

POLICY EFFORTS TO INCREASE IDUS' ACCESS TO STERILE SYRINGES

In many states, laws and regulations make possession of syringes a crime and limit IDUs' ability to purchase syringes. As a result, IDUs who continue to inject often cannot follow prevention advice to use a sterile syringe for every injection.

Injection drug use is linked to almost one-third of all AIDS cases and one-half of hepatitis C cases. Injection drug users (IDUs) become infected and transmit the viruses to others through sharing contaminated syringes and other drug injection equipment and through high-risk sexual behaviors. Women who become infected with HIV through sharing needles or having sex with an infected IDU can also transmit the virus to their babies before or during birth or through breast feeding.

To effectively reduce the transmission of HIV and other blood-borne infections, programs must consider a comprehensive approach to working with IDUs. Such an approach incorporates a range of pragmatic strategies that address both drug use and sexual risk behaviors. One of the most important of these strategies is ensuring that IDUs who cannot or will not stop injecting drugs have access to sterile syringes. (See the related fact sheet "Access to Sterile Syringes.") This strategy supports the "one-time-only use of sterile syringes" recommendation of several institutions and governmental bodies, including the U.S. Public Health Service.¹

IDUs share syringes and injection equipment for multiple reasons, but primarily because of legal and regulatory barriers limiting access to sterile syringes and laws making possession of syringes a crime.

What Legal and Regulatory Barriers Exist?

Several interrelated laws and regulations restrict IDUs' ability or willingness to obtain and possess syringes:²

- **Drug paraphernalia laws.** These laws establish criminal penalties for the manufacture, sale, distribution, possession, or advertisement of any item used to produce and consume illegal drugs, including syringes. Forty-seven states, the District of Columbia, and the Virgin Islands have drug paraphernalia laws.
- **Syringe prescription laws.** These laws prohibit dispensing or possessing syringes without a valid medical prescription. Eight states and one territory currently have syringe prescription laws.
- **Pharmacy regulations and practice guidelines.** As part of their oversight responsibilities, state boards of pharmacy develop and enforce regulations and guidelines that cover many aspects of syringe sales, including display, advertising, recordkeeping, log books, customer identification, and assessments of customers' probable use. Twenty-three states have such regulations and guidelines. (See the related fact sheet "Pharmacy Sales of Sterile Syringes.")
- **Restrictions on syringe exchange programs.** In some states, syringe prescription laws and drug paraphernalia laws effectively restrict the ability of syringe exchange programs (SEPs) to operate unless they are specifically exempted from the laws. In addition, since 1988, several states and the Congress have restricted the funding or operation of SEPs. (See the related fact sheet "Syringe Exchange Programs.")

These laws and regulations are structural barriers that create a situation in which IDUs who continue to inject are advised to use only sterile syringes, but at the same time, are

often prevented from carrying out this advice. Because holding on to or carrying syringes puts IDUs at risk of police searches, arrest, and criminal prosecution, they can be reluctant to participate in sterile syringe access or risk reduction initiatives such as syringe exchange or safe disposal programs.³ (See the related fact sheet "Syringe Disposal.") This environment may increase transmission risks because IDUs who are concerned about being arrested for obtaining or carrying syringes are more likely than other IDUs to share syringes and injection supplies.⁴

What Has Been Done to Remove Structural Barriers?

Several states have undertaken initiatives to change syringe laws and regulations:

- In 1992, Connecticut partially repealed its laws and regulations that limited pharmacy sales of syringes and made possession of syringes a crime. This allowed pharmacy sales of up to 10 syringes without a prescription and legalized the possession of up to 10 drug-free syringes.^{5,6}
- In 1993, Maine changed its laws to allow anyone aged 18 or older to purchase from a pharmacy any quantity of syringes.⁷ In January 1997, the state legislature adopted rules to permit legal syringe exchange and to remove the criminal penalties for possessing 10 or fewer syringes.
- In 1997, as part of a comprehensive HIV prevention bill, the Minnesota legislature changed its laws to allow pharmacies to sell up to 10 syringes without a prescription and permit individuals to legally possess up to 10 unused syringes at a time.

- In 2000, New York State changed existing syringe prescription and drug paraphernalia laws to allow persons 18 years and older to purchase and/or possess 10 or fewer syringes without a prescription and without being liable for arrest.⁸
- Other states have developed specific strategies to allow the legal operation of SEPs. For example, five states (Hawaii, Maryland, Massachusetts, New York, and Rhode Island) and the District of Columbia have given their health departments the power to establish SEPs and to exempt them from drug paraphernalia laws. Three states (Connecticut, Massachusetts, Rhode Island) have specifically exempted SEPs from their prescription laws.
- In some municipalities, public officials have sought legal authority to conduct SEPs by declaring a local state of public health emergency.
- In 1999, the American Medical Association, American Pharmaceutical Association, and other organizations called for state-level review of syringe laws and regulations.⁹

Results from states that have changed their laws have been positive. For example, after the partial repeal of syringe laws in Connecticut, pharmacies in that state began to sell nonprescription syringes.^{10,11} As a result, more IDUs purchased syringes from pharmacies, syringe sharing decreased, and police reported fewer needlestick injuries.¹² Further, there is no evidence that ensuring access to sterile syringes increases the number of persons who inject or the number of injections.¹³

What More Can Be Done to Improve IDUs' Access to Sterile Syringes through Policy, Regulatory, and Practice Changes?

