



What Do Pharmacists Think About New York State's New Nonprescription Syringe Sale Program? Results of a Survey

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ABSTRACT *Access to sterile syringes can prevent transmission of blood-borne diseases such as human immunodeficiency virus (HIV) and hepatitis B and C. We conducted a survey of attitudes of pharmacists to aid in development of the Expanded Syringe Access Demonstration Program (ESAP) in New York State. ESAP is an HIV prevention initiative that authorizes nonprescription sale of hypodermic needles and syringes by registered pharmacies in New York State beginning January 1, 2001. As part of planning for program implementation, the New York State Department of Health (NYSDOH), in collaboration with the New York State Education Department, conducted a mailed survey of all 4,392 licensed pharmacies in New York State during the summer of 2000. Some surveys (171) were returned as undeliverable. Of the 4,221 eligible respondents, 874 (20.7%) completed surveys were received, of which 574 (65.7%) indicated that their pharmacy would likely participate in ESAP. An additional 11.0% were not sure. Only 139 (15.9%) indicated that they would definitely not participate; 7.4% left this question blank. There were 608 responses to questions on safe disposal practices. Of these, 315 (51.8%) respondents indicated that their pharmacy sold sharps containers, and an additional 29 made them available at no cost. Only 133 (21.9%) respondents to this question did not offer sharps containers and were not interested in doing so. In all, 54 responses indicated that they accepted used hypodermic needles and syringes for disposal. Some (170, 28%) that did not accept sharps for disposal were interested in doing so. More than half (382, 63.0%) did not wish to do so. NYSDOH considered respondent suggestions and minimized ESAP requirements. By March 31, 2001, only 3 months after ESAP became effective, more than half of all licensed pharmacies in New York State were registered for ESAP. Survey results provided useful information to NYSDOH and a good indication of likelihood of registration. The high level of pharmacy participation in ESAP may be reflective of NYSDOH attention to issues raised by pharmacists, as well as the direct effects of outreach to pharmacy chains regarding ESAP.*

KEYWORDS AIDS, HIV, Injection drug use, Pharmacy, Prevention, Substance abuse.

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INTRODUCTION

Injection drug use has had a substantial impact on the HIV/AIDS epidemic in New York State.¹⁻⁴ In May 2000, New York State legislation was enacted to expand access to and availability of hypodermic needles and syringes without prescription as a human immunodeficiency virus (HIV) prevention measure on a demonstration basis, effective January 1, 2001, through March 31, 2003.⁶⁻¹⁰ Under the new program, named the Expanded Syringe Access Demonstration Program (ESAP), New York State pharmacies may register with the New York State Department of Health (NYSDOH) to sell or furnish 10 or fewer hypodermic needles and syringes to individuals 18 years of age or older without a doctor's prescription. Registered pharmacies must comply with requirements specified by law, including distributing an educational "safety insert" developed by NYSDOH with each sale of syringes.⁶⁻⁸ The need to implement the temporary legislation quickly to stem the HIV/AIDS (acquired immunodeficiency syndrome) epidemic required expedited communication with over 4,000 licensed pharmacies in the state. The law also promoted education on safe disposal of used syringes.

The AIDS Institute, the unit responsible for HIV prevention and care programs within NYSDOH, in collaboration with other units within the NYSDOH and the State Education Department Board of Pharmacy, sought to maximize pharmacy input on the new program prior to implementation. Efforts were made to engage pharmacists and pharmacy organizations in discussion of issues and options for development of the ESAP, including presentation at the June 2000 New York State Pharmacy Conference. The June conference provided an opportunity for initiation of efforts to obtain information regarding pharmacists' attitudes regarding nonprescription sale of hypodermic needles and syringes. In addition, the New York Academy of Medicine Center for Urban Epidemiologic Studies and the Lindesmith Center Drug Policy Foundation conducted a written survey at the conference.⁹ The New York Academy of Medicine subsequently conducted a telephone survey of New York City pharmacists.¹⁰

NYSDOH conducted a short mail survey to gather information quickly that would provide information for program development to maximize pharmacy participation. One goal of the survey was to elicit views, perspectives, and suggestions from pharmacies concerning implementation of the ESAP, including the development of program regulations. A second goal was to furnish basic information to pharmacists about the legislation and preliminary plans for implementation. The cover letter was signed jointly by the AIDS Institute, State Education Department, and NYSDOH Bureau of Controlled Substances, which oversees pharmacy practice.

