: Pharmacy practice after the 1993 repeal of the syringe prescription law. JAIDS 1998;18 (Suppl 1):S94-101.
6. Gleghorn AA, Gee G, Vlahov D. Pharmacists' attitudes about pharmacy sale of needles/syringes and needle exchange programs in a city without needle/syringe prescription laws. JAIDS 1998;18 (Suppl 1):S89-93.
7. National Alliance of State and Territorial AIDS Directors. HIV prevention and access to sterile syringes. Joint letter issued by the American Medical Association, American Pharmaceutical Association, Association of State and Territorial Health Officials, National Association of Boards of Pharmacy, National Alliance of State and Territorial AIDS Directors. October 1999.
8. U.S. Department of Health and Human Services, Public Health Service. HIV prevention bulletin: Medical advice for persons who inject illicit drugs.
9. Normand J, Vlahov D, Moses LE, eds. Preventing HIV transmission: the role of sterile needles and bleach. Washington (DC): National Academy Press, 1995.
10. Wright-De Agüero L, Weinstein B, Jones TS, Miles J. Impact of the change in Connecticut syringe prescription laws on pharmacy sales and pharmacy managers' practices. JAIDS 1998;18 (Suppl 1):S102-10.
11. Valleroy LA, Weinstein B, Jones TS, Groseclose SL, Rolfs RT, Kessler, WJ. Impact of increased legal access to needles and syringes on community pharmacies' needle and syringe sales—Connecticut, 1992-1993. JAIDS 1995;10:73-81.