Both public health and law enforcement have strong interests that must be supported. Public health seeks to reduce drug use and blood-borne transmission of disease by helping individuals enter substance abuse treatment and change their risky sexual and drug-use behaviors. Law enforcement has an equally strong stake in preventing and punishing the distribution and sale of illicit drugs. Initiatives aimed at legal and regulatory

reform must be directed at finding ways to strike a middle ground so that the interests of both are served. Such efforts include:

- Supporting initiatives to expand and improve collaboration and understanding between public health and law enforcement.
- Encouraging review of the public health impact of current syringe prescription and drug paraphernalia laws and pharmacy regulations on the availability of sterile syringes to those IDUs who are unable or unwilling to stop injecting.
- Educating legislators and policy makers on the role of syringe sharing in the transmission of HIV and other blood-borne diseases and on the notion that access to sterile injection equipment is a legitimate medical need for IDUs who continue to inject drugs.
- Carrying out initiatives to educate and inform community leaders, pharmacists, law enforcement, and the public about the importance of access to sterile syringes to IDUs as one component of a comprehensive approach to stopping drug use and reducing transmission of blood-borne diseases.

For More Information

Get *Preventing Blood-borne Infections in Injection Drug Users: A Comprehensive Approach* which provides extensive background information on HIV and viral hepatitis infection in IDUs and on the legal, social, and policy environment. It also describes strategies and principles for addressing these issues. Hard copies of this document and the fact sheets mentioned here can be obtained from the Centers for Disease Control and Prevention's (CDC) website at www.cdc.gov/hiv/projects/idu-ta or from www.healthstrategies.org/Publications/publications.html, a website of the Academy for Educational Development.

Sources

1. U.S. Department of Health and Human Services, Public Health Service. HIV prevention bulletin: Medical advice for persons who inject illicit drugs. www.cdc.gov/nchsdp/hiv_aids/pubs/hiv_govr.txt
2. Gastin LO. The legal environment impeding access to sterile syringes and needles: The conflict between law enforcement and public health. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology* 1998;18(Suppl 1):580-570.
3. Springer KW, Stark CE, Jones TS, Friedman L. Syringe disposal options for injection drug users: A community-based perspective. *Substance Use and Misuse* 1999;34(13):1917-1934.
4. Blathenthal RN, Kaul AH, Erving EA, Effen BP. Drug paraphernalia laws and injection-related infectious disease risk among drug injectors. *Journal of Drug Issues* 1999;29(1):1-16.
5. Gronowicz SL, Weinstein B, Jones TS, Vallety LA, Fehrs LJ, Kauler WI. Impact of increased legal access to needles and syringes on the practices of injecting drug users and police officers - Connecticut, 1992-1993. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology* 1995;10:82-89.
6. Vallety LA, Weinstein B, Jones TS, Gronowicz SL, Rolfs RT, Kauler WI. Impact of increased legal access to needles and syringes on community pharmacies needles and syringe sales - Connecticut, 1992-1993. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology* 1995;10(1):73-81.
7. Beckett GA, Galeira R, Shields D, Mills DA. Maine reassessed criminal penalties for syringe possession in 1997 after allowing sale of syringes without a prescription in 1995. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology* 1998;18(Suppl 1):S145-S148.
8. Plevin L. State bill allows sale of syringes. *Newsday*, May 6, 2000. Page A03.
9. National Alliance of State and Territorial AIDS Directors. HIV prevention and access to sterile syringes. Joint letter issued by the American Medical Association, American Pharmaceutical Association, Association of State and Territorial Health Officials, National Association of Boards of Pharmacy, National Alliance of State and Territorial AIDS Directors, October 1999. www.natad.org/jointlettersterile-syringes.htm.
10. Wright De Aguiar L, Weinstein B, Jones TS, Miles J. Impact of the change in Connecticut syringe prescription laws on pharmacy sales and pharmacy managers' practices. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology* 1998;18(Suppl 1):S102-S110.
11. Normand J, Vlahov D, Meas LE, eds. Preventing HIV transmission: the role of sterile needles and bleach. Washington (DC): National Academy Press, 1995.
12. Needle RH, Coyle SL, Normand J, Lambert E, Coates H. HIV prevention with drug-using populations - current status and future prospects: introduction and overview. *Public Health Reports* 1998;113(Suppl 1):4-18.