

Pharmacy needle and syringe survey 2006

Hepatitis C risk and access to sterile injecting equipment in pharmacies in south-east Sydney

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Introduction

In New South Wales most of what is known about the drug use and injecting risk practices of people who inject drugs comes from data collected largely from clients of stand-alone primary needle and syringe programs (NSPs) (NCHECR, 2007; O'Brien et al., 2007). These data are collected regularly as part of annual surveillance systems. However, about a quarter of the needles and syringes distributed annually in New South Wales are distributed through community-based pharmacies, and information about people who obtain equipment primarily from pharmacies is scarce and not included in surveillance systems. This project collected information from people obtaining sterile needles and syringes (in sealable containers holding three to 10 units) from community-based pharmacies in the south-east Sydney region. It used quantitative and qualitative methods to:

- map the demographic and risk profiles of people who obtained equipment from pharmacies
- describe their patterns of access to injecting equipment
- explore the choices people have when sourcing injecting equipment and how these are shaped by personal, spatial, structural and institutional contexts.

Eight pharmacies, accounting for 75% of the distribution of sterile needles and syringes in the south-east Sydney area, took part in the study. Survey data were collected over a three-week period in November 2006. Pharmacy staff distributed a two-page, self-complete survey to each person buying or exchanging needles and syringes at the pharmacy. Survey respondents were given AUD\$10 upon return of their survey to the pharmacy. Qualitative interview data were collected from August to November 2006. Three of the participating pharmacies were engaged to recruit participants for in-depth interviews. Interviewees responded to flyers and posters placed in pharmacies and were given AUD\$20 to cover costs.

Key findings

- Among pharmacy clients, heroin was the most frequently reported drug most recently injected (by 38%), followed by amphetamine/methamphetamine (21%) and cocaine (11%).
- Pharmacy clients reported a high prevalence of injecting in public (47%), possibly because pharmacy clients more commonly reside in suburban areas and do not have access to indoor injecting premises like the Medically Supervised Injecting Centre or commercial 'shooting' rooms.
- Pharmacy clients reported a high prevalence of injecting practices that were a risk for the transmission of hepatitis C. Almost a third (31%) reported that, in the month prior to the survey, they had used a needle and syringe that had already been used by someone else and 62% reported that they had shared or reused other injecting equipment and materials (spoons, filters, tourniquets, water and drug solution).
- Of pharmacy clients who had been tested for hepatitis C, 45% reported being hepatitis C positive.
- Many pharmacy clients (60%) had also visited a needle and syringe program (NSP) in the month prior to the survey to obtain sterile needles and syringes. Exclusive use of pharmacies as a source of sterile needles and syringes was more common among those who resided in suburban areas, highlighting the important role that pharmacies play in supplying sterile injecting equipment to drug users in suburban parts of the city.

continued overleaf

Key findings (continued)

- Pharmacy clients reported that one advantage of accessing injecting equipment from a pharmacy, rather than an NSP, was that they could avoid interactions with others who injected, which they believed tended to reduce their drug use.
- The costs associated with buying sterile injecting equipment, including ancillaries such as water, swabs and tourniquets, from a pharmacy reportedly increased the likelihood that people would be tempted to share equipment.
- 'Secondary' or 'satellite' exchange was a common alternate source of sterile needles and syringes, with over half of pharmacy clients reporting that they had redistributed sterile needles and syringes to others and/or received needles and syringes from others in their personal networks.
- A common motivation for secondary exchange was health-related altruism; some pharmacy clients maintained a ready supply of injecting equipment to reduce the likelihood that others might share and reuse needles and syringes.
- Secondary exchange sometimes occurred within regular relationships in an effort to maintain confidentiality about illicit drug use.

In total, 330 surveys were distributed during the study period and 255 were returned (response rate = 77.3%). Survey data were checked for multiple responses and validation rules were applied to remove irregular and inconsistent cases, leaving 229 valid surveys. In addition, 15 semi-structured, in-depth interviews were conducted. Each interview lasted for between 20 and 50 minutes. The interview schedule enquired into the circumstances surrounding participants' accessing of injecting equipment, their patterns of access to equipment and their access to harm reduction information, for example on how to reduce the risk of transmission of hepatitis C and HIV.

Demographic characteristics

Pharmacy clients in this survey were aged, on average, 35 years (range 18 to 58 years). Two-thirds (66%) were male and most (81%) identified as heterosexual. Almost a third (30%) reported being employed either full or part time, a third (32%) reported being unemployed and 23% reported being on a pension or the dole. The majority (45%) of pharmacy clients reported living with a partner (with or without children), a third (34%) reported living with parents or other relatives and a small proportion (12%) lived with friends or flatmates. A considerable proportion (43%) of pharmacy clients resided in the suburban areas of south-east Sydney (more than three kilometres from the city centre).

