

## **Perceptions on Sale of Needles and Syringes by Pharmacies in Kelowna**

### **Introduction**

Hepatitis C is a blood borne viral disease transmitted through blood. Sharing of needles and usage of contaminated needles and syringes is the major mode of transmission for this disease. While HIV/AIDS and Hepatitis C are frequently associated with injection drug use, many other diseases can result from using or sharing contaminated needles and syringes. These include Hepatitis B, Tuberculosis, syphilis etc.

HIV/AIDS and HCV are frequently associated with injection drug use. It is estimated that 70% of new HCV infections in Canada each year are related to sharing needles, syringes, swabs etc. For this reason people who inject drugs are a key group, and central to the persistence of HCV in Canada.

Studies show that British Columbia has high rates of injection drug use. A recent study undertaken by the Canadian HIV/AIDS Legal Network shows that in Vancouver's Downtown Eastside, where drug use is rampant, 88% of intravenous drug users tested positive to HCV. (Vancouver Drug Epidemiology and Drug Crime Statistics 2000) Also, in BC, since 1990, serological testing has identified approximately 26,000 HCV positive individuals. The extent of HCV in BC can thus be gauged.

The current legal status about the distribution of syringes and needles for non-medical purposes is, to some extent, unclear. According to the Canadian HIV/AIDS legal Network (2002), in Canada, needles are produced and sold for medical purposes and thus qualify as 'devices' under the Food and Drugs Act (FDA). However, the Controlled Drugs and Substance Act (CDSA) of Canada prohibits the promotion or sale (including free distribution) of 'instruments for illicit drug use' which is defined as anything "intended under the circumstances" for ingesting illegal substances.

One of the major consequences to such a prohibitionist policy is that it encourages users to inject quickly, out of fear of police apprehension. The ongoing outreach project of the AIDS Resource Centre, called PERSON (Prevention Education Reaching Street-level Okanagan Now) project, aimed at reducing harm associated with intravenous drug use also supports this finding.

However, there are some positive trends. There is enough evidence that the Canadian Drug strategy is shifting toward a harm-reduction philosophy. Under the 'Harm Reduction' strategy<sup>1</sup>, Canada's Drug Strategy (CDS) endorses needle exchange,

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<sup>1</sup> There is a lack of consensus of the definition of the term 'Harm Reduction' (Health Canada, 2002). Broadly speaking, harm reduction is a pragmatic philosophy, which recognizes that the risks to social and public health should be reduced by whatever means possible (Centre for Harm Reduction, Australia). In

methadone maintenance treatment and other drug treatment options, outreach and education programs and the enforcement of laws pertaining to the use of illegal drugs. Needle exchange programs are an important strategy in a harm reduction approach to injection drug use. The philosophy underlying needle exchange programs is that if injection drug users are provided with sterile syringes and other drug sharing equipment as well as proper information on safe use and disposal, there is a decrease in the transmission of blood borne disease such as HCV and HIV. (Canadian Strategy on HIV/AIDS, 2002). Canada also recommends that Hepatitis C preventive programs should adhere to the harm reduction model as a health promotion strategy.

The harm reduction strategy in Canada also promotes, sale of needles and syringes by pharmacies for non-medical use. Studies undertaken in the United States (Drug Policy Alliance, 2001) show that one of the advantages of needle distribution and sale by pharmacies is that pharmacy sale of syringes and needles reach IDUs (Intravenous drug users) especially in areas where there are no or minimal needle exchange programs.

### **To Sell or not to Sell: The Moral Dilemma**

However, the sale and distribution of needles and syringes by pharmacies is a complex issue, surrounded by moral and ethical dilemmas. According to the Canadian HIV/AIDS Legal Network, although it is legal in Canada to distribute or sell sterile syringes to injection drug users, in many places, pharmacists continue to be reluctant to sell syringes (and needles) for non-medical use. (Canadian HIV/AIDS Legal Network, 2002) According to the Canadian Harm Reduction Network (CHRN), there are no clear national policies or regulations that set down laws regarding sale of needles and syringes for non-medical use. In most cases, it depends upon the pharmacists or in some cases, the stores or the chain or stores. According to CHRN, in Ontario, the College of Pharmacists, supports the sale of syringes to people who need them for injecting drugs.

