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Non-prescription Sale of Syringes in Monterey County

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### **Abstract**

I have interned for the Monterey County Health Department in the Human Immunodeficiency Virus (HIV) Prevention Program. My capstone project focuses on a community problem targeting high HIV and Hepatitis C (HCV) transmission rates in Monterey County. There are high HIV and HCV rates among injection drug users (IDUs), and many of our community members may partake in these harmful activities. The cause of these high HIV and HCV rates is because there are limited amounts of pharmacies selling syringes without a prescription, which then causes the high HIV and HCV rates among injection drug users and low life expectancy among those HIV positive IDUs. A limited number of pharmacies that make clean syringes available for purchase without a prescription increases the risk of injection drug users sharing needles, among others, without knowing their status. My capstone project targets increasing the number of pharmacies willing to sell non-prescription syringes (NPSS) in Monterey County. A five-question survey asked twenty pharmacies across Monterey County to determine if they do or not participate in the non-prescription sale of syringes. I will reach out to those pharmacies who do not sell syringes without a prescription and inform them of the importance of the non-prescription sale of syringes in Monterey County, so they reconsider. Yet, suppose the barriers to service delivery may be the stigma attached to NPSS and communication delivery to pharmacists due to COVID-19. In that case, I will not be able to communicate with them in person.

*Keywords:* HCV, HIV, IDUs, Monterey County, NPSS

### **Agency & Communities Served**

The Monterey County Health Departments' mission statement is to "Excel at providing Quality Services for the benefit of all Monterey County residents while developing, maintaining, and enhancing the resources of the area" (County of Monterey, 2020). As a large department, there are different units within the Public Health Bureau; I am a part of a program under the Communicable Disease Prevention and Control unit. Under that unit is the program I intern with, Human Immunodeficiency Virus (HIV) Prevention Program which the programs mission is to "seek to safeguard the health of all people who are at risk of or living with HIV through activities that support HIV prevention and improvements in care". In the County of Monterey (2020), the Communicable Disease Unit is in charge of controlling and preventing any disease that affects the community. The HIV Prevention Program partners with the California Department of Public Health Office of AIDS to provide free external and internal condoms to the community through our Condom Distribution Program (CDP), along with working with local clinics linking new HIV diagnosed clients to care and re-linking those who fell out of HIV care. I manage the Condom Distribution. We reach out to organizations (clinics, nonprofits, school health centers) to see if they would like to participate by offering free external and internal condoms to their clients by filling out a simple application. The Office of AIDS aims to provide services like the Condom Distribution Program (CDP) to organizations that serve those at high risk of HIV. The California Department of Public Health (2017) is primarily in charge of the CDP. They aim to serve those in California of HIV-positive and the communities that show that the public is at the highest risk of contracting HIV. The community, the HIV Prevention Program, is based on those at high risk for HIV in the county. According to the Monterey County HIV - Local Data (2018), new HIV diagnoses by exposure category from 2016-2018 were men who have sex with men

(MSM), injection drug use (IDUs), and heterosexual contact. The racial and ethnic groups of new HIV diagnoses in Monterey County were Black or African-American, Hispanic, White and Asian, and Pacific Islander. In effect, we reach out to Salinas, Peninsula, North, and South County residents and make supplies and services available.

### **Problem Description**

Injection drug use (IDU) is a severe public health concern but primarily the sharing of syringes since it is a factor for premature mortality, blood-borne pathogens like human immunodeficiency virus (HIV) and hepatitis C virus (HCV). The county of Monterey has a diverse community from social, economic class and race. Like other counties, some Monterey County residents suffer from homelessness all over the county but primarily in Chinatown, located in Salinas, California. According to the U.S. Census Bureau (2019), 13.3% of people in Monterey County are in poverty, and Salinas has 17.2% of people in poverty. Individuals who suffer from homelessness or poverty have to face very crucial and uncomfortable situations, which is sometimes the main reason why they fall into addiction or injection drug use since they have to find a way to cope with what they are going through. Salinas let alone has a very high percentage of individuals living in poverty "Additionally, paraphernalia sharing, which has been associated with the transmission of blood-borne diseases, has been reported as a consequence of confiscation of sterile syringes by police and lack of income among homeless persons" (Linton et al. 2013). Once we have individuals falling into injection drug use, there is a high risk of needle sharing, and with a poor community, there is little to no access to HIV testing or HCV testing. Syringe sharing raises the risk of transmission of disease from one person to the other without knowing. It is challenging for injection drug users to buy a clean syringe due to the negative stigma of the sale of syringes without a prescription and the lack of access to syringes' sale

