

# Evaluation of nonprescription syringe sales in San Francisco

Valerie J. Rose and H. Fisher Raymond

## Abstract

**Objective:** To determine the experiences, practices, and challenges associated with nonprescription syringe sales (NPSS) among pharmacists whose pharmacies were enrolled in the Disease Prevention Demonstration Project in San Francisco, CA.

**Methods:** Self-administered survey mailed to 69 pharmacies and interviews with pharmacists and technicians.

**Results:** A total of 55 of 69 pharmacies (80%) returned the survey, and eight pharmacy managers and three pharmacy technicians were interviewed in person. Of pharmacists, 72% reported none or very few problems with NPSS in the previous year, although surveys and interviews illustrated challenges associated with NPSS in terms of time management, educating patients about syringe disposal, and understanding patient preferences for syringes. Of pharmacists, 62% reported NPSS to no more than 10 to 20 patients per week and 67% collected more than 400 syringes in the previous year. One-third of pharmacists perceived that their pharmacies were located in areas where drug activity was high and that the majority of NPSS patients injected illegal drugs.

**Conclusion:** Access to sterile syringes is a prominent public health issue, and pharmacists can play an important role in injection drug user (IDU) education and disease prevention. This evaluation suggests that pharmacies are selling nonprescription syringes to individuals perceived to be IDUs with no major problems. Additional evaluations from health department programs are needed to demonstrate the efficacy of NPSS in California.

**Keywords:** Pharmacy services, nonprescription syringe sales, injection drug users, California.

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In 2005, the City and County of San Francisco adopted a resolution to implement a disease prevention demonstration project (DPDP) under a new law, California SB 1159.<sup>1</sup> The law permits pharmacies to sell 10 or fewer syringes without a prescription to anyone at least 18 years of age. Under the law, nonprescription syringe sales (NPSS) patients are not required to provide identification, address, or proof of medical need and are not required to provide a signature in a pharmacy logbook. The law stipulates a dual opt-in process that requires each of California's 61 local health jurisdictions to first adopt a local county or city policy before they can enroll interested pharmacies. Pharmacies that enroll in a DPDP are required to provide information on how to access drug treatment and human immunodeficiency virus (HIV) and hepatitis screening and to certify that they will store syringes for sale behind the counter. Further, pharmacies are required to perform one of the following actions to facilitate safe disposal of syringes: (1) make available for purchase or provide rigid containers designed for syringe and sharps disposal, (2) make available for purchase or provide mail-back containers that meet U.S. Postal Service standards for sharps disposal, or (3) provide for on-site disposal at the pharmacy. Health departments are responsible for providing educational materials to pharmacies for distribution to NPSS patients.

The law addresses a critical gap in interventions intended to reduce the incidence of HIV/hepatitis C virus (HCV) infections among injection drug users (IDUs). Before this new law, the requirement of a prescription to purchase syringes severely limited IDUs' ability to obtain sterile syringes, particularly in areas without syringe exchange programs.

Estimates indicated that more than 475,000 people are living with chronic HCV in California. Given that IDUs are the highest risk group for HCV, it is presumed that a large number of these cases are among IDUs.<sup>2</sup> IDUs (inclusive of men who have sex with men who inject drugs) are also the second highest risk category for HIV infection, accounting for 14% of the state's HIV infections.<sup>3</sup> HIV prevalence among all individuals who inject drugs in San Francisco is 16%.<sup>4</sup>

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an evaluation of DPDP in April 2006, 1 year after DPDP implementation. The San Francisco evaluation was the first to document pharmacists' experiences with NPSS under the new California law.

### Objective

To document the experiences, practices, and challenges associated with NPSS among pharmacists who participated in the San Francisco DPDP.

### Methods

A mixed-methods approach was used and included a self-administered survey and brief interviews. The items used to construct the survey were extracted from a larger statewide survey developed by the Office of AIDS of the California Department of Public Health. That survey, which was developed by consensus among researchers and practitioners, addressed implementation or planning for a DPDP from health departments' perspectives.<sup>5</sup> For the San Francisco evaluation, survey items were reworded to reflect the actual practices and experiences of pharmacists. The survey component assessed sales volume, pricing, disposal options, signage promoting syringe sales, perceptions of NPSS patients among pharmacists, perceptions of illegal drug activity near the pharmacy, and challenges to implementation. An interview guide was developed that drew upon pharmacists' key experiences and challenges.