In BC, according to the College of Pharmacists, pharmacists may distribute needles and syringes for non-medical uses if they wish to do so. There are no clear guidelines although some pharmacies may have store policies that clarify their expectations. A review of the Framework of Professional Practice (FPP), which is the regulatory policy document for pharmacists in BC, does not explain details regarding sale of non-prescriptive pharmaceutical products such as needles and syringes. The rules only prescribe that a) Packaging and labeling meet professional standards and b) quantities are appropriate to intended use and expected duration of therapy (College of Pharmacists of British Columbia, Framework of Professional Practice, 2000).

At the same time, the College of Pharmacists of British Columbia acknowledge that some pharmacists have a moral objection to provide certain recognized pharmacy services.

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regard to drugs, harm reduction is “a pragmatic approach that focuses on decreasing the negative consequences of drug use for communities and individuals” (Canadian HIV/AIDS Legal Network, 2002). For more on this issue see <http://www.ccsa.ca/docs/harmred.htm>.

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This includes provision of contraceptives, syringes and needles for drug addicts, emergency contraception, medications for terminal sedation etc.

“Ethical distress occurs when pharmacists experience the imposition of practices that provoke feelings of guilt, concern or distaste. Such feelings may occur when pharmacists are ethically obliged to provide particular types of pharmacy care despite their personal disagreement or discomfort with the course of treatment prescribed. For example, the sale of injection devices for non-medical use has been shown to reduce the HIV infection rate, but a pharmacist may hold a personal belief against facilitating the use of illicit drugs” (Code of Ethics, College of Pharmacies, BC)

## Objectives of the Survey

The HIPPO project has been attempting to understand the role of various stakeholders in the prevention and management of HCV. As stated above, one important stakeholder, identified by the project, are pharmacists in their role as providers of needles and syringes as also health promotion to clients. The present study aims to gauge the role of pharmacists in regard to selling of needles to clients for intravenous drug use and their role in providing information on management of HCV including providing community referrals.

The survey undertaken, attempted to address the following:

1. Is there a Canadian National or Provincial policy regarding sale and distribution of needles and syringes o for injection drug use?
2. Do pharmacies provide information regarding safe use and disposal of needles?
3. Is any information provided by the pharmacy regarding Hepatitis C?
4. Do pharmacies perceive a need to provide information on safe use and disposal of needles and syringes?
5. Would pharmacists be interested to attend workshops and seminars regarding HCV?

## Methodology

This survey has applied a ‘quick and dirty’ collection and collation of data and information. As the objective of the survey was to gauge highlighting trends in certain harm reduction practices, that could prove useful for the HIPPO program, the respondent list was short. The survey undertook a telephone interview of major pharmacies in Kelowna. It should be noted that there is a need to undertake a more detailed survey and analysis on the issue.

## **Findings of the Survey**

### Policy regarding sale of needles and syringes

Most of the pharmacies stated that there is a store policy regarding selling of needles and syringes. The policy allows for selling of needles to clients for various uses, other than for diabetic clients. A few pharmacies explained that sale of needles and syringes are governed by the rules and regulations of the College of Pharmacy and not the store. In practice however, it seems that the sale needles and syringes (which comes under non-prescriptive medical product) depends wholly on the individual pharmacists. One drug store stated that there is no store policy and that selling of needles either depends on pharmacists or is limited to selling needles and syringes to diabetics only. Also, it is not clear as to what criteria are used by pharmacists when sell needles and syringes to a client.

