



Recent Research On Non-Prescription Syringe Sales in California

What you should know:

- ❖ Injection drug use is the second leading cause of HIV transmission and the leading cause of hepatitis C virus (HCV) infection in California.
- ❖ Injection drug users (IDUs) continue to be at high risk for HIV and hepatitis infection in California.
- ❖ Sharing of contaminated syringes and other injection equipment is linked to 19 percent of all reported AIDS cases in the state.
- ❖ California data suggests that 750 new HIV infections occur among IDUs annually.
- ❖ Research indicates that injection mediated risks and HIV infection rates are significantly lower in cities, counties and states that have implemented non-prescription syringe sales (NPSS).
- ❖ Legislation enacted in 2005 (Senate Bill 1159, Vasconcellos) allows local health jurisdictions (LHJs) to authorize NPSS in California.

Recent NPSS Research:

Since 2005, CDPH/OA has collaborated with researchers in several universities and agencies to conduct a comprehensive evaluation of outcomes related to NPSS in California. A detailed report will be released in 2010. Preliminary research findings presented at the 2008 American Public Health Association's annual conference and from published studies are highlighted below. Maps that portray LHJs that authorized NPSS and the proportion of HIV and AIDS cases reported to CDPH/OA with IDU exposure also follow.

In 2005, the first wave of LHJs and pharmacies in California to authorize NPSS began to implement local Disease Prevention Demonstration Projects (Stopka et al., 2007). Findings from a survey conducted with LHJ staff indicated that, by the end of 2007, seventeen LHJs (28 percent) authorized NPSS and 532 (18 percent) of 2987 pharmacies within these 17 LHJs registered to participate. Among the LHJs not planning to authorize NPSS, the top four reasons were: limited time (38 percent) or interest (31 percent), pharmacy disinterest (29 percent), and law enforcement opposition (22 percent). The main barriers to adoption among LHJs that were trying to move through the approval process were community opposition (43 percent), lack of funding (43 percent), pharmacy disinterest (43 percent) and potential syringe disposal concerns (43 percent). While the proportion of LHJs that authorized NPSS is relatively small, those that have implemented are home to 70 percent of Californians currently living with HIV/AIDS (Garfein et al, 2008).



More recent findings from a qualitative study in 12 LHJs found that implementation of NPSS was associated with: leadership from the local public health department and collaborative partners; marketing the program as a public health program; learning from peers in other LHJs; and, identification of acceptable sharps disposal programs. LHJs that encountered political and moral arguments lost momentum and ultimately assigned a lower priority to NPSS. Additional barriers to NPSS included opposition from law enforcement, elected officials and pharmacies, and an inability to adequately resolve syringe disposal issues in the eyes of key stakeholders (Rose et al., 2010).

Analyses of HIV counseling and testing (C&T) data found that reported use of pharmacies as a source for sterile syringes increased significantly in early adopting counties from 2004-2006: Sonoma (2.9 percent vs. 28.8 percent), Los Angeles (6.5 percent vs. 21.3 percent), Contra Costa (1.5 percent vs. 16.2 percent), San Francisco (1.9 percent vs. 13.5 percent), and Alameda (1.5 percent vs. 5.3 percent). Syringe sharing levels among IDUs attending HIV C&T sites were consistently lower in LHJs that had authorized NPSS than syringe sharing levels in LHJs that had not authorized NPSS. While these differences in syringe sharing levels cannot be solely attributed to NPSS, from a public health perspective it is another indication that enhanced syringe access can help reduce injection-mediated risks (Stopka et al., 2008).

Results from a survey with pharmacy staff in San Francisco (SF) and Los Angeles (LA) indicate that 42 percent of pharmacies reported NPSS (81 percent in SF; 28 percent in LA). Analyses indicated that NPSS was more likely in SF and within chain pharmacies. Contrary to the legislation, many pharmacies required proof of medical condition (55 percent) for NPSS (31 percent in SF; 80 percent in LA), and a number of pharmacies reported refusing NPSS if the customer was a known or suspected IDU (74 percent in LA and 33 percent in SF) (Cooper et al., 2008).

