

## Nonprescription Pharmacy Sales of Needles and Syringes

Sharing of contaminated needles and syringes and other injection equipment is a nationwide problem among injection drug users. Through such sharing, injection drug users are at risk for contracting bloodborne infections.<sup>1-6</sup> In states such as Alaska that do not prohibit over-the-counter sales of needles and syringes, the ability to purchase these materials in pharmacies may be important in decreasing needle sharing. Purchaser ethnicity may influence pharmacists' willingness to sell needles and syringes over the counter (P. Lurie and S. M. Wolfe, written communication, 1996).<sup>7</sup> We conducted a study to determine ability to purchase needles/syringes in pharmacies and whether purchaser ethnicity affects success rates.

One Alaska Native, one African American, and one White female research assistant attempted to purchase needles/syringes at Anchorage pharmacies. A list of 22 local pharmacies was compiled. Each assistant visited on different days. A randomized counterbalancing procedure was used to establish the order of attempts. This procedure generated the 6 possible sequences (i.e., Black/White/Native, Native/White/Black, etc.) and assigned a number (1 to 6) to each. A die was rolled for each pharmacy, and the outcome corresponded to the sequence assigned to a pharmacy.

Research assistants were instructed to (1) not discuss the details of the project, (2) be nonconfrontational, and (3) dress casually. The assistants used the following dialogue: "I would like to purchase a 10-pack of U-100 insulin syringes." If the assistant was successful, she purchased the syringes with donated funds and left the store. If the assistant was refused sale, she left the store without asking for any reason as to why she was refused. If the assistant was asked for a prescription or any other form of identification, this was considered a refusal,

and she acted accordingly. Data recorded included assistant ethnicity, location and name of store (for tracking purposes only), price of syringe (if purchased), and outcome.

At least one successful purchase was made at 13 of the 22 pharmacies, for an overall success rate of 59%. At 7 of the 13 pharmacies (54%) at which there was at least one successful purchase, all 3 assistants were able to purchase syringes (see Figure 1). The median price of a 10-pack of syringes was \$3.27 (range: \$1.98 to \$4.99). No significant ethnic differences were revealed in regard to purchase ability ( $\chi^2 = 0.65$ ,  $P = .72$ ; 2-tailed Fisher exact test,  $P = .82$ ).

The high success rate revealed by the results indicates that it is possible to purchase needles/syringes at Anchorage pharmacies without a prescription. Furthermore, ethnicity was not an obstacle to such purchases. These results indicate that in communities in which over-the-counter needle and syringe sales are not prohibited, pharmacies are an important source of unused needles and syringes for injection drug users. Such pharmacy sales can augment needle exchange programs and are a critical

source in areas where exchange programs are unavailable. Making needles and syringes available is a critical step in reducing the transmission of life-threatening diseases among injection drug users and their sex partners. □

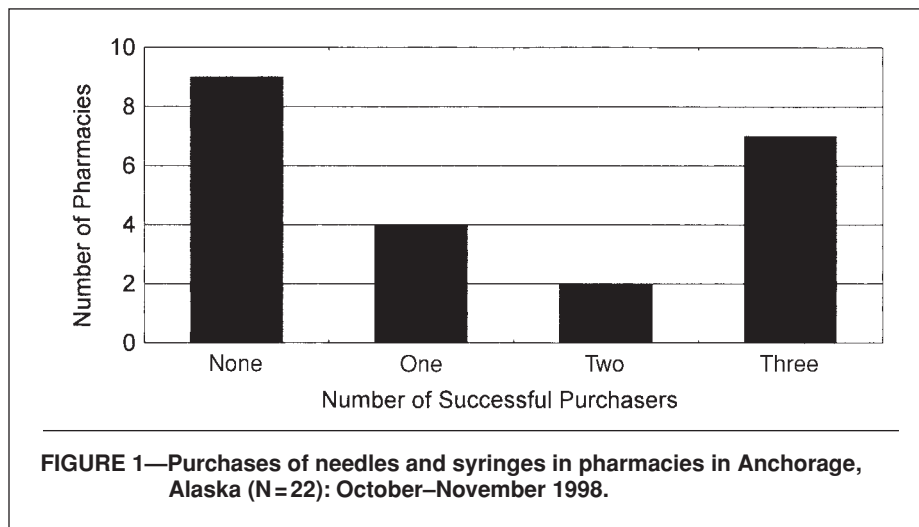
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### Contributors

B.N. Trubatch was one of the syringe purchasers and wrote most of the first draft. D.G. Fisher designed the study, advised on data analysis, and made final revisions to the paper. H.H. Cagle coordinated the day-to-day management of the purchasing personnel and directed the data entry and coding. A.M. Fenaughty handled the system management and programming.



M.E. Johnson took primary responsibility for revising, managing, and keeping the writing on schedule.

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