Drug use

On average, pharmacy clients reported that they were 20 years old the first time they injected a drug (range 10 to 48 years) and that they had been injecting for about 15 years (range 1 to 39 years). The drug most recently injected by pharmacy clients was most commonly heroin (38%), followed by amphetamine (14%) and cocaine (11%) (see Table 1).

Table 1: Drug most recently injected by pharmacy clients (n = 229)

	%
Heroin	38
Amphetamine/Methamphetamine	21
Combination ¹	12
Cocaine	11
Methadone	6
Speedball ²	6
Other	5
Not reported	1

¹'Combination' refers to combinations of heroin and amphetamine, heroin and methamphetamine or two or more other drugs injected at the same time.

²'Speedball' refers to heroin and cocaine injected at the same time.

The majority (60%) of pharmacy clients reported having injected daily or more frequently in the previous month, with the remainder reporting that they injected more often than weekly but not daily (20%), or less frequently than weekly (18%). Almost half (47%) of pharmacy clients said they had



injected in a public place, such as a street, park, beach, car or public toilet, in the previous month. The high prevalence of public injecting may be related to the high proportion of suburban drug users in the pharmacy sample. People living in suburban areas of south-east Sydney have less access to indoor injecting premises like the Medically Supervised Injecting Centre or the commercial 'shooting' rooms that exist in the inner city. Over a third (37%) of pharmacy clients reported that they had never received treatment for their drug use.

Sources of sterile needles and syringes: pharmacies and NSPs

While all survey respondents had visited a pharmacy in the previous month to collect sterile injecting equipment, the majority (60%) had also visited an NSP, suggesting that people took advantage of the variety of sources of injecting equipment available in south-east Sydney. A third (35%) reported having used pharmacies exclusively in the previous month. Exclusive use of pharmacies was more common among those living in suburban areas, with 50% of those living in suburban south-east Sydney reporting having used pharmacies exclusively in the previous month, compared with only 27% of those living in the inner city ($\chi^2 = 11.38$, 1df, $p = .001$). This shows the important role that pharmacies play in providing sterile needles and syringes to suburban drug users. The frequency of visits to pharmacies was high among pharmacy clients; 36% said that they visited a pharmacy twice per week or more often and another 46% said that they had done so between one and five times in the previous month.

Access to pharmacies and NSPs: the advantage of attending a pharmacy

Participants who were interviewed reported that there were several advantages in accessing equipment from pharmacies. Pharmacies were more common than NSPs and some pharmacies were open until late. Most participants had relatively easy access to a pharmacy whereas they did not have easy access to an NSP:

I go mainly to pharmacies. I sometimes go to NSPs but more because there's not a lot ... There wasn't much out [in the suburbs] and to get to the [NSP], it was quite a hike, whereas there was always a pharmacy on the way home. So it was easier to stop in there and go back to them as well ... Like I said, the main benefit with pharmacies is that they are easier to get to.

(Woman, 32)

Some participants reported that they preferred to access equipment from pharmacies than NSPs because they wanted to avoid the stigma of being seen with other people who injected. Indeed, some participants reported that they went to pharmacies to avoid other illicit drug users, particularly if they were trying to reduce their use or stay away from criminal activity. These participants preferred pharmacies for their relative anonymity and peacefulness:

I don't think I'm better than anyone else but I don't like to associate ... with all the riff-raff and you'll find more of them will go to a free exchange than a chemist. So I'd rather pay the 55 cents, or take the box back, whichever, you know? ... It varies from everything, you know: people chasing you for methadone, people chasing you for pills, just coppers ... if they're after someone in particular and they know they get dosed there, they tend to frequent there. They hang around and it's just a bit of a gauntlet in every respect ... You know, if you want to be in amongst it, get in amongst it; but if you don't, if you don't want to be confronted with it either.

(Woman, 39)

[L]ike, some people may be trying to get their lives together and control their use, cut it down or give up. By not going to needle exchanges and places like methadone clinics and usually around those areas where there's a high concentration of users, and probably hardened users, you may want to keep things to yourself and your confidentiality is an aid to getting clean because you're not being exposed to so many others ... Yes, I think the chemists are a lot better in that respect.