METHODS

The NYSDOH survey was modeled after a survey conducted in 1998 by the Minnesota Department of Health during implementation of similar legislation (N. Oldenberg-Cotten and G. Novotny, Minnesota Department of Health, personal communication). The New York State survey was not designed primarily as a tool for quantitative research, but rather as an opportunity for communication between practitioners and the Department of Health.

Questions used in the survey are given in Table 1. The survey sought information on whether pharmacies would be likely to participate in ESAP; steps the de-

TABLE 1. New York State Department of Health (NYSDOH) Expanded Syringe Access Demonstration Program (ESAP) Pharmacy Survey Questions

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1. Do you think your pharmacy will participate in the Expanded Syringe Access Demonstration Program? _____Yes_____No If not,
 - 1A. What action(s) could be taken by the NYSDOH to increase the likelihood of your pharmacy's participation in ESAP?
 - 1B. Are there any barriers or specific concerns that would make it difficult for your pharmacy to participate?
 - 1C. Would it make a difference to you if you knew which other pharmacies in your areas were participating? _____Yes _____No _____Not sure
 2. Do you have suggestions that would facilitate your pharmacy's participation?
 3. Are there any materials or information that would make your pharmacy's participation in this program more effective?
 4. Is there anything you would like injecting drug users to know or be aware of when buying syringes in pharmacies?
 5. Does your pharmacy currently participate in or have interest in participating in a sharps container distribution program, such as selling or furnishing commercially manufactured disposal containers?
 - _____Currently available for purchase
 - _____Currently available at no cost
 - _____Do not currently provide or sell but have interest in providing this service
 - _____Do not wish to provide this service
 6. Does your pharmacy accept syringes and needles for appropriate biohazard disposal?
 - _____Yes, in personal sharps containers
 - _____Yes, loose syringes are accepted
 - _____Do not currently accept but have interest in providing this service
 - _____Do not wish to provide this service
 7. Please provide any additional comments.
-

partment could take to facilitate pharmacy participation; what pharmacies would like injection drug users to know or be aware of when purchasing syringes from pharmacies; and current involvement of pharmacies in used syringe/needle disposal programs. Of the 10 survey questions, 7 were open-ended questions designed to elicit views and perspectives of pharmacists on implementation issues. Open-ended questions were selected to encourage input about issues and concerns from pharmacists in their own words.

The survey was mailed in July 2000 to all 4,392 licensed pharmacies in New York State. All types of licensed pharmacies were surveyed, including retail pharmacies (both privately owned and chain pharmacies), hospital-based pharmacies, and residential care pharmacies. Enclosed with the survey was an explanation of the provisions of the law and information about how pharmacies could promote safe disposal of used syringes.

Completed surveys were entered into SAS Version 8.0 for analysis. Verbal responses were transcribed verbatim and compiled in list form. The resulting lists were reviewed and assessed for major themes and subthemes, which sometimes cut across different questions. SAS was used to create frequency tables and cross tabulations on issues related to the likelihood of pharmacy participation in ESAP and in safe disposal activities.

RESULTS

Response Rate

Of the 4,392 surveys distributed, 171 (3.9%) were returned as undeliverable, making the total of eligible responses 4,221. A total of 874 completed surveys were received, a response rate of 20.7%.

Due to the low response rate, additional analyses were performed to assess potential response bias. Response rates exhibited small, but statistically significant, differences across regions, ranging from 15.6% to 23.9%. Response rates were also calculated for New York City (22.8%) and non–New York City (19.2%) pharmacies, with small but significant differences observed, due mainly to the large number of cases (4,221) used in the analysis.

