June 6, 2005

TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D.,
      Director and Chief Medical Officer

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      Director of Public Health and Health Officer

SUBJECT: DISEASE PREVENTION DEMONSTRATION PROGRAM

This is to provide additional information regarding the experiences of other jurisdictions that have implemented non-prescription pharmacy based syringe sales in response to questions raised at during the May 23, 2005 Board meeting.

The attached summary provides additional detail regarding the benefits of increasing access to sterile syringes to reduce transmission of HIV, Hepatitis C and other blood borne infections.

Additional information is provided regarding the following four areas of concern:

- Reduction of HIV transmission
- Cost effectiveness
- Increased access to syringes and reduced needle sharing
- Syringe disposal

If you have any questions or need additional information please let us know.

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Attachment

c: Chief Administrative Officer
   County Counsel
   Executive Officer, Board of Supervisors
Overview of the Impact of Non-Prescription, Pharmacy-Based Syringe Sales

Access to sterile syringes is an effective tool in reducing transmission of blood borne pathogens among injection drug users (IDUs). The U.S. Public Health Service recommends that drug users who continue to inject use a new sterile syringe for each injection. Until the passage of SB 1159, California was one of only five states that prohibited the sale of syringes without a prescription.

Non-prescription syringe sales are associated with reduced HIV transmission. Research indicates that non-prescription sale of syringes, when combined with changes in paraphernalia laws, is an effective intervention to reduce needle sharing among injection drug users.

- The rate of new cases of HIV was compared among men who have sex with men (MSMs) and injection drug users (IDUs) in 96 metropolitan areas. In the 36 jurisdictions with laws against non-prescriptions sales of syringes, rates of HIV transmission among IDUs were higher than in those 60 jurisdictions that did not prohibit non-prescription syringe sales (61 percent and 17 percent HIV incidence among IDUs, respectively).

Increasing access to sterile syringes is cost-effective. Non-prescription syringe sales are cost-effective when compared to the cost of treating HIV and AIDS. Researchers computed the cost to implement a national program to increase syringe access.

- In one study, modeling techniques were used to compare the cost of adopting a national policy of increasing access to sterile injection equipment versus the lifetime medical cost associated with HIV infection. Increasing access included needle exchange programs, non-prescription sales of syringes, and syringe disposal programs. The study estimated that a comprehensive policy could be implemented nationally for approximately $423 million per year. This figure represents a cost of $34,278 per HIV infection averted and would result in 12,350 infections fewer infections each year. This cost is significantly less than the estimated $195,188 required to treat a newly infected HIV case.

- Another study examined five strategies for increasing access to sterile injection equipment including needle exchange, free distribution of injection kits by pharmacies and non-prescription syringe sales. Costs were estimated for each intervention including personnel, supplies and materials. Cost estimates were applied to New York City, San Francisco and Dayton, Ohio, representing small, medium and large cities. The study concluded that all five strategies could distribute sterile syringes at a relatively low cost, but that sale, either of kits or sterile syringes, was the most cost effective. In cities where the annual IDU HIV seroincidence rate exceeded 2.1 percent, each of the five strategies would result in cost savings. Estimated annual incidence of new HIV infections among IDU-MSMs in Los Angeles County range from 3.0 to 6.0 percent indicating that these programs have a high potential for cost-effectiveness in Los Angeles.

Pharmacy based syringe sales increase access to sterile syringes and reduce needle sharing among IDUs. Evaluation of programs implemented in several jurisdictions found that programs are effective in increasing the availability of syringes and in reducing HIV risk behaviors.
Researchers conducted studies in Connecticut, Maine and Minnesota in order to determine the impact of removing the barriers to syringe sales in pharmacies. Once over the counter sales were approved, the main barriers were requirements for identification or compilation of logs of names of purchasers and laws prohibiting possession of syringes without a prescription. Surveys conducted in Connecticut prior to and following the removal of these structural barriers revealed: (a) that fewer IDUs reported recent needle sharing (from 52 to 31 percent); (b) fewer reported purchasing syringes on the street (from 88 to 74 percent); (c) more IDUs purchased their syringes in pharmacies (from 74 to 90 percent); and (d) fewer IDUs reported ever sharing syringes (from 68 to 52 percent).

In another study examining the impact of pharmacy sales in Connecticut, eight months following implementation of the program, two-thirds of those IDUs interviewed were aware of the laws allowing non-prescription sales of syringes.