(Man, 46)

Risk for hepatitis C: sharing needles and other injecting equipment

More than a third (38%) of pharmacy clients reported that they had not used a new, sterile needle and syringe each time they had injected in the previous month. Using a new, sterile needle and syringe at each injection is important, especially when sharing drug solution with others. Hepatitis C can be transmitted through drug solution if one or more of those sharing the solution are reusing their own needles.

Almost a third (31%) of pharmacy clients reported having used a needle and syringe after someone else had already used it in the previous month (see Figure 1). Of these, a third had reused a needle and syringe after one other person, in 52% of these cases a sexual partner, and 11% had done so after more than five other people had used the needle.

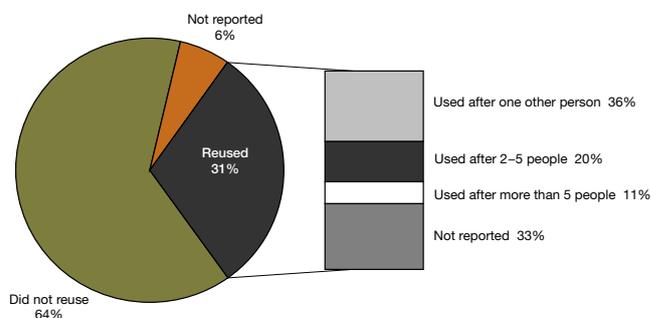
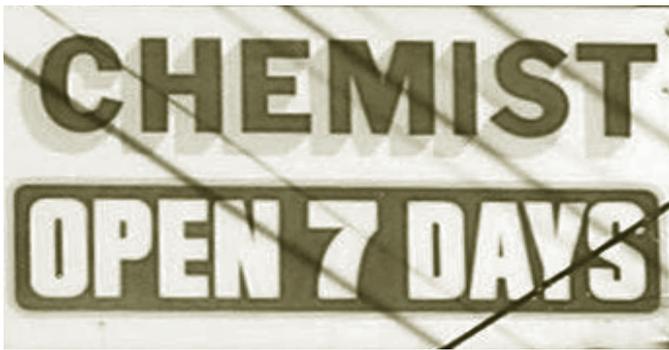


Figure 1: Proportion of pharmacy clients who reported having used a needle and syringe after one or more other people had already used it, in the month prior to the survey (n = 229)

Note: Values do not add to 100% as these categories are not mutually exclusive.



The reuse or sharing of ancillary injecting equipment and materials such as spoons, filters, tourniquets, water and drug solution was common among pharmacy clients, with almost two-thirds (62%) saying they had shared these items in the previous month. The most commonly shared pieces of equipment were spoons (46%), followed by filters (22%) and tourniquets (19%). The sharing of water (31%) and drug solution (16%) was also prevalent. The high prevalence of sharing ancillary equipment among pharmacy clients may be because these items have to be purchased from pharmacies, whereas sterile needles and syringes are available free of charge on exchange.

Cost of injecting equipment acquired from a pharmacy

There are many possible explanations for people's reuse and/or sharing of injecting equipment. During this study, several participants commented that when people are required to buy injecting equipment, including ancillaries such as water, swabs and tourniquets, the cost can significantly add to the risks associated with illicit drug use. The cost of equipment, the difficulties associated with accessing it, a lack of knowledge about the risks of injecting and the sociocontextual dynamics of drug dependence were all factors that reportedly encouraged the reuse and sharing of equipment, according to this participant:

It's not a lot of money but, for people who use drugs, four dollars can often be the difference between eating that day and not eating ... I have a lot of friends who are not so aware of [blood-borne viruses] and they'll reuse dirty needles, or other people's needles. I don't know if it's an ignorance thing or if they just don't care ... because most people will use and reuse them. That's a fact. When you're really, really sick and you've been running around all day getting in order, just chasing the drugs, a lot of times you just think, 'It's too far away. I'll just go and do it!' ... It's too late or they don't have the money to buy it.

(Man, 32)

The cost of equipment was also seen as a barrier to planned drug use. Participants reportedly could not afford to buy more equipment than they had to exchange. Therefore, at times, they did not have enough clean equipment if, for

example, some one had difficulty finding a vein and used several more needles than were originally planned:

[Cost]'s about the main problem, I reckon; that's what stops a lot of people from using from the chemist or getting extras from a chemist. Like, say, there might be five people going to use. If somebody gets a five-pack from the chemist but there's people in that group that won't be able to use very easily so they might need one, two or three, you know? So even it starts getting all fucked up there, you know. And that comes down to money when you go past the chemist.