Responses were examined to determine pharmacy participation by areas with high need for HIV/AIDS services. The NYSDOH Community Need Index (CNI) is a multivariate measure constructed at the ZIP code level. It is comprised of rates of AIDS cases, newborn seroprevalence, HIV hospital discharges, and indicators of high-risk behaviors, such as low birth weight, teenage pregnancy, sexually transmitted diseases, and drug-related hospital discharges. The 20% of ZIP codes in each geographic region with the highest rates on the CNI are classified as “high-need” ZIP codes, with the next 20% of ZIP codes classified as “medium-need” ZIP codes. The remaining 60% of ZIP codes are classified as “low need.” Response rates on the pharmacy survey did not differ significantly by CNI classification. The response rate among pharmacies in high-need areas was 20.1% (246/1,222); responses among pharmacies in medium-need areas was 21.4% (187/872); and the response rate among pharmacies in low-need areas was 20.7% (441/2,128).

To the extent possible, names of all pharmacies were reviewed to determine whether they were members of pharmacy chains. Only pharmacies with clearly recognizable chain affiliations were classified as chain pharmacies. Using this conservative approach, the response rate of those clearly identifiable chain pharmacies (18.1%) was very similar to the overall survey response rate (20.7%).

Willingness to Participate in the Expanded Syringe Access Demonstration Program

Of the completed surveys, 574 (65.7%) indicated the pharmacy would likely participate in ESAP, 11.0% were not sure, 15.9% indicated that they would definitely not participate in ESAP, and 7.4% left this question blank (Fig. 1).

Qualitative Analysis of General Implementation Issues

Written responses on survey forms identified major issues for NYSDOH consideration to maximize pharmacy participation. Major issues were as follows:

Program requirements should be simple and clear. Respondents expressed the importance of minimal or no paperwork or record keeping, clarity of requirements related to the maximum limit of 10 or fewer hypodermic needles or syringes per transaction and the age requirement, a simple registration process, advantages of NYSDOH development and distribution of the required safety insert, and the need for information to allay liability concerns, thereby alleviating apprehensions about nonprescription provision of hypodermic needles and syringes.

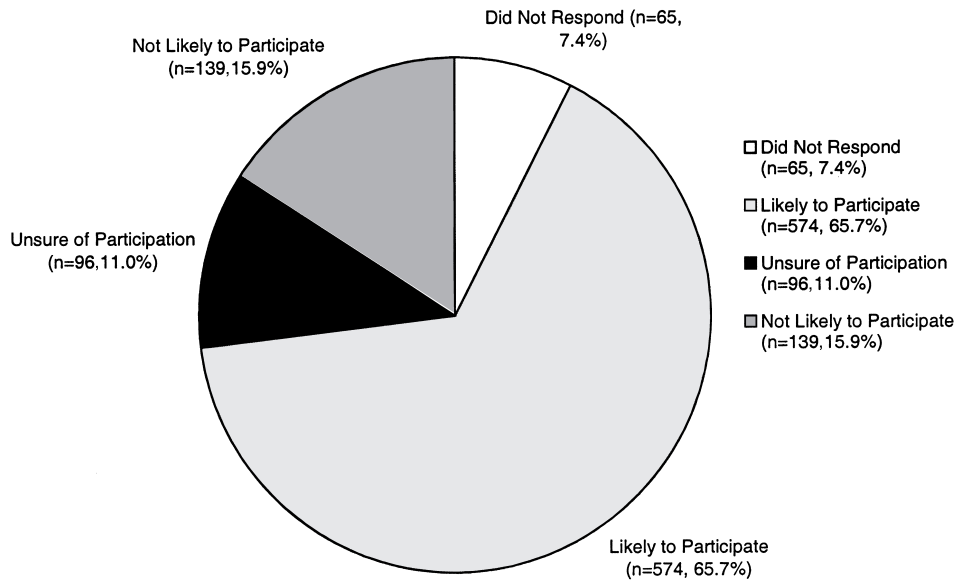


FIGURE 1. Likelihood of pharmacy participation in the NYSDOH Expanded Syringe Access Demonstration Program (ESAP): results of NYSDOH survey, July/August 2000 (N = 874).

