



## ‘Same Ole Same Ole’ with Regard to Sterile Syringe Availability

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Research has shown that the shared use of contaminated needles, syringes, and even drug vials is a major means of transmission for HIV and hepatitis B and C infections [1]. However, fears persist that by allowing injecting drug users access to sterile needles and syringes sends the wrong message resulting in increased numbers of persons injecting illicit drugs and increased crime rates. And as the numbers of those injecting illicit drugs increases so do the numbers of blood-borne infections like HIV and hepatitis. Existing research and other data do not support such fears; however, there is some support for the ‘same old same old’ with regard to sterile syringe availability. Syringe exchange programs serve as a safe, effective HIV prevention method for injection drug users to exchange used syringes for sterile needles, thereby significantly lowering the risk of HIV transmission [2]. Removing and disposal of used syringes prevents them from being shared among injecting drug users thereby helping to reduce the transmission of blood-borne pathogens. For example, a map of syringe exchange programs in the United States in 2011 revealed that “Since the 1980s, SEPs (syringe exchange programs) in conjunction with other HIV prevention strategies have resulted in reductions of up to 80% in HIV incidence among IDUs [3]”.

Seventeen years ago researchers described their ability to purchase non-prescription syringes from pharmacies in Palm Beach County, Florida [4]. Florida as a state had no regulation on syringe sales and Palm Beach County had no prescription ordinance prohibiting sale of syringes in 1995; however, possession of drug paraphernalia like needles and syringes was illegal [5]. Nearby counties like Broward, Dade, and Monroe had passed ordinances prohibiting sale of syringes without a prescription. The study’s results indicated that over-the-counter sales of ten-packs of sterile syringes were unavailable in about one-third of the Palm Beach County pharmacies visited by all males and females prospective buyers.

Prescription requirements for syringe purchase continue to remain in effect today, e.g., Miami-Dade: Sections 21-21.3 and 21-38. Currently in the Florida Panhandle, Escambia County does not require a prescription for the purchase of syringes; however, neighboring Santa Rosa County does have a county ordinance, i.e., Section 12.2, requiring a prescription [6]. However, most US states have drug paraphernalia laws that make syringe possession illegal without a prescription [7]. This is true today.

Whether one possess a prescription for syringes or not, national drug paraphernalia laws do not prohibit or regulate the sale (not possession) of syringes if the pharmacist does not have any reason to believe that they will be used for injecting illicit drugs [8]. If the pharmacist does have reason to think that the person will use syringes for injecting illicit drugs, then they can refuse purchase, even if the person has a prescription required by some counties or states (currently just Delaware) [9]. Researchers reported that some pharmacists will sell syringes to anyone, while others restrict sales to persons visibly displaying signs of injecting drug use or who cannot confirm medical need, e.g., diabetes or allergy injections [10].

Of course, pharmacists do not stay up late at night trying to do the wrong thing; however, they are not required to question the intent of someone at the time they are trying to buy syringes. This may, to some extent, contribute to the variability of over-the-counter sales of syringes [8]. Assuming the Palm Beach County pharmacists in aforementioned study were knowledgeable about the absence of any prescription requirement at the state and county level, then it appeared that at least some of the unsuccessful purchase attempts resulted because the pharmacists had reasons to believe that the syringes would be used to inject illicit drugs [4]. Given the current status of laws for syringe sales and possession used by Florida pharmacists, I have no reason to believe purchase attempt outcomes today in Escambia County would be any different than they were 17 years ago in Palm Beach County. That being the case, perhaps the following should not be surprising: “In Escambia County, no prescription is required. Syringe availability also varies from pharmacist to pharmacist. If the pharmacist does not feel the need for syringes is acceptable, it is the pharmacist’s right to refuse that sale”. The pharmacy employee continued by saying: “there may no longer even be ordinances but it’s just “understood” that those are the rules for Santa Rosa versus Escambia” (personal communication).

Roadblocks in the form of prohibitive prescription and possession laws and ordinances at county, state, and federal levels of government need to be repealed by Florida voters and politicians. Of course, this message is just as applicable for the 49 other states and US territories. Given the nearly \$600,000 cost for HIV/AIDS treatment per person without any drug discount, the logic is in the savings, not to mention the humanitarian costs being paid. Is all this flying under the radar of public health as a target of saving opportunity? In addition, health promotion strategies should include pharmacists as they are underutilized as health care providers. Pharmacists in a community, as opposed to a hospital, etc., have been thought to be more accessible than other health professionals [11]. As one of the most accessible health care providers, pharmacists are in an ideal position to provide meaningful services to injection drug users living in their community [11]. These researchers reported that the benefits of introducing harm reduction programs into pharmacies include helping to reduce the spread of blood-borne pathogens, as well as facilitating entry of injecting drug users into detoxification programs.

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