without a prescription. The barriers an injection drug user may face to buy a clean needle are how approachable the pharmacist is, and the stigma attached to a homeless person needing a syringe when they cannot provide a prescription.

### **Contributing Factors**

The lack of access to clean syringes without a prescription is minimal and concerning since we have community members who are injection drug users. Injection drug use is not healthy or right in any way. Still, individuals who are doing these individuals require harm reduction to lower risks of contracting Hepatitis C or HIV transmission. In communities where injection drug use is predominantly high, you would expect to be more accessible to purchasing clean syringes without a prescription. Still, according to Meyerson et al. (2018), pharmacies located in communities with high rates of overdose opioid mortality rates were 56% less likely to sell syringes without a prescription than communities with lower rates. Individuals in serious need of clean syringes most often do not have a lot of access to them because pharmacies are still resistant to selling needles due to the pharmacist's comfort.

The supportive beliefs have a significant toll on whether or not that specific pharmacy agrees to non-prescription sale of syringes. According to the California Department of Public Health (2019), licensed pharmacists can sell non-prescription syringes and hypodermic needles to adults aged 18 or older to reduce blood-borne diseases. Pharmacists play an essential role in diminishing HIV and HCV transmission rates from needle sharing in their community. Legalizing the sale of syringes creates an accessible and reliable source for sterile syringes for injection drug users. But in many pharmacies, they deny to sale syringes due to how the pharmacist feels about injection drug users, "Pharmacy syringe sales were strongly associated with supportive pharmacist beliefs about syringe access by PWID and their comfort level selling

syringes to PWID" (Meyerson et al. 2019 ). Under Assembly Bill 1743, local governments are not required to authorize pharmacies to provide non-prescription sale of syringes, which means that not all pharmacists will agree to sell hypodermic needles or syringes personal beliefs. According to Meyerson et al. (2019), pharmacists who did sell non-prescription syringes were comfortable since they were male, have been asked about syringe access by medical providers, and agree that injection drug users should be able to buy non prescribed syringes. Pharmacists play a significant role in contributing factors to why IDUs may not have sufficient access to non-prescribed syringes in pharmacies. Still, pharmacists need to increase comfort distributing syringes to people who inject drugs and increase pharmacy syringe sales.

### **Consequences**

One of the significant consequences of a minimal non-prescription sale of syringes is the risk of increasing the human immunodeficiency virus (HIV) and hepatitis C (HCV). Those who use injection drugs find it difficult to access clean, sterile syringes to use, so they find a more accessible route of just sharing needles with other individuals. According to Meyerson et al. (2019), the prevalence within people who inject drugs in the USA is 7%. Representing 10% of all HIV infections, and 58% of injection drug users are estimated to be living with HCV. The sharing of syringes with other individuals who are most likely unaware of their HIV or HCV status increases the risk of transmission from one individual to the other. If there is minimal access to syringes' non-prescription sale, individuals who might be addicts will use whatever they find, might that be a used syringe by who knows who. HIV and HCV are transmitted through contact with infected body fluids, most commonly through sexual contact and injection drug use. According to Size et al. (2020), out of 5824 individuals who were HIV positive, almost 5% of them were co-infected with hepatitis C, and they found that those who were positive for

HIV and hepatitis C were primarily injection drug users. The groups who have a greater risk for HIV and HCV are people who inject drugs and have less access to sterile syringes in their communities.