Program promotion should be a priority. Respondents emphasized the importance of measures to inform the public of participating pharmacies. This was especially important because the law prohibited the pharmacies from advertising participation in the program. They suggested that materials be developed in multiple languages to inform consumers of program requirements (i.e., limit of 10 or fewer syringes, proof of age).

Safe use and safe disposal should be reinforced. Respondents stressed the value of detailed information for providers and consumers on proper use, disposal options, and locations of disposal sites. They supported promotion of availability of sharps containers and indicated that pharmacies should serve as syringe disposal sites on a voluntary, not mandatory, basis.

The role of pharmacies in enhancing health and wellness should be recognized. Respondents pointed out that pharmacies are a resource for health information, and that they can help ensure availability of various health-related materials. They advised NYSDOH to convey the advantages of ESAP for groups of consumers, such as diabetics, who self-inject medications.

Summaries of issues noted by pharmacies likely to participate, not sure of participation, and not likely to participate follow.

Issues Identified by Pharmacies Likely to Participate

Respondents at pharmacies likely to participate (n = 574, 65.7%) responded to a series of open-ended questions designed to inform NYSDOH of issues and concerns so that these could be considered and addressed during implementation. When asked for suggestions to facilitate pharmacy participation, establishment of minimal program requirements was most often recommended by those 574 pharmacies most

likely to participate. Some pharmacies that were associated with pharmacy chains suggested NYSDOH work directly with corporate-level representatives since decisions about ESAP participation would likely be made by corporate staff on behalf of all pharmacies in the chain. The need for detailed guidance concerning pharmacy sales was mentioned frequently—how to comply with the age limit, clarity on the limit of 10 syringes per transaction, and suggestions that a higher limit of 30, or perhaps even 100, would be more appropriate were common responses.

NYSDOH was also encouraged to publicize ESAP. Specific suggestions included use of print media, radio, and television. When asked what materials or information would make pharmacy participation more effective, materials in a variety of formats and multiple languages, information on safe disposal and consumer-oriented posters, guides, or cards clarifying program requirements were most frequently cited.

Disposal issues were highlighted, as was the role of the safety insert in promoting safe disposal. Pharmacists suggested that NYSDOH develop a detailed listing of disposal sites for each area, including hospital household sharps disposal programs. NYSDOH was asked to make this available in hard copy and electronically (i.e., on the World Wide Web). NYSDOH was also encouraged to provide instructions for individuals on safe disposal of hypodermic needles and syringes in household waste.

Some respondents expressed the interest and the willingness to partner with a hospital or other community disposal site, indicating they would accept used sharps if there was a relationship with an entity able to dispose of them. Several requested that NYSDOH supply sharps containers, which they would make available at no charge.

Many pharmacies reiterated an active interest and confidence in participating in ESAP in the written comments, with such statements as “glad to participate,” “we can do this,” “we will participate,” and “we are ready to go.”

Issues Identified by Pharmacies Unsure of Participation

Close to 10% of the respondents unsure of the likelihood of their participation in ESAP ($n = 96$, 11.0%) were members of pharmacy chains. They indicated that this decision would be made at a corporate level. They also emphasized the importance of outreach to corporate levels for chain pharmacies.

Review of respondents' comments about what actions NYSDOH could take to increase the likelihood of participation revealed that 30% were concerned about requirements for participation, noting that minimal requirements would facilitate their participation. Program demands on staff time were noted by a handful of respondents. A few recommended that the state reimburse them for time entailed in ESAP participation. When asked about barriers or specific concerns, security/safety concerns were stated by six pharmacies, which reflected “concern that our most elderly patients will be fearful if many young/unmannerly people come to the pharmacy,” “concern about shoplifting and loitering,” and “don't want to deal with junkies; addicts can be violent; don't need fights, police intervention.”

A total of 14 pharmacies requested clarification of program requirements. This suggested that final decisions on participation would be made as more details became available. When asked if knowing whether other pharmacies in the same geographic areas were participating would make a difference, 38 (40%) of those unsure of participation said it would make a difference.

Issues Identified by Pharmacies Not Likely to Participate

Of the 139 (15.9%) pharmacies that indicated that they were not likely to participate, over 50 identified specific limitations to their selling syringes to the public. Pharmacies housed within other institutions, such as correctional facilities, hospitals, and nursing homes, indicated that they could not participate in sales to the general public.