The survey gauged that most pharmacy stores sell needles to clients, regardless of the use. It also seems that although some pharmacies spoke of adhering to a store policy, in actuality, pharmacies are governed by the provincial College of Pharmacy rules and regulations. As stated in the previous section, it is not clear whether the BC College of Pharmacy lays down clear guidelines regarding sale of syringes and needles for non-medical use. Also, as the research shows, in some pharmacies, selling of needles is dependent wholly upon the individual pharmacist. In others, needles are only sold to diabetic clients. Although the Canadian HIV/AIDS Legal Network states that it is legal in Canada to give or sell sterile syringes to injection drug users, this research gauged that there is no clear government policy that ensures that selling of needles be made mandatory in all pharmacies.

At a more wider level, the issue of “harm reduction and IDU poses several legal and policy dilemmas” (Health Canada, 2001). As stated in the earlier section, the legal status regarding distribution and sale of needles in Canada is ambiguous. Technically, needle exchange could be construed as falling under CDSA (Controlled Drugs and Substance Act). However, despite this prohibition order in place, there have been no prosecutions under CDSA. According to the Ministry of Health Planning, it has never been Health Canada’s intention to inhibit or interfere with programs aimed at curbing the spread of blood borne pathogens (correspondence with Provincial Health Officer, Ministry of Health Planning, 2002). However, as reported by the HIV/AIDS Legal Network (2002) and other reports (Livingston, undated), the prohibition approach leads to fear of persecution and apprehension in the community.

Health Canada has identified the need to address some of the obstacles to harm reduction posed by current legal and policy framework (Health Canada 2001). In 2000, a special Senate was established to examine Canada’s policies and legislation on drugs. The report is yet to be released.

Information on needles use and disposal

Out of the seven pharmacies contacted, only two stated that they provide information on safe needle use and disposal while selling needles and syringes to clients. However, they explained that, information regarding safe needle use and disposal was only provided when clients requested that information. The survey shows, that other than the information available on the box, no separate literature or brochures on use and disposal of syringes and other material are provided to the client.

In Kelowna, the outreach clinic addresses the issue of syringe/needle disposal by having sharps disposal containers outside the premises of the clinic. The PERSON project (undertaken by the AIDS Resource Centre) also addresses needle disposal through outreach workers, who distribute needles as well as making clients aware of correct needle/syringe disposal.

Information on Hepatitis C

None of the pharmacies contacted provide any information or distribute literature on Hepatitis C. Also, referrals to various community agencies are not made to clients. The British Columbia Framework of Professional Practice (BCFPP) clearly states the need for pharmacists to refer clients to other services. Also, that these referrals are timely and accurate and reflect available and responsive services of the community.

Need for such information dissemination

Three out the seven pharmacies contacted expressed a need to provide more information to clients on various issues including Hepatitis C as well as safe needle and syringe disposal.

Interest in participating in workshops and seminars

Most of the pharmacies contacted expressed an interest to participate in workshops and seminars or to receive information pertaining to harm reduction issues, Hepatitis C management etc. One pharmacy informed that a few clients of theirs wanted more information about new drugs relating to HCV. Another pharmacy did express an interest but stated that they would need to get approval from their head office.

The survey results clearly reflect that there is an expressed need by pharmacies to be involved in various ways in providing information on needle use and disposal and various issues on HCV management.

Need for lobbying with government and other agencies

According to the BC College of Pharmacists, the promotion of wide scale distribution and selling of needles and syringes, without creating effective disposal programs, is

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fraught with dangers of upsetting public sensitivity. There is a need to allow for voluntary compliance to a policy rather than forcing it upon the community.

The PERSON project at ARC has been attempting to create awareness especially regarding disposal of syringes and needles. The project is working closely with the City Council to implement wide scale promotion of harm reduction in the use and disposal of needles and syringes/sharps.

## References

1. Vancouver Drug Epidemiology and Drug Crime Statistics, 2000
2. Canadian HIV/AIDS Legal Network, 2002
3. Discussions with AIDS Resource Centre's staff
4. Canadian Strategy on HIV/AIDS, 2002
5. College of Pharmacists of British Columbia, Framework of Professional Practice, 2002.
6. Health Canada Report, 2002
7. Correspondence with Perry Kendal, Provincial Health Officer, Ministry of Health Planning, 2002.
8. Health Canada Report, 2001