Injection drug users are expected to have a lower life expectancy if infected with HIV and HCV. Injection drug users will not only suffer from blood-borne viruses but also suffer from death earlier than other individuals. Being infected with blood-borne viruses can increase risks for other diseases or viruses. Not only will rates of HIV and HCV keep rising within injection drug users, but they will also face a lower life expectancy than other individuals. According to Soriano et al. (1999), chronic hepatitis C develops faster among HIV positive individuals, leading to cirrhosis and chronic viral liver disease (CVLD) in a short period. Injection drug users are at risk of being infected with HIV if sharing needles, which puts them at high risk for HCV and other chronic diseases that can cause death. Chronic viral liver disease and HIV-infected are essential for hospital admission and death among drug users. There are so many consequences for limitations to clean needles for injection drug users; harm reduction programs do not just help them. Still, the community as a whole aims to lower HIV and HCV rates among the community.

### **Barriers to Service Delivery**

Many individuals are discouraged from walking into a pharmacy and trying to purchase a clean syringe. Once the pharmacists ask them for a prescription and do not have one, they criticize them. The stigma attached to selling syringes without a prescription is very unfavorable for injection drug users (IDUs) and harm reduction. As the sharing of needles is a very alarming public health concern due to blood-borne transmission, we want IDUs to purchase or have access to clean syringes to reduce the spread of blood-borne viruses like HCV and HIV. The impact of stigma on syringe access is very crucial for this public health concern, "They described being

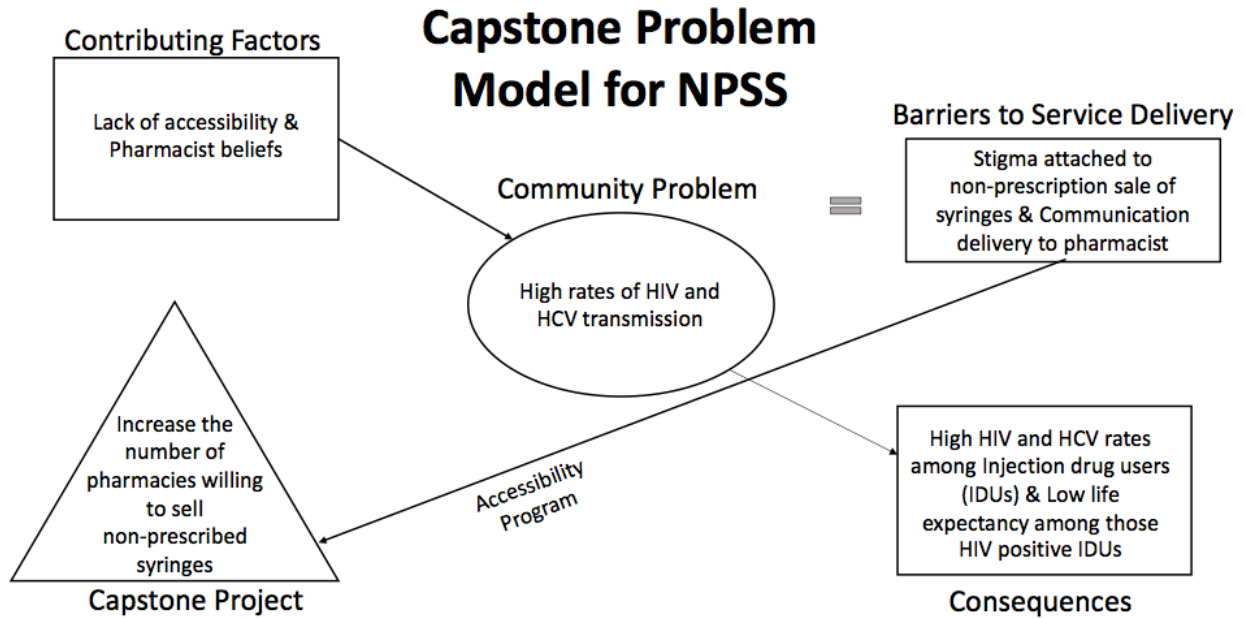


denied syringe purchase as stigmatizing and embarrassing, and these experiences discouraged them from attempting to purchase syringes under the new pharmacy access law" (Paquette et al. 2018). Stigma is a substantial contributing factor to why people who inject drugs share needles, and this needs to be minimized to reduce adverse effects among injection drug users.