According to the Yellow Pages (i.e., Internet and hard copy), 129 pharmacies were operating in San Francisco in 2006. From these sources and the AIDS Drug Assistance Program database, we constructed a new database containing the name, address, telephone number, fax number, and hours of operation of pharmacies operating in San Francisco. After pharmacies enrolled in the San Francisco DPDP, they provided the license number of the pharmacy manager. Enrolled community pharmacies were coded as chain (1–3) or independent (4) followed by a simple numerical sequence. Interview guides were similarly coded using the numerical sequence.

The survey was mailed to only the pharmacy managers whose names were recorded in the database. Instructions for completing the survey were provided in a cover letter and within the survey. No sociodemographic characteristics or information on employment status were collected from pharmacists during the survey or interviews.

Descriptive statistics were used to analyze the survey data. Interview data were hand coded by highlighting relevant text, selecting repeating ideas, then coding these repeating ideas into themes.<sup>6</sup> The primary author and a research associate independently reviewed the data and reached consensus on the resulting themes.

### Results

#### Survey responses

We surveyed the 69 pharmacies enrolled in the program as of April 2006. A total of 55 pharmacies (80%) returned the survey; all but 1 was a community chain pharmacy. Of pharmacies, 72% reported none or very few problems with NPSS. Few phar-

macies (4%) advertised the availability of NPSS through signage, and most (72%) told patients who asked about NPSS that they could purchase as many as 10 syringes. Of pharmacists, 62% reported NPSS to no more than 10 to 20 patients per week, 24% reported NPSS to 21 to 50 patients, and 11% reported NPSS to 50 or more patients. Most respondents (82%) indicated that the pharmacy accepted used syringes. Although 67% reported collecting more than 400 used syringes in the previous year, the number of syringes from IDUs is unclear because patients with diabetes and other prescription syringe users also could have used pharmacies as syringe disposal sites. Additional pharmacy characteristics are provided in Table 1.

Pharmacists could choose from a list of potential challenges associated with DPDP. The two most frequently cited challenges were educating patients about syringe disposal (28%) and time management (24%). Very few pharmacists reported challenges with patients or staff, with creating store policies, or with receiving materials from the health department. Pharmacy practices and challenges with DPDP are reported in Table 2.

The survey asked pharmacists for their perception of illegal drug activity near the pharmacy. A total of 19 of 55 pharmacists perceived that their pharmacies were located in neighborhoods characterized by high or very high illegal drug activity. During analysis, a review of San Francisco crime data<sup>7</sup> revealed that between 3 and 188 ( $29.22 \pm 45.93$  [mean  $\pm$  SD]) drug-related crimes were reported in the ZIP Codes of these pharmacies, thus validating some pharmacists' perceptions of illegal drug activity near their pharmacies. Pharmacists were also asked for their opinion about the percent of NPSS patients who used syringes to inject illegal drugs. More than 50% of pharmacists thought that more than one-half or all of their NPSS patients purchased syringes to inject illegal drugs (Table 3).

#### Qualitative interviews: Summary

Of the 17 pharmacists who responded "yes" on the survey for more training by the health department, 8 agreed to a brief interview. Interviews were conducted with three pharmacy technicians and eight pharmacy managers and lasted from 5 to 20 minutes. Respondents reported NPSS, usually 10 packs, to several patients a day during the previous year. Sales were reported as "stable," with "minimal" to "substantial" increases as measured by electronic inventory control systems. Relatively few problems were described. Several respondents said that the program was "successful," "the right thing to do," and "a step in the right direction."

The interviews revealed a tension between delivering a public health service and supporting IDUs in continued drug use. Many respondents said that some of their NPSS patients were also HIV or HCV positive and several expressed the difficulty in balancing their personal views with the public health intervention. One asked, "Are we doing more harm than good?"

#### Profile of NPSS patient

On the survey, 80% of pharmacists reported asking for identification, and the interviews revealed the primary reason: if patients looked younger than 18 years, they were asked for identification. No typical profile of a nonprescription syringe

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