Philosophical differences with the intent of the law were noted by 8 pharmacies. Others (15, 11.0%) said that offering syringes without a prescription might have a detrimental impact on business. Some offered alternatives to pharmacy access, such as “have programs set up at drug abuse center, not in my pharmacy,” “state should distribute and sell syringes through health department,” “giving hospital free supply of needles and syringes,” and the view that “drug abusers should be arrested and imprisoned until they are drug free” were offered.

Safe Disposal

A total of 608 respondents answered questions about disposal of household sharps. Of these, 315 pharmacies (51.8%) indicated they sold sharps containers, and an additional 29 made sharps containers available at no cost. Some respondents (131) indicated that, although they did not presently provide or sell sharps containers, they would be interested in doing so. Only 133 (21.9%) pharmacies did not offer sharps containers and were not interested in doing so. Those most likely to participate in ESAP were more likely to report availability of sharps containers for purchase or at no charge (Fig. 2).

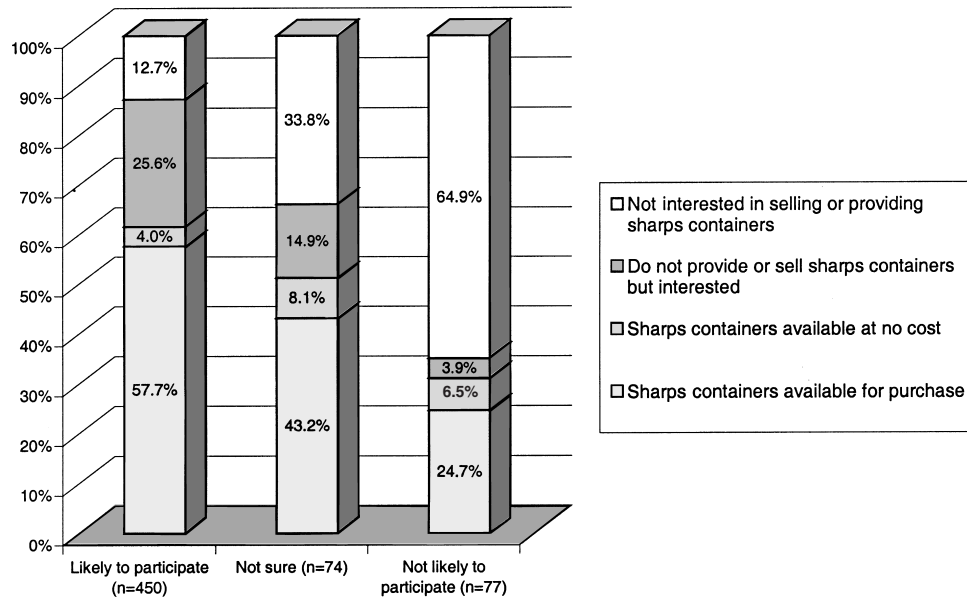


FIGURE 2. Pharmacy participation or interest in sharps container distribution for Expanded Syringe Access Demonstration Program (ESAP): results of NYSDOH survey, July/August 2000 (N = 600 responses). Excludes 8 responses that were missing information on both ESAP participation and sharps container distribution.