Pharmacists have the authority and decision whether or not to sell non-prescription syringes and to whom to sell syringes too. There may be times where pharmacists sell to all buyers, but then there might be times if the purchaser demonstrates visual signs of IDU, they might refuse the NPSS to the individuals who need it the most.

There will also be a communication barrier between pharmacists and myself. Typically, when you first meet someone, your first impression of them is when you first see them and see their facial expressions. Due to the COVID-19, I will not see the pharmacist's nonverbal terms when asking them the questions. I will have to communicate with pharmacists now. I'll indeed affect how credible I will seem to them. Many pharmacies are cautious with who they share this information with, and if I say I intern for the Health Department, they might need proof to give me information for the questions asked. I will need to communicate via email and phone calls, where it may take quite a while to get a response. I have little to no control over the phone because I will not get their attention when they are busy. After all, they have to want to pick up the phone for them to communicate with me.

**Problem Model**



**Capstone Project Description and Justification**

**Capstone Project**

My capstone project was to choose twenty different pharmacies around Monterey County to develop a five-question survey to understand better if they do or do not sell syringes without a prescription. This capstone will inform pharmacies around Monterey County about the legalization of the sale of syringes without a prescription and let me know which pharmacies I can tell about the importance of non-prescription sale of syringes in Monterey County. This will not only benefit injection drug users but, hopefully, pharmacists who do not want to participate in the NPSS by informing them of what is required to start selling non-prescription syringes in their pharmacy. I will work with my mentor to develop five survey questions to ask pharmacists

and choose twenty pharmacies around Monterey County. My capstone project will expand access to NPSS by structured telephone interviews, emails, and data collected from twenty pharmacies from Monterey, North Monterey County, Salinas, and South Monterey County.

### **Project Purpose**

My capstone will address one of the contributing factors: the lack of access to the pharmacies who sell syringes without a prescription in Monterey County. According to the California Department of Public Health (CDPH) Office of AIDS (2014), local health departments are not required to keep an ongoing list of pharmacies that sell non-prescribed syringes. So, there is no local data on how many pharmacies provide NPS in Monterey County. I will be choosing twenty pharmacies around Monterey County and find out if they provide NPSS. If they do not, I will educate and inform them about the non-prescribed sale of syringes in our community. The purpose is to increase the amount pharmacies that provide NPS in Monterey County since we have many community members affected by homelessness/poverty, one of the most vulnerable communities to injecting drug use and might be sharing needles with others. The implementation of this project will increase the number of pharmacies to provide NPSS around Monterey County and hopefully decrease transmission of HIV and HCV among injection drug users in our community. As mentioned by the Centers for Disease Control and Prevention (2016), injection drug users are at high risk of contracting blood-borne pathogens like HIV and HCV since the share of syringes is a direct transmission route for diseases. We want to combat that direct route of that direct transmission by this harm reduction capstone project. Just informing and educating some of our pharmacies on why they should provide NPSS in their pharmacy will lower the transmission risk through IDU.

**Project Justification**

I am focusing on the non-prescription sale of syringes among Monterey County pharmacies because harm reduction is significant among injection drug users. Many pharmacies are unaware or misinformed about the legalization of NPSS in our community. Pharmacies play a considerable role in reducing HIV and HCV transmission among IDUs. According to the Centers for Disease Control and Prevention (2016), there was a three-year-long study investigating the effect of legalization of syringes exchange programs in New York between 1990 and 2001 to find out that HIV prevalence went from 50% to 17% and HCV prevalence reduced from 80% to 59%. Harm reduction programs like syringe exchange and NPSS allow IDUs to purchase sterilized syringes and reduce sharing needles. There needs to be public education that encounters stereotypes about IDUs that diminishes their access to AIDS prevention services. This harm-reduction capstone project will allow me to build a list of pharmacies that provide NPSS and give those who do not offer NPSS more information, so they reconsider.