In Minnesota, where pharmacy-based syringe sales were allowed beginning in 1998, researchers found that while needle sharing decreased, re-use of syringes by IDUs remained the same. They also noted that programs to increase access must be coupled with syringe disposal, HIV prevention information and drug treatment referral.

In 2000, New York established the Expanded Syringe Access Demonstration Program (ESAP) permitting the sale or furnishing of up to 10 syringes per transaction to persons 18 years or older without a prescription by pharmacist, health care facilities and health care practitioners who have registered with the New York State Department of Health. The California demonstration program was based on New York's program. In January 2003, an independent team led by the Center for Epidemiologic Studies and the New York Academy of Medicine evaluated ESAP to determine its efficacy. The evaluation concluded that the program had been effective in preventing transmission of blood-borne diseases without detrimental effects on syringe disposal, drug use or crime. Specifically: 1) since the program’s inception, rates of needle and syringe sharing showed a small decline; 2) the program had not been associated with an increase in discarded needles or syringes; 3) the program had not been associated with an increase in needlestick injuries among municipal workers; 4) there had been no increases in broad categories of crime or drug-related criminal arrests since the program’s inception; and 5) there had been no observed increases in drug use or drug injections since the program’s inception.

Pharmacy based syringe sales do not increase problems often associated with syringes and syringe disposal.

Needle stick injuries to police officers dropped in the 6 months following implementation of Connecticut syringe sales law in Hartford Connecticut. Researchers found that in the six months following the law, there was a 66 percent decrease in reported needle stick injuries among police officers. In some cases IDUs reported that some police requested that they dispose of syringes safely in the officer's presence without further consequence.
• Researchers in reviewing implementation of pharmacy based syringe sale programs found that the programs facilitated safe disposal of used syringes by requiring pharmacists to provide information about and access to safe disposal.13

• We have been unable to find reference in the literature on pharmacy syringe sales regarding the abuse of pharmacy-based syringe sale programs (e.g., purchases of the maximum number of syringes at multiple pharmacies to obtain large numbers of syringes). Given the higher cost of the ten syringe packs compared to buying syringes in bulk it would not be cost effective for an individual to purchase syringes at several pharmacies. Also, increased availability is likely to drive down the street cost of syringes. This would make multiple-pharmacy purchases of syringes for the purpose of selling them on the street less lucrative.

SB 1159 expands options and increases penalties for improper syringe disposal.

• Pharmacists are required to provide access to safe syringe disposal. However, oversight to assure safe disposal is not included as a part of the legislation. SB 1159 does require that syringes be properly disposed of and also prohibits discarding or disposing of syringes on playgrounds, parks, or public or private elementary, vocational, junior high or high schools. It established penalties (up to six months in jail) and fines of not less than $200 and not exceeding $2,000 for improper disposal of syringes.

• Research has indicted that laws regarding syringe possession may act as a deterrent to safe syringe disposal.14 SB 1159 removes barriers to safe disposal by decriminalizing the transport of used syringes without a permit or prescription. Following review of laws, regulations and guidelines in 16 states (including California) the researchers recommended revision of laws to promote community syringe collection programs.15

• New York’s Expanded Syringe Access Program (ESAP) emphasizes safe syringe disposal in educational efforts aimed at pharmacies, their customers and the public. Following ESAP implementation and its efforts to improve options for safe syringe disposal, New York amended its public health law to require certain types of health care facilities to accept used sharps (syringes and related waste) originating from private residences.16

• In California the passage of SB 1159 was contingent upon a companion bill, SB 1362 (Figueroa) Solid waste: household hypodermic needles, syringes, and lancets disposal. SB 1362, passed in July 2004, authorizes the hazardous waste program to include a program for the safe collection, treatment, and disposal of sharps waste (syringes, needle, lancets) generated by households. There are 27 Household Hazardous Waste Sites in Los Angeles County and periodic community pick-ups are scheduled and advertised, thereby increasing options for safe syringe disposal.

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2 California, Delaware, Illinois, Massachusetts, New Jersey and Pennsylvania.


7 Los Angeles County, Department of Health Services, HIV Epidemiology Survey, 2004 *An Epidemiologic Profile of HIV and AIDS in Los Angeles County*, 2004.


12 Groseclose, SL, Weinstein B, Jones TS, et al., 1995 (see number 9 above).


