ABSTRACT  In May 2000, New York State passed legislation permitting the sale, purchase, and possession of up to 10 needles and syringes without a prescription. The law is intended to reduce the transmission of human immunodeficiency virus (HIV) and hepatitis among injection drug users (IDUs), their sexual partners, and their children. To obtain baseline information about the attitudes and likely practices of New York State pharmacists, we distributed a self-administered questionnaire to attendees of the state pharmacy association meeting in June 2000. Of 48 usable responses, 19% were from New York City and the rest from New York State. Of the 48, 42% were unaware of the new law before the day of the survey, and 60% were somewhat or very willing to sell needles and syringes to an IDU. Of those who were not willing to sell to an IDU, 82% cited familiarity of the customer as a very important consideration in their decision making. Those who were not willing to sell to an IDU were more concerned about the detrimental impact of syringe sales on the community, were less likely to be aware of the new law, and were more likely to be concerned about legal liability for syringe sales. Over 80% of all pharmacists believed that syringe sales to IDUs are an important preventive health measure. The majority also favored learning more about the law. Compared to other state surveys of pharmacists, these preliminary data show a similar level of interest in becoming involved with syringe availability programs.
In May 2000, the New York State legislature passed provisions to permit the sale and possession of needles and syringes. Effective January 1, 2001, individuals aged 18 years and older will be able to purchase, without a prescription, up to 10 needles and syringes from a pharmacy. In addition, Article 28 health care providers will be allowed to sell or furnish syringes to patients. The AIDS Institute of the New York State Department of Health will develop regulations governing nonprescription syringe sales and will register participating pharmacies.

New York's expanded syringe-access law, like similar bills passed in Connecticut, Minnesota, Maine, and Rhode Island, is intended to reduce the rapid transmission of human immunodeficiency virus (HIV) and hepatitis C virus (HCV) among injection drug users (IDUs). Sharing injection equipment is the major route of transmission of both HIV and HCV among IDUs. Access to clean syringes is thus of critical importance to a comprehensive approach to HIV and hepatitis prevention.

The purpose of this early survey was to assess correlates of pharmacists' knowledge, attitudes, and likely practices toward syringe sales. With the cooperation of the Pharmacists Society of the State of New York (PSSNY), we were able to administer a survey at the annual statewide pharmacists' convention. The convenience sample provided an efficient means of gathering early data from a broad cross section of the state's pharmacists. The information collected is intended to highlight pharmacists' interests and concerns about syringe deregulation to guide program planners in implementing the law.

**METHODS**

On June 29, 2000, the PSSNY held continuing education classes at its annual statewide convention of pharmacists. The convention provided a convenience sample of pharmacists for a self-administered, anonymous survey of understandings and concerns about syringe deregulation. In the early summer, we contacted the director of the society to obtain permission to come to the continuing education gathering and to distribute our written questionnaire. Participants in the conference were from both independent and chain pharmacies, primarily from upstate locations.

When pharmacists attending the continuing education program entered the room on June 29, they found a copy of the self-administered questionnaire waiting at their seats. To increase participation with the survey, the executive director of the society spoke briefly, introducing the project and encouraging members to take a few minutes to provide responses. The cover sheet for the instrument was a letter from the New York Academy of Medicine, Center for Urban Epidemi-