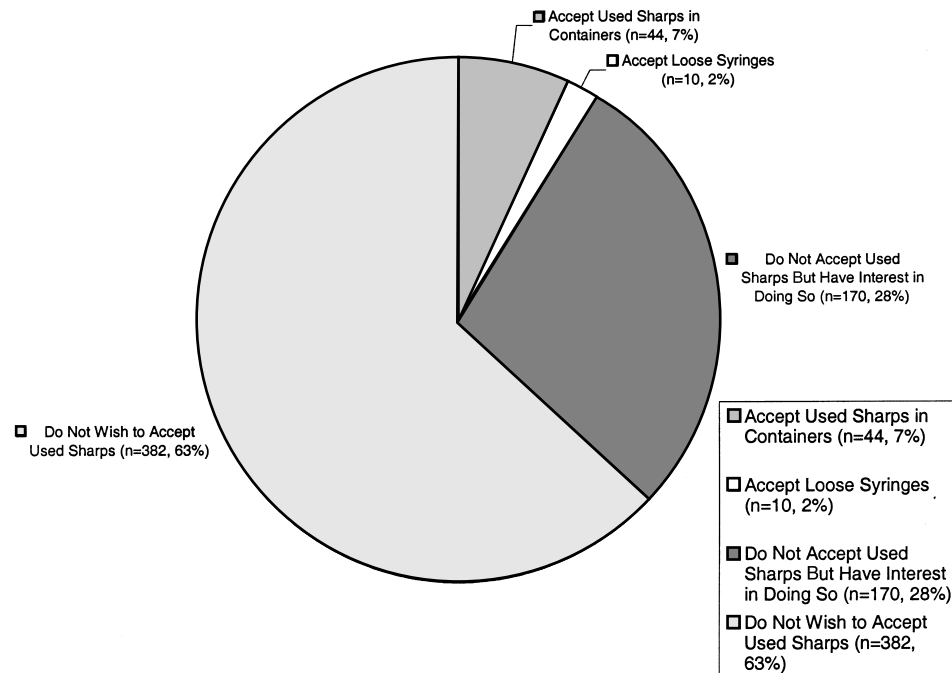


FIGURE 3. Pharmacy acceptance or interest in acceptance of used sharps for Expanded Syringe Access Demonstration Program (ESAP): results of NYSDOH pharmacy survey, July/August 2000 (N = 606).

When asked about current involvement in accepting used hypodermic needles and syringes for appropriate disposal, 54 of the 606 respondents to this item said they accepted used hypodermic needles and syringes. Of these, 44 indicated that they accepted used sharps in personal sharps containers, and an additional 10 pharmacies accepted loose syringes. Some pharmacies (170/606, 28%) that did not accept sharps for disposal were interested in doing so in the future. Overall, this meant that 224 (37.0%) pharmacies might accept used syringes. More than half (382, 63.0%) of those that replied to this question did not wish to provide this service (Fig. 3).

Information Pharmacists Feel Injection Drug Users Need

When asked what they would like injection drug users to know or be aware of when buying syringes in pharmacies, many respondents provided guidance regarding customer behavior in the store; some suggestions were related to discretion and general demeanor. Prior knowledge on the part of customers of the limit of 10 or fewer syringes and the need to provide proof of age were stressed as important.

The single issue that led to the most comments of all survey questions was the importance of injection drug users being aware of health and safety issues—HIV/AIDS and hepatitis risk, safe injection techniques, how to access drug treatment, and safe disposal. The safety insert to be developed by NYSDOH and distributed

with each sale of syringes was repeatedly acknowledged as a significant way to provide life-saving information about safe injection, prevention of blood-borne diseases, and access to drug treatment and other needed services to injection drug users and other purchasers of syringes.

Additional comments, such as “pharmacies exist to heal and help,” “strict confidence and compassion are high trademarks,” “they should be treated as any other customer,” and “the pharmacy is not condoning illicit drug use, only helping to prevent transmission of disease” were offered.

DISCUSSION

This survey of pharmacies regarding participation in a program to provide nonprescription sale of needles and syringes received almost 900 responses, representing about 20% of all New York State licensed pharmacies. About 65% of respondents reported that they would likely participate in ESAP, and of the 11% unsure of participation, most indicated that they were either part of pharmacy chains, for which decisions would be made centrally, or that they were awaiting details on program requirements. NYSDOH staff contacted all pharmacy chains to facilitate registration decisions. The extent to which the scope and magnitude of final regulations and program requirements took into consideration the advice to minimize program requirements likely influenced participation decisions of those unsure at the time of their completion of the survey. Although willingness to participate was higher than that reported by two previous surveys of New York State pharmacies, methodological issues preclude comparison of the results between surveys. Of the two previous surveys, one employed a convenience sample of pharmacists attending a conference.⁹ The other surveyed pharmacies in New York City neighborhoods with high injection drug use.¹⁰

It is important to note that, notwithstanding the large number of pharmacies responding to this survey, the results cannot be generalized to all pharmacies in New York State. This is because the overall response rate to the survey mailing was only 20.7%, with nonrespondents likely to be different from respondents in at least one important way. Nonrespondents were possibly more likely to represent individual pharmacies less interested in ESAP participation. Another limitation to the study was the inability of some chain pharmacies to make individual-level decisions whether to participate in ESAP.

