

# Individual- and neighborhood-level factors associated with nonprescription counseling in pharmacies participating in the New York State Expanded Syringe Access Program

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## Abstract

**Objective:** To determine the individual- and neighborhood-level predictors of frequent nonprescription in-pharmacy counseling.

**Design:** Descriptive, nonexperimental, cross-sectional study.

**Setting:** New York City (NYC) during January 2008 to March 2009.

**Intervention:** 130 pharmacies registered in the Expanded Syringe Access Program (ESAP) completed a survey.

**Participants:** 477 pharmacists, nonpharmacist owners/managers, and technicians/clerks.

**Main outcome measures:** Frequent counseling on medical conditions, health insurance, and other products.

**Results:** Technicians were less likely than pharmacists to provide frequent counseling on medical conditions or health insurance. Regarding neighborhood-level characteristics, pharmacies in areas of high employment disability were less likely to provide frequent health insurance counseling and pharmacies in areas with higher deprivation were more likely to provide counseling on other products.

**Conclusion:** ESAP pharmacy staff members are a frequent source of nonprescription counseling for their patients in disadvantaged neighborhoods of NYC. These findings suggest that ESAP pharmacy staff may be amenable to providing relevant counseling services to injection drug users and warrant further investigation.

**Keywords:** Injection drug users, counseling (patient), pharmacy services, New York City.

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In May 2000, the New York State (NYS) legislature passed the Expanded Syringe Access Program (ESAP)—a public health law allowing pharmacists to sell syringes without a prescription, with the aim of reducing transmission of blood-borne diseases, namely human immunodeficiency virus, hepatitis B, and hepatitis C, among injection drug users (IDUs). As of November 30, 2008, NYS reported 3,289 registered ESAP providers, of which 96% were pharmacies.<sup>1</sup> When implemented, the law mandated an independent evaluation of the impact of ESAP on various outcomes, including pharmacy and IDU practices, drug use, improper syringe disposal, accidental needle sticks, and drug-related crime. Overall, ESAP was not found to be associated with increased drug use, criminal activity, or improper disposal of needles.<sup>2,3</sup> Most pharmacists reported none or only few problems, none of which resulted in discontinuing syringe

sales through ESAP. IDUs reported gradually increasing use of pharmacies with decreasing trends in syringe sharing.<sup>4</sup> With pharmacies increasingly becoming a common source of sterile syringes for IDUs,<sup>5</sup> coupled with the large number of ESAP participating pharmacies in New York City (NYC), the potential role of pharmacy staff members as public health providers has come to the forefront of pharmacy research and public health and requires further exploration.

Through participation in ESAP, pharmacy staff members are uniquely positioned to offer additional services, such as counseling and referrals for other public health needs, to IDUs. However, whether pharmacy staff members are comfortable and/or have time to provide nonmedication counseling (e.g., information on safe syringe disposal and use) is unclear. Although one report suggested that some pharmacists may be willing to counsel IDUs,<sup>6</sup> whether pharmacy support staff members (i.e., cashiers, technicians, assistants), who are often the first point of contact for IDUs purchasing syringes through ESAP, would be willing to provide counseling and/or informational services to IDUs is unknown. Pharmacy support staff members may also be in a position that enables them to develop a rapport with frequent, repeat syringe-purchasing patients.

In-pharmacy counseling, which is defined as the on-site provision of health-related information or advice by pharmacy staff members to their patients, may be a particularly crucial health information source in underserved areas in NYC, where many residents lack access to care but frequent pharmacies for other needs (e.g., nonprescription products). With few exceptions, counseling on over-the-counter products and other concerns has received little attention.<sup>7</sup> Moreover, the extent to which neighborhood characteristics of the pharmacy may influence counseling is not fully understood. Ranelli and Coward<sup>8</sup> reported that rural pharmacists counseled elderly patients more frequently and for longer sessions than their urban counterparts on general, nonhealth topics. This affects public health, considering the poor access to health care experienced by rural communities characterized by few hospitals and long travel distances. Besides rural versus urban characteristics, neighborhood-level differences in counseling frequency have not been examined. Because neighborhood-level factors have been shown to influence access to other health care services (e.g., primary medical care), the types of services that patients seek out and/or receive from pharmacy staff may be affected by neighborhood characteristics.<sup>9</sup> Examining the association between neighborhood characteristics and frequency of counseling to assess whether pharmacists and pharmacy support staff members are more apt to engage in provision of extended public health–related services in communities where the need is high (e.g., low socioeconomic status, low health care access) is of importance to public health. Determining whether ESAP-registered pharmacy staff members, who are already engaged in providing a public health service to IDUs, are more likely to provide various types of counseling services when located in disadvantaged

### At a Glance

**Synopsis:** Pharmacists, nonpharmacist owners/managers, and technicians/clerks working at 130 Expanded Syringe Access Program (ESAP)-registered pharmacies in New York City were surveyed to determine individual- and neighborhood-level predictors of frequent nonprescription counseling. Technicians/clerks (compared with pharmacists), lower Manhattan pharmacies (compared with upper Manhattan pharmacies), and individuals who perceived a moderate level of drug activity in their pharmacy neighborhood were significantly less likely to perform frequent medical condition counseling. For health insurance counseling, technicians/clerks (compared with pharmacists) and pharmacy neighborhoods with a higher percent of residents with employment disability were significantly less likely to counsel frequently. These results suggest that ESAP-registered pharmacy staff members who provide a public health service to injection drug users are willing to provide nonmedical counseling services to patients and that high prescription volume is not a barrier to providing these services.

**Analysis:** The heightened counseling for other products in more deprived neighborhoods provides further evidence that ESAP pharmacies may be viable venues for expanded health counseling services. These findings add to the limited research on the behaviors of pharmacy technicians and owners/managers. Federal legislation has mandated pharmacist counseling on prescription medication information and use for Medicaid patients, and the authors of the current work recommend that counseling for nonmedication health issues become part of pharmacist certification training. They also note the importance of conducting more research on other pharmacy structural factors that may affect counseling, including space, privacy, layout, and number of supporting staff members.

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