**Project Implementation**

To implement my project, I have done sufficient research about the non-prescription sale of syringes in California. I have met with my mentor Evelyn to discuss my capstone project and got it approved by her. After getting the approval, I have talked to her about the five survey questions and located twenty different pharmacies in Monterey County to interview. We located eleven around the Monterey area, five across Salinas, and three in South Monterey County. I will be going into these different pharmacies and asking them our survey questions, and the outcomes are unforeseen since this data is not required to be measured by local Health Departments.

The main participants in this project are my mentor, around twenty pharmacists around Monterey County, and myself. My mentor, Evelyn Alvarez, will provide me with educational resources to gain more knowledge on the NPSS in California, pick which pharmacies to interview, and approve my survey questions. The pharmacist will need to confide in me, give me answers to my questions, and be open-minded to receive more information about NPSS in their pharmacy. I will need to develop five survey questions, choose different pharmacies from Monterey County to interview, and look for informational resources to provide to pharmacies who do not offer NPSS. Through structured brief interviews and emailed information on NPSS, I will communicate with pharmacists to collect my data. With this pre-survey, I will see out of the twenty pharmacies interviewed in Monterey County, what percentage of them provide NPSS, and then try to educate and inform those who do not offer NPSS in their pharmacy. I will only follow up with the pharmacies who do not provide non-prescription sale of syringes to increase the number of pharmacies that provide needles without a prescription in Monterey County.

### **Assessment Plan**

I plan to measure effectiveness by looking at how many pharmacies around Monterey County I will be interviewing make non-prescription sales of syringes. I will do this by visiting the twenty pharmacies I have chosen around Monterey County and asking them the five survey questions to see the result if they do or do not sell syringes without a prescription. The five survey questions are: Does your pharmacy sell syringes without a prescription?; What is your safe disposal of sharp structures, if any?; What is the cost of the hypodermic needle?; Does your pharmacy take back customer needles?; Would you like more information regarding the non-precision sale of syringes? This will then show me how many pharmacies participate in the non-prescription sale of syringes (NPSS). Now that I find out how many pharmacies participate in

the NPSS, I will try to inform those who do not participate and sell syringes without a prescription. Overdose and drug use are a very stigmatized topic, but it shouldn't be because it affects our most vulnerable community members. They should have access to these services to reduce their chance of contracting blood-borne pathogens from needle sharing. This will hopefully reduce the spread of HIV and HCV in Monterey County.

### **Expected Outcomes**

Implementing my project will increase the non-prescription sale of syringes among the twenty pharmacies participating in my survey by 15% for those who did not participate in the NPSS in Monterey County. I hope my project will inform pharmacists who do not sell non-prescription syringes to injection drug users to help with this public health problem in reducing HIV and HCV transmission with this act. I want injection drug users to have a reliable and accessible place to purchase sterile syringes and dispose of their used needles.

### **Project Results**

The outcome measures used to assess my project's progress towards achieving the outcome were having an excel spreadsheet with a list of the different pharmacies I surveyed with each of their responses. I made sure to group each pharmacy depending on Monterey County's location, like South County, North County, Salinas, and Monterey. I tried to call all the pharmacies that responded "no" to selling syringes without a prescription and educate them on the non-prescription sale of syringes so they would reconsider and start selling needles. Thirteen out of nineteen pharmacies surveyed sold syringes without a prescription, and six of those did not. Fifteen of the nineteen pharmacies did have a sharps container to dispose of the used syringes. Unfortunately, my capstone project did not achieve the expected outcome due to some communication barriers due to coronavirus pandemics. In February, when I conducted these

surveys and physically visited each pharmacy and talked to a pharmacist in person, it was tough to have some of them speak to me and have time to listen to what I had to say briefly. Some of the pharmacists were very unconcerned with the information I had to provide, which made it very difficult. With the pandemic, I could not visit those pharmacies that did not participate in the non-prescription sale of syringes, which faced several barriers. I would call pharmacies and be on hold for over ten minutes, and others would keep ringing for five minutes straight with no one picking up. I was successfully able to interact with two pharmacists from two out of the six pharmacies. One of them let me provide the information over the phone and asked me some questions to be reassured of what they were legally able to provide. The other pharmacist did not let me talk to them over the phone since they were occupied more than usual. Hence, they provided me with their email. This was a step forward with this pharmacy because this particular one did not want to answer any of my survey questions back in February. At least providing me with an email where I can provide them with information is a step towards the correct path and build that network. I could not successfully change a "no" from these pharmacies that do not sell syringes without a prescription but interacting with them and informing them was a step closer to that.