While the results of this survey did not lend themselves to quantitative analysis, the survey did provide valuable information about views and perspectives of pharmacies and pharmacists statewide. Availability of results and access to written comments provided NYSDOH staff with substantial input from pharmacies on issues and concerns.

Some recommendations, such as minimal program requirements, were important to inform the drafting of regulations. Input such as this, even prior to the public review and comment process, aided in ensuring that the details of proposed regulations were acceptable to regulated parties. Other issues noted by pharmacists, such as the role and content of the required safety insert, were used by NYSDOH staff in preparing for implementation.

The survey process, by inviting pharmacy communication with the NYSDOH, provided opportunities for staff to talk with pharmacists and with their representatives. Telephone calls and e-mail communications that ensued as a result of the

survey served as points for learning more and for talking with individual pharmacists. By referencing issues raised by pharmacies through the survey process in subsequent presentations and conversations, NYSDOH staff let pharmacies know that they were heard, and that their comments and recommendations were considered.

Overall, clear and specific issues were highlighted, and action steps were initiated to reflect pharmacy input in early stages of program development. The ongoing dialogue continued to inform program implementation and evaluation. The evolving relationship between the AIDS Institute and the pharmacists has the potential to advance other HIV/AIDS issues, such as sale and promotion of female condoms and counseling HIV-infected persons about their medications.

Since the survey was completed, ESAP has been implemented. ESAP registration data as of March 31, 2001, reflected 2,218 registered pharmacies, over one half of all licensed pharmacies in New York State. Of these, 735 (35%) were located in the five boroughs of New York City. The fact that 1,710 (76%) of registered pharmacies were confirmed to be chain pharmacies likely reflects active outreach by health department staff to chains and steps such as development of a streamlined registration process for corporately owned stores.

Measures to inform individuals, including injection drug users, of ESAP continue to be important. Materials for health and human service providers and for consumers play an important role. Community-based organizations, syringe-exchange programs, community health centers, substance use treatment programs, physicians, HIV test counselors, and others fulfill important roles in ensuring that injection drug users are aware of ESAP and can locate participating pharmacies. A comprehensive directory of participating pharmacies will facilitate access. While some individuals may not opt to purchase syringes through pharmacies, for others the simple economics may make pharmacy access an attractive option. The fact that a "10-pack" of sterile syringes costs between \$2.00 and \$3.00 in a pharmacy, while a single syringe of uncertain sterility, purchased on the street, in a shooting gallery, or from a syringe dealer in New York City can cost from \$1.00 to \$5.00, depending on the time of day, may provide an economic incentive for program participation (D. C. DesJarlais, personal communication).

Access to hypodermic needles and syringes through pharmacies is a relatively inexpensive public health intervention that can supplement existing measures, such as access via syringe-exchange programs.^{11,12} Efforts to repeal or modify legal barriers to syringe access have been recommended by a wide spectrum of national organizations, including the American Bar Association, American Medical Association, American Pharmaceutical Association, Association of State and Territorial Health Officials, Council of State and Territorial Epidemiologists, National Alliance of State and Territorial AIDS Directors, the National Association of Boards of Pharmacy, US Conference of Mayors, and others, as important structural interventions for reducing transmission of blood-borne pathogens, including HIV and hepatitis B and C, among injection drug users.^{13,14} Such programs also provide a service to diabetics and others who use syringes to self-administer medications.

The safety insert is an important educational tool. Pharmacists see education as part of their role. Implementation and evaluation of the ESAP program in New York State over the next 2 years will examine effectiveness of strategies and interventions to reduce needle sharing through access to sterile syringes, as well as the impact of the law on injection, drug use, pharmacy practice, and disposal of used syringes.

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