

Expanding access to sterile syringes through pharmacies: Assessment of New York's Expanded Syringe Access Program

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Abstract

Objectives: To investigate the evolution of pharmacist practices, attitudes, and experiences with the Expanded Syringe Access Program (ESAP), which permits over-the-counter sale of syringes by registered pharmacies in New York State.

Design: Longitudinal study.

Setting: New York State in 2002 and 2006.

Participants: 506 (2002) and 682 (2006) managing pharmacists (response rates ~70%) at ESAP-registered pharmacies (n = 346 in both years).

Intervention: Mailed surveys (2002 and 2006).

Main outcome measures: Pharmacist practices, attitudes, and experiences with ESAP over time.

Results: Approximately 75% of pharmacists reported that ESAP had facilitated timely/emergency access to syringes, and more than 90% in each year reported no problems or very few problems administering ESAP. The practice of placing additional requirements on the sale of syringes decreased from 2002 (51.4%) to 2006 (45.1%), while a 55% increase in syringe sales was reported between 2002 (43.3/month) and 2006 (67.1/month). The sale of sharps containers also increased between 2002 (85.2%) and 2006 (92.8%). Community independent pharmacies and those located outside New York City generally expressed more favorable attitudes and experiences with ESAP, although these differences decreased over time.

Conclusion: Pharmacy-based syringe access is a viable harm-reduction alternative in the fight against blood-borne diseases, with ESAP now equaling the number of syringes being distributed by syringe exchange programs in New York State. Continued education/training is necessary to increase participation in ESAP and to further reduce barriers to ESAP use.

Keywords: Medication access, injection drug users, pharmacy practice, disease prevention.

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Injection drug use (IDU) is among the leading risk factors for human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) in New York State (NYS), accounting for nearly one-half of cumulative adult AIDS cases.¹ IDU is also the single largest risk factor for hepatitis C and the second largest risk factor after sexual transmission for hepatitis B in the United States.² Research has shown that access to both sterile syringes and auxiliary drug injection equipment is a critical determinant of risk and infection patterns among IDUs.³⁻⁵ Expanding access to sterile needles/syringes (herein referred to as syringes) has been used in several states as a public health measure to reduce HIV and other blood-borne disease transmission. The effica-

cy of syringe exchange programs at reducing HIV transmission among IDUs is now well established⁶⁻¹⁴; however, only 16 legal syringe exchange programs are in operation in NYS. Because the process for establishing syringe exchange programs in NYS requires, among other things, demonstrating community support, public officials began looking to pharmacies as a potentially viable source of nonprescription syringes across the state.

The NYS legislature created the Expanded Syringe Access Program (ESAP) to reduce the transmission of blood-borne diseases, including HIV.^{15,16} Initially effective from January 1, 2001, through March 31, 2003, ESAP permitted the sale or furnishing of up to 10 syringes per transaction without a prescription to patients 18 years of age or older by pharmacists, health care facilities, and health care practitioners registered with the NYS Department of Health (NYSDOH). ESAP providers must also participate in activities to support the safe disposal of syringes. The NYS legislature has extended ESAP twice, with the current extension effective through September 2011. As of January 2008, 3,186 providers were registered with ESAP, 3,088 (96.9%) of which were pharmacies. The 3,088 registered pharmacies represent about 77% of the estimated 4,000 community pharmacies eligible to participate in ESAP statewide.

The cooperation and support of pharmacists has proven to be a key determinant for the success that programs similar to ESAP have experienced in other states. Studies conducted in states that implemented legal access to non-prescription syringes have found much variability in pharmacists' selling behaviors and that many factors affect pharmacists' willingness and ability to sell syringes without a prescription.¹⁷⁻²² A few small, nonrepresentative studies among pharmacies in NYS were conducted shortly after the initial passage of the ESAP legislation (but before ESAP was implemented).²³⁻²⁶ These studies indicated general support for the notion of ESAP, including enthusiasm on the part of pharmacists for expanding their role as preventive health service providers. Barriers to perceived participation included concerns for negative impact on business, security, and perceived additional burdens for staff. A handful of ESAP-specific evaluations have been published since that time and have focused on the impact of ESAP on syringe acquisition choices of injection drug users,²⁷⁻²⁹ on explaining and improving pharmacy access to syringes among certain groups,^{30,31} and on the syringe disposal methods of injection drug users before and after ESAP.³² However, these studies were confined exclusively to New York City (NYC) and were not designed to provide a representative picture of pharmacy practices relative to ESAP.

Objectives

We sought to study how ESAP has been implemented by pharmacies in NYS, pharmacist attitudes toward and experiences with ESAP, and how pharmacies' experience with ESAP has evolved over time.

At a Glance

Synopsis: The Expanded Syringe Access Program (ESAP), which allows over-the-counter sale of syringes by registered pharmacies in New York State, has demonstrated that pharmacy-based syringe access is a viable and important method for combating the spread of blood-borne diseases. Managing pharmacists at ESAP-registered pharmacies responding to mailed surveys in 2002 and 2006 reported that ESAP facilitated timely/emergency access to syringes (75%) and that no or very few problems administering ESAP (>90%) were experienced. The practice of placing additional requirements on the sale of syringes decreased from 2002 (51.4%) to 2006 (45.1%), while reported syringe sales increased by 55% between 2002 (43.3/month) and 2006 (67.1/month). The number of syringes being distributed through ESAP is estimated to equal to the number being distributed by legal syringe exchange in New York State. Community independent (compared with community chain) pharmacists and those located outside New York City generally expressed more favorable attitudes and experiences with ESAP, although these differences decreased over time.

Analysis: Requiring that patients explain their need for syringes by making them provide identification or show proof of having diabetes can only serve to discourage use of ESAP. Continued education and training of ESAP-registered pharmacies is therefore necessary to maintain the decrease in the number of pharmacies placing additional requirements on nonprescription syringe sales. Community independent pharmacists were more accepting of ESAP than community chain pharmacists; this is likely a result of community chain pharmacies initially recruiting into ESAP through their corporate headquarters, whereas community independent pharmacies had more direct involvement. Continued education targeted at community chain pharmacies as well as those based in New York City is required to address these attitudinal differences.

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