### **Conclusion & Recommendations**

What I have learned from my project results is that some pharmacists are hesitant about selling syringes without a prescription because they are misinformed or uninformed in general. Most pharmacists who said they did not sell syringes without prescription at that pharmacy mentioned, "no, that is a legal issue" or something within those lines. That made me understand that they genuinely were uninformed of the California Assembly Bill 1743, which refers to individuals 18 and older who may purchase needles and syringes for personal use from a

pharmacy, health care provider, or syringe exchange programs (California Legislative Information, 2014). This allows licensed pharmacists to sell hypodermic needles and syringes to individuals 18 and older to reduce transmission of HIV and hepatitis C. This shows that this project can be successful if there is a longer time frame to inform and keep in touch with the pharmacists. It felt like a fair amount of those pharmacists that mentioned that they did not sell syringes without a prescription were interested and shocked. I informed them that it was legal to sell syringes without a prescription for personal use to reduce the spread of HIV, hepatitis C, and other blood-borne diseases. Due to the pandemic, we are facing; many barriers that made this project unsuccessful; I can assure you that there was face-to-face interaction between the pharmacists. When I first conducted the survey questions, they would have had more time to speak to me and get something started, so they would be able to sell syringes without a prescription. I suggest having a direct face to face interaction with the pharmacist would make this project successful. Since COVID-19, they are busy and do not have time to answer questions over the phone, nor through email, it isn't a priority for them right now, which is reasonable.

I suggest hosting a webinar and inviting those pharmacists who didn't sell syringes without a prescription and see how many of them showed up and give them all the knowledge and resources they needed to initiate that in their pharmacies. Having them all together and hearing someone speak about why this is so important in our county may change their minds. Even if it is interacting with them over a screen, I believe it would still be successful. This would inform and educate them on the California Law (AB 1743) that permits licensed pharmacists and physicians to sell syringes without a prescription to individuals over 18 in the state of CA. I would also include the Monterey County HIV rates by demographics & populations at higher risk, so they know the importance of access to sterile needles for injection drug users. As well as



making this information available to other programs that may serve injection drug users, so they are aware of what pharmacies they are able to purchase syringes without a prescription

### **Personal Reflection**

Before surveying different pharmacies, I walked into the first pharmacy thinking all pharmacists knew it was legal to sell syringes without a prescription to those 18 years or older. But when I walked into the second one, I realized I was wrong. I learned that not only may the pharmacist not know about Assembly Bill 1743, which gives pharmacists a choice to sell syringes to adults without a prescription in the state of California. This then made me think about our community members who might have no idea these services exist. I was unaware of the sale of syringes without a prescription in California until I researched and informed myself. Suppose community members and mostly those most affected, like injection drug users themselves, are unaware of syringes' non-prescription sales. In that case, this can be why there may be high rates of HIV/AIDS, hepatitis C, and other blood-borne diseases in our community. My capstone project still contributed to the agency. As I was doing research, I learned that local health departments must not know which pharmacies sell syringes without a prescription. Our local health department will still know of twenty pharmacies around Monterey County that do not sell syringes without a prescription. Hopefully, this list can expand once the pandemic is over. It can be continued to inform those who do not decide not to sell syringes without a prescription why it is so important to do so in our community.

