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ABSTRACT

This study sought to determine if and why barriers to the over-the-counter purchase of syringes in the St. Louis metropolitan area might exist, given that no ordinance prohibits such a sale there. Two male research assistants (one African American, one White) approached 33 of the area's pharmacies to buy syringes. In 14 of those pharmacies, either the purchase was refused or the minimum number of syringes that could be bought was so large (at least 100) that the sale was not practical. Racial bias in rates of refusal and implications for prohibiting or restricting legal availability of syringes are discussed. (*Am J Public Health.* 1992;82:595-596)

Legal Needle Buying in St. Louis

Wilson M. Compton III, Linda B. Cottler, Scott H. Decker, Douglas Mager, and Roosevelt Stringfellow

Introduction

International studies have shown that the legal purchase of sterile syringes may be an important factor in reducing the spread of human immunodeficiency virus (HIV). On the other hand, obstacles to the purchase of sterile syringes may contribute to the rapid spread of HIV infection.^{1,2} In France, the liberalization of regulations for purchasing syringes resulted in lower rates of needle sharing and increased use of sterile syringes by intravenous drug users (IVDUs).³ In Edinburgh, Scotland, however, the rapid spread of HIV among IVDUs coincided with a police crackdown on the supply of legally available syringes.⁴

The State of Missouri, like 38 other states, has no ordinance prohibiting the over-the-counter sale of sterile syringes. Such legal and apparently easy availability of sterile syringes may be one of the reasons HIV infection rates are low (approximately 3%) among St. Louis' IVDU population⁵ compared with rates in New York or New Jersey (50% to 60%).⁶⁻⁸

To describe the availability of legal needles, we designed a project to mimic the purchase of syringes by IVDUs at pharmacies throughout the St. Louis area, particularly in neighborhoods where intravenous drug use is prevalent. This project began at a time when we heard that local pharmacists had their own "War on Drugs" campaign, which included refusing to sell syringes to customers without proof of medical need.

Methods

A comprehensive list of pharmacies (n = 360) was drawn from the listings in

the local Yellow Pages. To provide a wide-spread distribution, sample pharmacies were selected that were maximally distant from one another within defined geographic areas. A map of the St. Louis area was divided into 10 comparably sized areas, using major thoroughfares as dividing lines. One southwest suburban sector was excluded from sampling because police data indicated little drug-related activity. Four pharmacies were then selected within each sector, for a total of 36 pharmacies scheduled for sampling within nine geographical sectors.

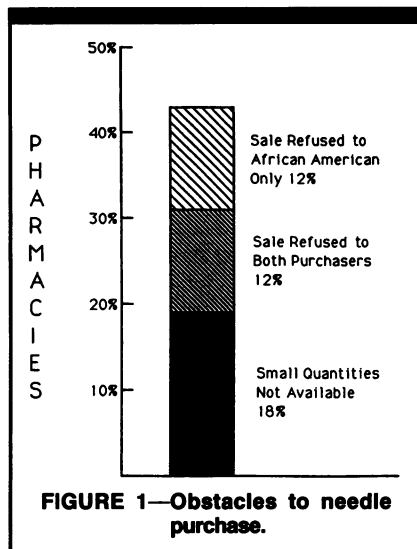
During field work, several pharmacies were found to be out of business, so the nearest available pharmacy was substituted. Of the 36 selected pharmacies, 33 were visited during one week in May 1990 for a 92% completion rate. Of those visited, 25 were part of major chains; 8 were independent or affiliated with minor chains, hospitals, or medical centers.

The two male research assistants who carried out the buying project were 41 and 46 years old. One was African American and one was White. Their attire dur-

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ing the project was casual. They did not discuss the needle-buying project with pharmacy personnel and did not claim to be drug users. In addition, each was blinded as to the other's outcome.

Each research assistant approached the same pharmacy on consecutive days at approximately the same time of day and attempted to purchase syringes by saying "I need a pack of 28-gauge, 100-unit insulin syringes, please." A pack referred to a 10 pack. This size and type of syringe was chosen because a San Francisco study and our ethnographic consultant confirmed that it is the size used most often by IV-DUs.⁹

The data collected included location and name of store; time of day and date when purchase was attempted; race, sex, and estimated age of pharmacy staff person confronted; and cost of syringes (if purchased). If the purchase was refused, the researchers engaged the pharmacist/ clerk in casual conversation to determine the reasons for refusal.

Results

As shown in Figure 1, eight pharmacies (24%) refused to sell syringes; six others (18%) would not allow small quantities of syringes to be purchased. This meant that the purchase of a 10 pack or less was

possible at 19 pharmacies (58%). Eight pharmacies refused to sell without confirmation of a medical condition; of those, four refused to sell syringes to both research assistants and four refused the African American only.

The predominant reason given for refusal to sell was simply "store policy." At certain stores, however, other reasons were given, which confirmed our original suspicions that pharmacists were waging their own War on Drugs. Two pharmacists reported that selling syringes is "too much trouble." Another reported that only a few specific customers could buy syringes and only by prior arrangement. A fourth reported that he would not sell syringes without a prescription because of the high incidence of drug abuse in the neighborhood. A fifth stated that he would not sell to "drug users."

The cost of syringes varied from \$1.92 to \$4.28 for a 10 pack. In six pharmacies, a minimum of 100 syringes could be purchased, at a cost of about \$25; however, such a sale would be impractical for most drug addicts. In two pharmacies, single syringes could be purchased.

Conclusions

This needle-buying project provides baseline data concerning the availability of hypodermic syringes to the IVDU in a large midwestern city where no laws restrict the sale of such items. Almost half the pharmacies (42%) either refused to sell syringes or sold them only in costly quantities.

Evidence of possible racial bias in the sale of syringes to the white researcher but not to the African-American researcher was found and may be particularly important for African-American IV-DUs. It is ironic that one of the populations most in need of prevention measures to combat the spread of acquired immunodeficiency syndrome (AIDS) is denied access to sterile syringes even when access is not legally denied.¹⁰ African-American IV-DUs may therefore be placed at higher risk for contracting AIDS because of racial bias in availability of sterile syringes. Users, es-

pecially if African American, may have little option but to sharpen, share, and re-use syringes. □

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