(Man, 28)

Hepatitis C testing and status

Most pharmacy clients (89%) reported that they had been tested for hepatitis C at some point in their past (see Figure 2) and 63% reported that they had been tested within the previous 12 months. Of people who had ever been tested, almost half (45%) reported that they were hepatitis C positive (see Figure 2).

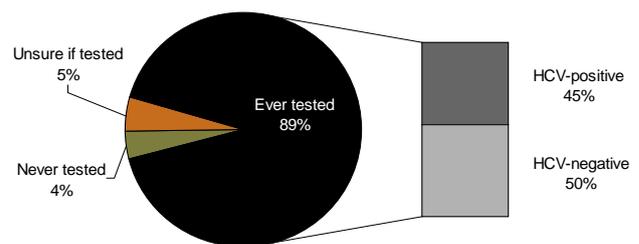


Figure 2: Self-reported testing for hepatitis C, and hepatitis C status, among pharmacy clients (n = 229)

Note: Values do not add to 100% due to missing data.

Knowledge about hepatitis C

For the most part, pharmacy clients were highly knowledgeable about hepatitis C and how it was transmitted. Most (more than 85%) knew that hepatitis C was transmitted through the sharing of needles and syringes and other equipment used for injecting (see Table 2). Fewer people were aware that there was more than one type of hepatitis C or that treatment did not always cure hepatitis C, suggesting that some people may not know the consequences of contracting hepatitis.

Table 2: Knowledge about hepatitis C among pharmacy clients (n = 229)

Respondents who correctly identified that ...	n	%
you can get hepatitis C from sharing needles and syringes	199	87
it is unsafe to share other equipment used to inject drugs (e.g., tourniquet, swab, filter, spoon)	195	85
there is more than one type of hepatitis C	168	73
treatment does not always cure hepatitis C	158	69

'Secondary' or 'satellite' exchange

By 'secondary' or 'satellite' exchange we mean the practice of acquiring new, sterile needles and syringes from formal or 'safe' sources such as pharmacies and NSPs and redistributing them to other people who inject drugs. Such exchange can include the trade, purchase or sale of needles and syringes for money, drugs or other commodities or services, or it can simply involve the giving or receiving outright of needles and syringes.

Survey data: extent and patterns of secondary exchange

We asked pharmacy clients about the needles and syringes they obtained from both pharmacies and NSPs in the month prior to the survey. We estimated the total number of needles and syringes obtained by respondents, how many they had distributed to others and how many they had received from others. Over half (54%) of pharmacy clients reported having engaged in some kind of secondary exchange in the month prior to the survey. Of these, 40% reported that they had distributed needles to others ('distributive secondary exchange'), 25% had received needles from others ('receptive secondary exchange') and 36% said they had done both ('reciprocal secondary exchange').

People who reported having engaged in secondary exchange had obtained an estimated median of 60 sterile needles in the month prior to the survey and reported having redistributed about 13 (22%) of these. Those who reported having engaged in secondary exchange were younger (33 years) than those who did not (37 years) ($t = 2.69, p \leq .01$). A quarter (25%) of secondary exchangers, compared with 14% of those who did not engage in secondary exchange ('non-secondary-exchangers'), were Aboriginal ($\chi^2 = 4.24, 1df, p = .04$); 64% of secondary exchangers lived in the inner city, compared with 49% of those who did not engage in the practice ($\chi^2 = 5.31, 1df, p = .02$). Secondary exchangers reported having had shorter injecting careers (13 years) than those who did not engage in the practice (17 years) ($t = 2.71, p \leq .01$) and were more frequent injectors, with 68% of secondary exchangers reporting daily or more frequent injection compared with 53% of those who did not exchange equipment ($\chi^2 = 6.03, 2df, p = .05$). Fewer secondary exchangers (41%) than those who did not engage in secondary exchange (55%) reported being hepatitis C positive ($\chi^2 = 3.80, 1df, p = .05$).

Almost half (45%) of the respondents who said that they had received needles and syringes from others but had not distributed them to others said that they had used a syringe already used by someone else in the previous month. This is a significantly higher proportion than of people who reported that they did not engage in secondary exchange (26%) (OR = 4.0, 95%CI 1.4–11.6) (see Figure 3). This

suggests that those who received but did not distribute equipment did not obtain enough sterile equipment to meet their injecting needs, either themselves from formal sources or through their personal networks. Borrowing or sharing of ancillary equipment and materials was common among all groups of secondary exchangers (see Figure 3).

