Limited Access to Syringes for Injection Drug Users in Pharmacies in Denver, Colorado

Stephen K. Koester, Trevor W. Bush, and Beth A. Lewis

Objective: To determine the availability of syringes for injection drug users (IDUs) from pharmacies in Denver. Design: Single-group, uncontrolled, noncomparative study. Setting: Denver, Colorado. Patients or Other Participants: 23 randomly selected pharmacies in the Denver metropolitan area and 3 additional pharmacies located near drug-buying locations. Intervention: Attempt by eight trained IDU “research assistants” to purchase packages of 10 U-100 insulin syringes without a prescription from pharmacies. Main Outcome Measures: Successful purchase of syringes; reasons for refusal. Results: Of 26 pharmacies, 4 reported not stocking syringes, 3 did not sell syringes to any research assistants, 10 sold to some research assistants but not to others, and 9 sold to all research assistants. Of 206 purchase attempts, 54% were successful. In 37.9% of 95 refusals, the pharmacist reported that syringes were not sold at the store, and in 28.4% the pharmacist refused to sell because the research assistant did not produce diabetic identification or answer insulin-related questions. No differences in pharmacy response were found with respect to the racial or ethnic characteristics of the research assistant. Price varied substantially within and among stores. No pharmacies that sold syringes to research assistants were open 24 hours per day. Conclusion: While IDUs who live near a pharmacy that regularly sells syringes and IDUs with a convincing diabetes story may have adequate access to syringes, others face inconsistent availability. Price fluctuations and limited hours of those pharmacies that sell syringes may be additional barriers to access to sterile syringes for IDUs in Denver.


Injection drug use continues to be an important risk factor for the transmission of blood-borne diseases; it is directly or indirectly responsible for about one-third of all cases of human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS) and more than one-half of all hepatitis C virus (HCV) cases. The Centers for Disease Control and Prevention (CDC) estimates that after 5 years of injecting, 90% of injection drug users (IDUs) are infected with HCV. The transfer of blood-contaminated needles and syringes (hereafter referred to as “syringes”) among users, and the use of contaminated syringes in the preparation and distribution of shared drugs facilitates blood-borne disease transmission. If sterile syringes were used every time an illicit drug was prepared and injected, blood-borne disease transmission through drug injection could be reduced significantly.

Scarcity of sterile syringes, however, contributes to syringe reuse by IDUs. Structural constraints, including state statutes, municipal ordinances, and licensing board regulations, may prevent IDUs from obtaining syringes (because of prescription laws or requirements), discourage IDUs from carrying syringes (because of drug paraphernalia laws), or restrict the establishment or operation of syringe exchange programs.

In this study we assessed whether IDUs could purchase syringes from pharmacies and identified factors that may hinder purchases in Denver, a city in a state with no prescription requirement or pharmacy board regulation concerning the sale of syringes. Because of the failure of repeated attempts to pass legislation permitting syringe exchange programs in Colorado, pharmacies are the only reliable source of sterile syringes for most Denver-area IDUs.

The only potential legal constraint to pharmacy sale of syringes in Colorado is a drug paraphernalia statute based on the Drug Enforcement Agency’s Model Paraphernalia Act of 1979. No pharmacist has ever been cited for violating this statute or a complementary Denver municipal ordinance (Colorado Board of Pharmacy written communication, 1999). In fact, no pharmacist has ever been cited for violating paraphernalia statutes of any state (Scott Burris, written communication, October 2000).
Objectives

Our primary objective was to determine whether sterile syringes were readily available from Denver area pharmacies. Our secondary objective was to identify obstacles to access. For example, syringe surveys done in both St. Louis and Florida suggest that ethnic discrimination limits syringe access for some IDUs, and in a pilot study, we noted that among the pharmacies that sold syringes, significant differences in the prices charged were identified.

Methods

In 1996, as part of a National Institute on Drug Abuse study, we conducted a pilot syringe-buying survey of pharmacies located in northeast and northwest Denver neighborhoods.20 In 1999 we designed and implemented this buying survey based on that pilot. Both buying surveys were modeled on a survey conducted in the metropolitan area of St. Louis.18

IDU Research Assistant Selection

In an effort to simulate actual syringe purchases, a participatory research methodology was developed. Active IDUs, who had injected within 30 days of screening and had ongoing relationships with the project’s qualitative research team, were contracted to buy syringes. These eight “research assistants” represented both genders and the city’s three major ethnic groups: African American, white, and Latino. In addition, we included two young (< 25 years old), white IDUs to represent a rapidly growing segment of the IDU population in Denver. Preliminary seroprevalence and ethnographic data from our concurrent intervention study indicated that while many of these youth are free of blood-borne diseases, they engage in high-risk sexual and drug-using behaviors. Seven of the research assistants were daily heroin injectors, and the other was a methamphetamine injector. The participants had been IDUs for 2 to 30 years.

Sampling

The sampling frame for this study was a list from the Denver metropolitan area telephone directory of the 65 community pharmacies located within an approximately 50 square mile area of the city and adjacent suburbs. Twenty-four of these pharmacies were randomly selected; one was excluded because it was an herbal pharmacy that did not sell pharmaceutical medications or syringes. Three other pharmacies were added because they were located within walking distance of drug-buying (“copping”) and using areas where we routinely recruited subjects for the intervention study. The resulting sample of 26 included 5 pharmacies located within corporately owned supermarkets, 5 chain pharmacies, 9 independent pharmacies, and 7 independent combination pharmacy/liquor stores.