The strengths in the methods used that made my capstone project's findings very helpful and resourceful for future use are the variety of questions and critical questions to know from each pharmacy. My mentor and I worked together to make sure we had a brief but informative survey. I asked each pharmacy their safe disposal of sharp structures and asked if they would

take back their customers' needles. Even though all of the surveyed did not bring back customer needles, some mentioned where they send their customers to dispose of their needles. It was helpful to have had the opportunity to visit each of these pharmacies in person before the pandemic started. This face to face interaction pressured the pharmacists to speak to me and give me a moment of their time. I decided to choose the pharmacies to survey also very successfully because we can see the difference between the pharmacies located in Salinas and Monterey and South Monterey County as they serve a diverse population of our community. I interviewed eleven pharmacies in Monterey in which four of those did not sell syringes without a prescription. I interviewed three in South County, and all three of them sold syringes without a prescription. Out of the five pharmacies I surveyed in Salinas, only two did not sell syringes without a prescription. I think this is important to know and see the difference between pharmacists who are willing to sell syringes without a prescription and where they are located and who are more hesitant and try to understand why.

There were many challenges I faced during some activities in my project. When I first started to go out and survey pharmacies, I did not know what to expect. I had many pharmacists be very impolite and obstinate. When I said what I was there for and mentioned, I was an intern with the Monterey County Health Department, they were two pharmacists that did not want to speak to me and were very impolite. Unfortunately, one of them was my very first pharmacy. I decided to interview at Walmart. The pharmacist made me wait a couple of minutes and asked to see my badge to take a copy of it for future reference if any legal issues occurred, then she mentioned she would not be able to answer anything. I was able to ask her the first questions and reminded her this is to collect data for our personal use as they were general questions. She then impolitely answered the questions. The second challenge encountered was in the Costco

pharmacy. Right when I said, "Hi I am Ruby, an intern from the Monterey County Health Department. I am asking pharmacists about the non-prescription sale of syringes..." she rudely cut me off. she then walked away to grab a sticky note. She wrote down a number then said, "I am not going to answer anything. Call our legal office they will answer any questions." I felt so overwhelmed at this point, I remember calling my mentor and mentioning it to her, and she reassured me that it was customary to get that kind of reaction when they hear where we are coming from since many think we are there for other reasons. I made sure not to get discouraged and tried to be more confident and knowledgeable about what I was going to say. One of the biggest challenges in my project due to the pandemic was the communication methods I had when contacting the pharmacies these past months. As I am working from home, I was unable to go out and try to inform pharmacists on why it is crucial to implement the non-prescription sale of syringes, why it is legal in the state of California, what some of the requirements are. Instead, I had to initially contact them via phone, which took more than expected. During this pandemic, they are pretty busy with other things, so they could not answer the calls, some calls did not go through, and those who went through didn't have time. Once I came in contact with two pharmacists, I was able to get their emails to send them some information and keep in touch with them to try to initiate some implementation of the sale of syringes. But there would be no reply when I tried to call back; one of them answered, and I quickly told him some critical facts on the importance and what the requirements were, but all I got was "Thank you for informing me, I was unaware of that" but no advancement just yet. If we work with them with a more oversized time frame, we can slowly implement the non-prescription sale of syringes in those pharmacies in which they responded no to selling them.

My capstone project was developed to ensure that individuals in our community who are at high risk of contracting HIV or hepatitis C have access to the supplies they need to avoid being infected or being a source of transmission. This project may not have had the turn out I hoped for, but it still initiated a project that can be continued by someone else. Having the data, I collected from these nineteen pharmacies, we have thirteen of those sale syringes without a prescription, and this data was not collected before. Now that this information has been collected, someone should use it to make sure injection drug users know where they can buy sterile needles without a prescription. Someone can make sure to follow up with those who do not participate in the sale of syringes without a prescription and work with them to implement this to benefit those at high risk. Making sure this information is available to other programs may help injection drug users or those in poverty.

