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California Department of Public Health



EDMUND G. BROWN JR.
Governor

TO: ALL INTERESTED PARTIES

SUBJECT: NONPRESCRIPTION SYRINGE SALES THROUGH LICENSED
PHARMACIES, SENATE BILL 41

On October 9, 2011, Governor Edmund G. Brown, Jr., signed into law [Senate Bill \(SB\) 41 \(Yee, Chapter 738, Statutes of 2011\)](#) as part of statewide efforts to reduce the spread of HIV, hepatitis C, and other blood-borne pathogens. The new law expands legal access to hypodermic needles and syringes in order to reduce the sharing of contaminated injection equipment. SB 41 removes restrictions on pharmacy practices to allow nonprescription sale of syringes (NPSS) through licensed pharmacies throughout the state, without requiring they register with a program or local government to authorize NPSS. Beginning January 1, 2012, physicians and pharmacists may furnish or sell up to 30 syringes without a prescription to adults 18 years of age or older for disease prevention purposes. SB 41 also allows adults anywhere in the state to purchase and possess up to 30 syringes for personal use when acquired from an authorized source. California code now specifies that pharmacists, physicians, and syringe exchange programs (SEPs) are all authorized sources of nonprescription syringes for disease prevention purposes.

This change in law governing pharmacy practice comes after evaluation of the results of the Disease Prevention Demonstration Project (DPDP), a pilot program established in 2005 to assess the long-term desirability of allowing pharmacies to sell nonprescription syringes in order to prevent the spread of blood-borne pathogens, a practice which is standard in most U.S. states. DPDP allowed local health departments, after obtaining authorization from their local government, and pharmacies, after registration with the local health department, to participate in the pilot.

The [report on the evaluation](#) of the pilot is posted on the California Department of Public Health, Center for Infectious Diseases, Office of AIDS (OA) website, along with a [summary](#) of its conclusions. Findings include:

- From 2004 to 2006, between 40 and 45 percent of injection drug users (IDUs) participating in OA's Counseling and Testing (C&T) Program in local health jurisdictions (LHJs) that authorized NPSS reported *never sharing syringes* during the last two years, compared to 22 to 32 percent of IDUs in LHJs without NPSS. Additionally, reported use of pharmacies as a source of sterile syringes increased three-fold among IDUs who used C&T services between 2004 and 2006, from 5 to 16 percent in counties that authorized a DPDP. Reported use of pharmacies for syringe access in non-adopting LHJs remained static (between 7 and 9 percent).
- No statistically significant differences in needle-stick injuries among law enforcement officers were found between LHJs that had not authorized DPDPs and those LHJs which had.
- No evidence of elevated crime rates was found in LHJs that authorized a local DPDP.
- No evidence was found that DPDPs resulted in an increase or decrease in unsafe discard of syringes within participating LHJs.

SB 41 requires pharmacies that offer NPSS to provide education to customers on safe disposal of sharps waste, as well as how to access drug treatment, HIV testing and treatment, and hepatitis C testing and treatment. OA and the California Board of Pharmacy are required by the bill to post this same information on their websites. SB 41 also mandates that all pharmacies and SEPs which offer NPSS provide for safe disposal through one of several sharps disposal options, which may be expected to result in an increase in proper sharps waste disposal in the state, and a decrease of sharps waste within the solid waste stream. The enclosed fact sheet provides more information about the requirements set out by SB 41.

California code governing the DPDP is made inoperative by SB 41 until January 1, 2015, when the provisions of SB 41 sunset. At that time, if subsequent legislation has not been enacted to extend and/or make permanent the statewide authorization of NPSS, DPDP will once again be in operation until 2018.

Under SB 41, health departments have no responsibilities to register NPSS pharmacies and local governments have no responsibility to authorize health department and pharmacy participation. This change reflects the shift from a limited pilot program designed to evaluate the effects of NPSS, to a statewide policy that allows pharmacies the discretion to provide NPSS under their current licenses. LHJs may, however, expect that pharmacies and agencies which serve IDUs will turn to local expertise within their health departments for information about the new law and assistance in educating consumers and in clarifying legal requirements for pharmacies. OA is prepared to offer technical assistance to health departments which take on these tasks.

OA is responding to the requirements of SB 41 by developing and maintaining information on its website to assist health departments in educating pharmacy staff and other service providers, and assist pharmacists in educating consumers at risk of blood-borne infections about: 1) how consumers can access testing and treatment for HIV and viral hepatitis; 2) how consumers can safely dispose of syringes, needles, and other sharps waste; and 3) how consumers can access drug treatment.

Some material is already available and can be accessed at the following link. Additional materials are in the process of being developed, you will be able to access them at the same location: <http://www.cdph.ca.gov/programs/aids/Pages/OASyringeAccess.aspx>.

A separate, complementary bill governing SEP authorization was also signed by Governor Brown. [Assembly Bill \(AB\) 604 \(Skinner, Chapter 744, Statutes of 2011\)](#) permits OA to establish a process through which qualified California agencies may apply directly to OA to provide syringe exchange services. The provisions of AB 604 are detailed in a [letter dated November 1, 2011](#) which is available on OA's website.

OA is committed to providing effective community and culturally appropriate HIV prevention in California. Access to sterile syringes is integral to help reduce the spread of HIV, viral hepatitis, and other blood-borne infections among IDUs, their partners, and their children.

If you have questions or technical assistance needs, please call Alessandra Ross, Injection Drug Use Specialist, OA, at (916) 449-5796 or e-mail: alessandra.ross@cdph.ca.gov.

Sincerely,



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Enclosures

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