ABSTRACT  In May 2000, New York State passed legislation permitting the sale, purchase, and possession of up to 10 needles and syringes (hereafter “syringes”) without a prescription, intended to reduce blood-borne pathogen transmission among injection drug users (IDUs). To obtain baseline data on pharmacists’ attitudes and practices related to human immunodeficiency virus (HIV) prevention and IDUs, a telephone survey was administered to 130 pharmacists systematically selected in New York City. Less than half of pharmacists were aware of the new law; 49.6% were willing to or supported providing nonprescription sales of syringes to IDUs. Pharmacists in support tended to be less likely to consider customer appearance “very important.” Managing and supervising pharmacists were more likely than staff pharmacists to support syringe sales to IDUs. Managing and supervising pharmacists who stocked packs of 10 syringes and personal sharps disposal containers, pharmacists who supported syringe exchange in the pharmacy, and pharmacists who were willing to sell syringes to diabetics without a prescription were more likely to support syringe sales to IDUs. Syringe disposal was a prominent concern among all pharmacists. Those not in support of syringe sales to IDUs tended to be more likely to believe the practice would increase drug use. These data suggest the need for initiatives to address concerns about syringe disposal and tailored continuing education classes for pharmacists on HIV and viral hepatitis prevention among IDUs.

As of December 1999, 35% of cumulative acquired immunodeficiency syndrome (AIDS) cases reported to the US Centers for Disease Control and Prevention were

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among injection drug users (IDUs), their sexual partners, and their children. That figure approaches 50% in New York City. At the end of 1999, about 18,000 adults in New York City were living with AIDS acquired through injection drug use.

Multiperson use of needles and syringes (hereafter "syringes") is the major route of human immunodeficiency virus (HIV) transmission among IDUs in New York City and is driven by lack of access to sterile syringes. Syringe exchange has proven an effective intervention to reduce injection-related HIV risks. In 1996, an analysis of three studies in New York City (total N = 1,442) found that nonparticipation versus participation in syringe exchange was associated with a relative risk of 3.35 for HIV seroincidence. Possibly due, at least in part, to syringe exchange, HIV incidence among IDUs dropped from 4.4/100 person-years in the early 1990s to approximately 0.7/100 person-years in 1997. However, syringe exchange only services certain populations of IDUs with access to one of the nine legal exchanges in New York City. Pharmacy sale of syringes may improve access by addressing NIMBY ("not in my backyard") issues and reaching those uncomfortable attending syringe exchange or unable to attend during limited exchange hours. An analysis of different modalities for improving syringe access estimated that subsidizing syringe exchange for 50% of all syringes used by IDUs would cost $0.97/syringe and would be cost neutral if HIV seroincidence exceeded 2.1%. Subsidizing pharmacy sale would be cost neutral if HIV seroincidence was 0.3% or higher. In addition, studies conducted in Louisiana, England, and Canada suggest pharmacies can play a significant role in HIV prevention, but often are underused.

Studies for the US government conducted by the National Commission on AIDS, the University of California, the National Academy of Science, and the Office for Technology Assessment have concluded syringe prescription requirements and paraphernalia clauses should be revoked to increase access to sterile syringes among IDUs. A law allowing the sale, by providers registered with the New York State Department of Health, of up to 10 syringes without a prescription to individuals 18 years of age and older was passed by the New York State legislature and signed by the governor in May 1999. The law, like those passed in Connecticut in 1992, Minnesota and Maine in 1997, and Rhode Island and New Hampshire in 2000, is intended to address blood-borne pathogen transmission among IDUs.

This survey, conducted in tandem with a written version administered statewide, examined the attitudes and practices of pharmacists. It was hypothesized that pharmacists who provided and supported providing public health and HIV-