

Effects of Pharmacy Syringe Access Among Young Heroin Injectors

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Introduction:

Expanding access to sterile syringes is an important strategy to reduce HIV and hepatitis transmission among injection drug users (IDUs). In 2003, Illinois law was amended to allow the purchase of up to 20 syringes without a prescription, and paraphernalia laws were also changed to decriminalize the possession of a limited number of syringes. It is important to consider the impact of this legislation and how that impact differs among different groups of IDUs.

Sample:

We conducted a secondary analysis of 154 participants from the noninjecting heroin use, HIV, and injection transitions study (NIHU-HIT). The current study analyzed participants who transitioned from noninjecting heroin use to injecting heroin use. Participants were 29.9% Non-Hispanic Black, 41.6% Non-Hispanic White, and 28.6% Hispanic or other races, with a mean age of 23.5 years.

Methods:

Study participants completed a computer assisted interview at baseline, and at approximately 6-month intervals for 36 months. GEE regression was used to analyze results over the multiple visits of the study to test the impact of the pharmacy access law on syringe sharing.

Results:

IDU needle sharing decreased after the enactment of the pharmacy access law in 2003. Participants also reported that needles were easier to find after the access law enactment.

There was a significant interaction between the pharmacy law and race. Among white injectors, there was an 87% decrease in needle sharing, but among non-whites, there was no significant effect. Among white injectors, the predicted probability of sharing needles was 74.4% before the pharmacy law enactment and 28.3% after the enactment. There was a main effect of homelessness as well. Both before and after the pharmacy law enactment, homeless individuals were more likely to share syringes.

Conclusions:

Pharmacy syringe access has had led to a reduction of syringe sharing among Injection Drug Users. Access to syringes through pharmacies is important in suburban and rural areas where Syringe Exchange Programs do not exist. It is important to consider the impact differences of this change in policy among different racial groups and the potential lack of impact among homeless individuals.

Further research should be conducted to further explain these differences and possible interventions to better reach these populations.

Literature Cited:

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Decrease in Syringe Sharing Post Pharmacy Access Law Enactment			
	Odds Ratio	95% CI	p
Pharmacy Law	0.13	.02, .71	0.02
Race (Non-White vs. White)	0.11	.01, 1.23	0.073
Pharmacy Law and Race Interaction	13.26	1.08, 163.57	0.04
Homelessness	2.59	1.32, 5.08	.01

**Effects are adjusted for injection since last interview*