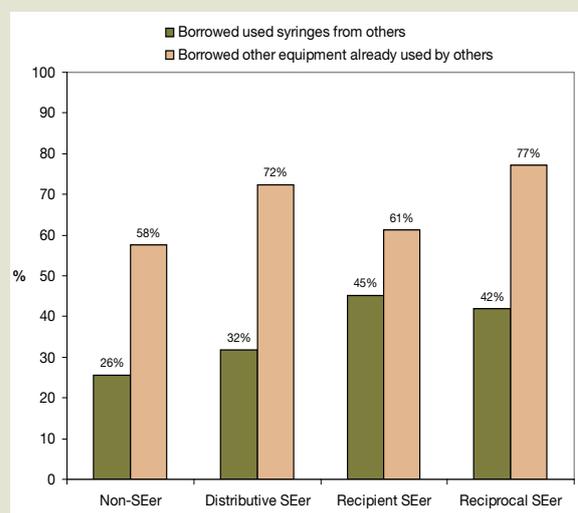


Figure 3: Risk practice for the transmission of hepatitis C in relation to secondary exchange practice among pharmacy clients, in the month prior to the survey (n = 229)

Non-SEer = Non-secondary-exchanger
Distributive SEer = Distributive secondary exchanger
Recipient SEer = Recipient secondary exchanger
Reciprocal SEer = Reciprocal secondary exchanger

Contexts in which secondary exchange occurred

Secondary exchange of sterile equipment occurred within a variety of contexts such as in shared households and among networks of friends. Reportedly, a common motivation for secondary exchange was health-related altruism; participants maintained a ready supply of injecting equipment to reduce the likelihood that others might share and reuse needles and syringes:

Usually I get about five or six six-packs and keep them under the sink, just in case they're needed. Quite often they get bummed by my neighbours as well. I'm known as the central fit depository, actually [laughs].
(Man, 42)

It's just when I can see a situation forming that, you know ... worrying about getting the money together and [clean equipment] is their last consideration ... because there's dirty needles there and they know they can use them ...
(Man, 39)

Secondary exchange was sometimes confined to regular relationships in an effort to maintain confidentiality about illicit drug use and to increase safety. Partners supplied each other with clean equipment because they did not

want others to know either that they were injecting or that they possessed drugs:

[My girlfriend and I] try and keep it very quiet down there. Because if people find out that you use or something down there, they automatically think you've got money so they give some reason to run in on you which happens all the time ... So we don't want people finding out that we use gear. So, yeah, we like to keep it very quiet.

(Man, 29)

Respondents reported that secondary exchange occurred in contexts where transport was limited, for example among households in which only one person owned a vehicle or in areas without good public transport:

I was the only one who had transport. I had a motorbike so, like, every second day I'd grab ten, fifteen ten-packs and go to the pharmacy and exchange them.

(Man, 33)

Secondary exchange facilitated anonymity and provided an increased sense of security against surveillance. One respondent described a roster system in which friends would take turns to obtain equipment for the group, primarily to help avoid detection by police:

[We] have a sort of rotating thing so that we're not always seen there at the same place or ... mainly that's because of police, and stuff like that, who do sometimes hang around chemists because it's a very easy way to pick up people. So you're not always seen to be the familiar face going in.

(Man, 32)

Finally, some respondents reported that while they distributed injecting equipment, they were wary of receiving equipment from others apart from partners, because they could not trust that it would be sterile:

So, unless it was my partner, very rarely would I get someone to get it for me. Yeah, because if I got a dirty one they might have reused it and I'd never do that. So, yes, I would pick up for other people but very rarely would other people pick up for me.

(Woman, 32)

I don't usually trust other people's equipment, unless it's like, bang, it's sealed and all wrapped up, you know. Otherwise, I don't want to know about it.

(Man, 26)

Implications of secondary exchange for policy and practice

Services could capitalise on the high prevalence of secondary exchange in south-east Sydney to reach injecting drug users who do not use formal distribution services to the extent necessary to minimise the sharing and reuse of injecting equipment. A formal program of secondary exchange could recruit and train known distributors to pass on information and equipment. This would be particularly useful during hours when formal services are closed and for those who do not have the means to reach formal services, who fear detection or who engage in impromptu drug use. However, there are considerable drawbacks to such programs, not the least of which is that New South Wales policy prohibits the dispensing of equipment by people other than authorised persons such as the staff of NSPs and pharmacies. Moreover, while current New South Wales legislation clearly states that a person may legally possess sterile needles and syringes, it says nothing about the legality of distributing these to other drug users. The absence of any clear legislation can leave secondary exchangers open to haphazard and potentially punitive treatment by law enforcers.

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