Additional research conducted in 2007 with two samples of IDUs in SF found that pharmacies were accessed by less than 40 percent of IDUs in both groups (39 percent and 21 percent). Overall, the most commonly cited source of syringe disposal was a syringe exchange program (SEP) (65 percent), with very few respondents citing pharmacy disposal (2 percent and 0 percent). Two years after the initiation of NPSS, SEPs still provide the majority of syringe distribution and disposal services to SF injectors; however, pharmacies now provide an additional level of syringe access to IDUs. In SF, pharmacies are not a main source of disposal, rather injectors are opting to exchange used syringes. These data suggest that new syringe procuring options are being used by a large portion of SF IDUs, but are not replacing SEPs as a primary syringe source. Developing bridges between pharmacies and SEPs may further reduce syringe-related risk in areas with both services (Riley et al, 2008).

The maps on the following pages portray the LHJs that have authorized NPSS to date and the proportion of HIV and AIDS cases reported to CDPH/OA that had IDU exposure. Helpful resources and references for further reading and review are noted below.



Helpful Resources:

- ✚ For technical assistance and information about syringe access, contact Alessandra Ross, Injection Drug Use Specialist at CDPH/OA at (916) 449-5796 or alessandra.ross@cdph.ca.gov.
- ✚ For more information on OA's mission, programs, and other helpful resources, go to www.CDPH.ca.gov/programs/AIDS.
- ✚ For information about HIV/AIDS, call the California HIV/AIDS Hotline at (800) 367-AIDS (English/Spanish) or (888) 225-AIDS (TDD) or go to www.AIDShotline.org.
- ✚ For more information on California statutes. Visit the Official California Legislative Information Web site at www.leginfo.ca.gov.

References:

- Cooper E, Stopka TJ, Riley ED, Garfein RS, and RN Bluthenthal. Participation and practices in non-prescription syringes sales (NPSS) by pharmacies in Los Angeles and San Francisco, 2007. Oral presentation at the American Public Health Association 136th Annual Meeting, San Diego, CA. October 28, 2008.
- Garfein, RS; Stopka, TJ; Pavlinac, PB; Ross, A; Haye, K; Riley, ED; Bluthenthal, R. Three Years into Legalization of Over-the-Counter (OTC) Syringe Sales in California (SB 1159). Where are we now? Oral presentation at the American Public Health Association 136th Annual Meeting, San Diego, CA. October 28, 2008.
- Riley ED, Kral AH, Garfein RS, Stopka TJ, Wenger LD, and RN Bluthenthal. Pharmacies augment syringe access to San Francisco's IDUs two years after SB1159. Oral presentation at the American Public Health Association 136th Annual Meeting, San Diego, CA. October 28, 2008.
- Rose VJ, Backes G, Martinez A, McFarland W. Non-Prescription Syringe Sales in California: A Qualitative Examination of Practices among 12 Local Health Jurisdictions. *J. Urban Health*: in press.
- Stopka TJ, Garfein RS, Ross A and S Truax. (2007). Increasing syringe access and HIV prevention in California: findings from a survey of local health jurisdiction key personnel. *J Urban Health*, 84, 116-25.
- Stopka TJ, Nonoyama A, Shelton JF, Ruiz J, Garfein RS, Riley ED, and RN Bluthenthal. Syringe sources utilized by IDUs in California pre- and post- implementation of a pharmacy-based syringe sales initiative. Oral presentation at the American Public Health Association 136th Annual Meeting, San Diego, CA. October 28, 2008.



ALAMEDA
CITY OF LONG BEACH
CITY OF LOS ANGELES
CITY OF SACRAMENTO
CITY OF WEST HOLLYWOOD
CONTRA COSTA
HUMBOLDT
LOS ANGELES
MARIN
SAN FRANCISCO
SAN LUIS OBISPO
SAN MATEO
SANTA BARBARA
SANTA CLARA
SANTA CRUZ
SOLANO
SONOMA
YOLO
YUBA



CALIFORNIA

Pharmacy
Sale of
Syringes

APPROVED
 As of April, 2009



Figure 1: Cities and counties that have approved implementation of non-prescription syringe sales in California, April 2009