When working on this kind of harm reduction project, my advice would be to inform yourself of the pharmacist's requirement to follow to sell syringes without prescription and know the reason behind this Bill. Advocate for the implementation right when they say they do not take part in NPSS and not wait like I did to follow up with them since you do not know what will occur. Develop a plan to follow through until you reach your goal. While interning in the Monterey County Health Department - HIV Prevention Program or any program within the health department, make sure to start networking right away. I wish I would have networked much more the day I was each week during my first semester there. I got to miss out on a lot during my second and last semester there since I could not visit the office. Do not be afraid to ask for help or get out of your comfort zone. It may be terrifying, but after you take the challenge, you will feel accomplished. I stepped out of my comfort zone, and I have learned so

much about myself and the program. This is how I knew I was on the right career path; this is where you need to explore to make sure you like the work you can be doing after graduation.

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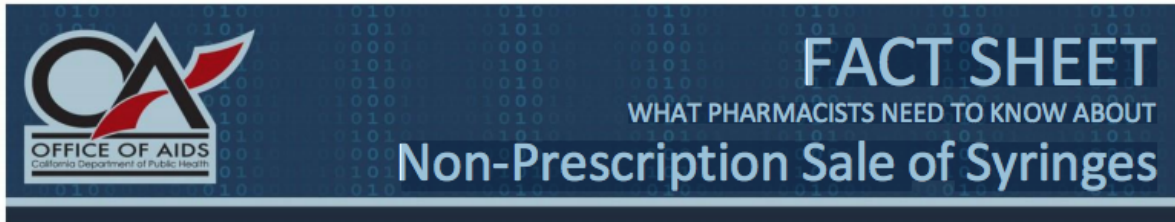
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**Appendix**

Pharmacy: Date:
<ol style="list-style-type: none"><li>1. Does your pharmacy sell syringes without a prescription?</li><li>2. What is your safe disposal of sharp structures, if any?</li><li>3. What is the cost for the hypodermic needle?</li><li>4. Does your pharmacy take back customers' needles?</li><li>5. Would you like more information regarding the sale of non-prescription syringes for pharmacies?</li></ol>

Pharmacy: Date:
<ol style="list-style-type: none"><li>1. Does your pharmacy sell syringes without a prescription?</li><li>2. What is your safe disposal of sharp structures, if any?</li><li>3. What is the cost for the hypodermic needle?</li><li>4. Does your pharmacy take back customers' needles?</li><li>5. Would you like more information regarding the sale of non-prescription syringes for pharmacies?</li></ol>





January, 2017

California Department of Public Health (CDPH) Office of AIDS data indicate that of the reported 126,241 people living with HIV/AIDS in California in 2014, approximately 14 percent reported a history of injection drug use. The CDPH Office of Viral Hepatitis estimates that at least 60 percent of hepatitis C virus (HCV) infections in the state are associated with injection drug use. Lack of access to new, sterile injection equipment is one of the primary risk factors that may lead to sharing of hypodermic needles and syringes, which puts people who inject drugs at high risk for HIV and HCV, as well as for hepatitis B infection.

#### **Key Provisions of California Law**

Under legislation effective January 1, 2015, licensed pharmacists have the discretion to sell hypodermic needles and syringes to adults age 18 and older without a prescription in order to reduce the spread of HIV, hepatitis C and other blood-borne diseases. There is no longer any limit on the number of needles and syringes that may be sold to a customer.

Adults age 18 and older may possess needles and syringes for personal use if acquired from a pharmacy, physician or authorized syringe exchange program. There is no longer any limit on the number that an adult may purchase and possess. These changes to California law were made by Assembly Bill 1743 (Ting, Chapter 331, Statutes of 2014).

Pharmacies that sell syringes without a prescription must:

- Provide for the safe disposal of needles and syringes by choosing one or more of the following options: selling or furnishing sharps containers or mail-back sharps containers, and/or providing on-site sharps collection and disposal;
- Provide written information or verbal counseling to customers at the time of sale on how to access drug treatment, access testing and treatment for HIV and HCV, and information about how to safely dispose of sharps waste; and
- Store needles and syringes in a manner that ensures that they are not accessible to unauthorized persons.

A *Patient Information Sheet* developed by CDPH/Office of AIDS and available for download on the Office of AIDS website covers the information above and can be provided to pharmacy customers.

More information and resources are available at the California Department of Public Health, Office of AIDS website.