Buying Strategy

Ethnographers (i.e., qualitative researchers) met with research assistants to discuss the study’s purpose and methods and to develop a standard procedure for how the research assistants would ask to purchase syringes. A standard script was based on information from the pilot study, discussion with research assistants, and the stocking practices of most pharmacies. Research assistants were instructed to ask, “Could I have a 10-pack of U-100 insulin syringes?” As our purpose was to determine if IDUs could obtain syringes without having to prove a “legitimate medical need,” this standard dialogue was used to lessen the possibility that individual buying strategies would determine whether syringes were sold.

Research assistants, dressed in their typical attire, requested syringes at the pharmacy counter. If the pharmacist or pharmacy staff asked for more information (i.e., a diabetic card or specifics about insulin type or dosage), the research assistant said the syringes were for a relative. After each attempt, one of the ethnographers and the research assistant discussed the attempt.

All purchase attempts were made on Tuesdays or Thursdays between 10 am and 2 pm and in the months of January through May 1999. No pharmacy was visited by more than one research assistant per day.

Results

Syringe Sales

Of the 26 pharmacies visited during 206 purchase attempts, 4 told all of our research assistants that they did not stock syringes. Further study determined that 2 of these pharmacies stopped selling syringes because of their proximity to visible drug buying sites, a third was in the process of phasing out its pharmacy and no longer stocked syringes, and the fourth was an otherwise fully functioning pharmacy that apparently did not stock syringes.

Among the 22 pharmacies that reported carrying syringes, 3 did not sell to any of our research assistants, 9 sold to all of our research assistants, and 10 sold to some but not all of our research assistants (Table 1).

Of 206 purchase attempts, 54% were successful. Unsuccessful attempts were attributed to a number of factors (Table 2).

Individual research assistants’ success rates ranged from 48% to 57.7% with a mean of 53.9%. Two assistants requested not being asked to attempt purchases at two pharmacies they regularly visited for personal items; these pharmacies sold to all other research assistants, suggesting that some of these two assistants visited these respective stores their success rates might have been higher.

Research assistants reported being asked questions about diabetes in 28.4% of buy attempts. In these cases, they gave the mutually agreed upon response that the syringes were for a relative; none of these attempts was successful.

No significant differences were found between success rates based on gender or racial/ethnic differences (data not shown).
Syringe Prices

The price charged for a package of 10 U-100 syringes varied both within and among stores. Price differences within a store occurred at eight of the pharmacies and ranged from a difference of $0.11 to $8.01 per 10-pack of syringes. One chain pharmacy implemented a price increase midway through the study from $3 to $4 per 10-pack. Two other chain pharmacies and four independents varied their prices between participants for no identifiable reason. One of these chain stores charged $2.89 to the first assistant, $3.00 to the third assistant, and $2.00 to the fifth assistant. At another independent pharmacy, price variability resulted from tax being charged to some research assistants and not to others.

In some cases, the cost of syringes may be a factor in whether or not they are purchased, particularly in those instances when IDUs have limited money to purchase them. In one store, the only pharmacy within a 1.5-mile radius of a well-known drug buying area, clerks routinely charged $6.99 or more for a 10-pack and $1.50 per single syringe. Syringes at this store were kept at the front counter and not in the pharmacy. This liquor store/pharmacy was poorly stocked and only had a pharmacist on duty a few days a week.

An additional barrier to syringe access is pharmacy hours of operation. Because heroin addicts cannot stop using opiates without suffering withdrawal symptoms, the limited hours of operation of most pharmacies in this survey are of concern.

Finally, only nine of the pharmacies surveyed could be considered “reliable” (selling to every buyer) sources of sterile syringes. In a geographically dispersed, Western city such as Denver where the automobile is the dominant mode of transportation, access to reliable pharmacies may be problematic for IDUs with limited access to transit. This is particularly troubling because IDUs have several reasons to inject the drug soon after obtaining it. If caught with the drug they face a possession charge, and if they are “dope sick” (in withdrawal) their overwhelming concern is to “get well.” In such cases, an IDU is unlikely to continue looking for a sterile syringe after being turned down, particularly if alternative syringe sources are not nearby.

Limitations

Interpretation of our data is limited by small sample size and the inability to control for pharmacy staff encountered. We were unable to verify if a seller was the same individual encountered by other research assistants or to determine whether the seller was a pharmacist, technician, or store clerk. Because research assistants only asked for a 10-pack of insulin syringes, this study did not assess the availability through pharmacy sales of smaller numbers or other types of syringes.
Conclusion

The results of the Denver and Anchorage surveys are consistent with other research that has found wide variation in the ability of IDUs to purchase syringes through pharmacies.\textsuperscript{18,19,22–25} indicating that syringe sales to IDUs is not a clear-cut issue for many pharmacists. Work by Farley and colleagues\textsuperscript{23} has shown that a common fear for pharmacists is that of increasing drug use, while other researchers have found that pharmacists cite business concerns as a reason for discouraging syringe sales to IDUs.\textsuperscript{24–26} These concerns must be addressed in public health efforts to expand syringe availability through pharmacy sales. To accomplish this requires collaboration between public health researchers, practitioners, IDUs, and pharmacists. Pharmacists are a critical component in comprehensive efforts to prevent the spread of blood-borne diseases among IDUs, their sex partners, and their children. Selling syringes to persons who may be IDUs can help to reduce blood-borne disease transmission.

References