

The Impact of Syringe Access through Pharmacies on the AIDS Epidemic

The American Pharmaceutical Association endorses the unrestricted sales and distribution of syringes and needles by or with the knowledge of a pharmacist in an effort to decrease the transmission of blood-borne diseases. (APhA policy statement, 1999)

Pharmacists can help reduce the spread of blood-borne diseases including HIV and hepatitis. Scientific studies show that pharmacy-based syringe sales reduce high-risk behaviors for HIV.

- After Connecticut changed its paraphernalia and prescription laws in 1992 to allow for possession and sale of up to ten syringes, needle sharing among IDUs dropped 40%. (*Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology*. Tr 1995; 10:71-72.)
- One year after the Minnesota legislature legalized pharmacy sale of syringes without a prescription, injection drug users (IDUs) reported a 17% reduction in syringe sharing. (*Journal of the American Pharmaceutical Association*, 2002; 42 (6): S21-S22.)
- Rates of HIV among diabetic injection drug users with regular access to syringes was significantly lower than the HIV rate among non-diabetic injection drug users that lack ready access to syringes, 9.8% versus 24.3%, even though the duration and intensity of drug use were similar. (*Journal of the American Medical Association*. 1991; 266:2259-2261.)

Studies show that syringe availability reduces HIV infection without increasing drug use. Seven government-commissioned reports evaluating available scientific data found that access to sterile syringes reduces HIV infection without increasing drug use. No studies contradict these findings. Select studies include:

- Institute of Medicine, Committee on HIV Prevention Strategies in the United States; 2000. *No Time to Lose: Getting More from HIV Prevention*, Washington, DC
- National Research Council and Institute of Medicine, Panel on Needle Exchange and Bleach Distribution Programs; 1994. *Proceedings Workshop on Needle Exchange and Bleach Distribution Programs*. Washington, DC
- Office of Technology Assessment; 1995. *The Effectiveness of AIDS Prevention Efforts*. Washington, DC
- University of California, School of Public Health and Institute for Health Policy Studies (prepared for the Centers for Disease Control and Prevention); 1993. *The Public Health Impact of Needle Exchange Programs in the United States and Abroad*. San Francisco, CA.
- U.S. General Accounting Office; 1993. *Needle Exchange Programs: Research Suggests Promise as an AIDS Prevention Strategy*, Washington, DC

Limited access to sterile syringes is fueling the AIDS and hepatitis epidemics:

- Syringe sharing is the leading source (60%) of new hepatitis C infections, and syringe sharing combined with unprotected sexual contact with an injection drug user is a primary source of HIV/AIDS cases. (CDC)
- Approximately 4 million Americans have hepatitis C, making it the most common blood-borne infection in the country. (CDC)
- Approximately 50% of all new HIV infections in the United States occur in injection drug users, their sexual partners, or their children. (*American Journal of Public Health*. 1996; 86: 642-654.)
- 70% of AIDS cases among women, and nearly all pediatric AIDS cases in Illinois are associated with syringe sharing. (IDPH)