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***Lethal Injections:
The Law, Science and Politics of
Syringe Access for Injection Drug
Users***

Tables

As of May 25, 2004

Table I: State Syringe Statutes and Regulations (excluding paraphernalia laws)

State	Pharmacy Only	Prescription Required	Information on Purpose Required	Record Keeping by Pharmacists Required	Purchasers Required to Show ID	Display limits
AL	S					
CA	S	S (except for use with insulin or adrenaline)		S (date and time of sale, type, size and quantity of syringe, and signature of the pharmacist)	S (name, address, signature and ID of purchaser required for non-Rx sales)	S
CT	S	S (for > than 10 only)		S (prescriptions must be retained on file for not less than 3 years)		S
DE		S		S (date of sale, description of instrument sold and prescription on file)	S (name, age and address of purchaser)	S
FL		S (sale to minors only)				
GA	R		R (no sale if seller has reasonable cause to believe syringe will be used for an “unlawful purpose”)			R
IL	S	S (sale to minors, or for > 20 only)				
IN	R			R (name and quantity of device, purchase date. and the name or initials of the pharmacist)	R (unknown purchasers must show ID)	
KY			S (pharmacists must determine purchaser’s planned use of the syringes)	S (purchaser name and address. quantity of syringes purchased, date, purpose)	S (ID)	S
LA	R		R (pharmacist must determine bona fide medical purpose)	R (date, item, quantity and pharmacist signature)	R (purchaser’s name, address and ID)	R
ME	S	S (for > than 10 only)			S (purchaser must be >17 years old)	
MD	R		R (sales shall be made in good faith by the pharmacists to purchasers showing indication of need)	R (date of sale, item and quantity sold and the signature of the pharmacist)	R (purchaser=s name, address and proper identification must be provided)	
MA	S	S		S (date of sale and description of the instrument and the signature of the	S (name and address of purchaser)	S

				pharmacist shall be recorded on the face of the prescription)		
MN	S					
NV	S	S (Except for asthma or diabetes)				
NH	S	S (for > than 10 and minors only)		S (date of sale and number of instruments sold shall be recorded on the prescription)		
NJ	S	S		S (date of sale)		
NY	S	S (for > than 10 only)		S & R (date of sale and pharmacist's signature for prescription sales)		
OH	S (and authorized dealers)		S (Seller must know or reasonably believe that the purchaser is not an unauthorized user)			S
PA		R				
RI	S					S
SC	S		R (pharmacists must obtain written or oral affirmation that the sale is for a legitimate medical use)	R (type and quantity of needles/syringes sold)	R (signature, address, sex, age and ID)	
TN	R		R (proof of medical need)			R
VA	S	S (for minors <16 only)	S (purchaser must furnish written legitimate purpose)	S (date of sale and name, quantity and price of device)	S (name, address and ID, including proof of age)	R
VI	S	S		S (prescription must be retained for 2 years)		
WA			S (pharmacist must be satisfied device is for a "legal use")			
WV	R					
Total	22	14	9	14	10	12

R = requirement imposed by regulation; S = requirement imposed by statute

Table II: Syringe-Related Exemptions in State Drug Paraphernalia Laws (excludes SEP provisions)

Exempts some or all syringes (10)	Exempts some types of sellers (9)	Omits reference to syringes or injection (5)	Other significant exemption (6)
CT (<31)	CA (MDs & pharmacists)	CO	IA (syringes sold for “lawful purpose”)
IN (items customarily used to inject lawful substances)	GA (pharmacists)	MI	LA (items for medical use)
IL (<21)	HI (MDs, pharmacists & health care institutions)	NV	MA (does not criminalize paraphernalia possession)
ME	MT (MDs & pharmacists)	SC	MI (does not criminalize paraphernalia possession)
MN	NM (pharmacists)	WY	SC (does not cover items used with heroin)
NH	OH (MDs & pharmacists)		VA (does not criminalize paraphernalia possession)
NY (syringes legally obtained from pharmacy or SEP)	TN (MDs & pharmacists)		
OR	WA (pharmacists)		
RI	WV (licensees such as pharmacists)		
WI			

Table III: Syringe Deregulation in the United States

State	Year	Prior Law(s)	Change
OR	1987	Paraphernalia law	Syringes explicitly excluded from paraphernalia law
WI	1989	Paraphernalia law	Syringes explicitly excluded from paraphernalia law
CT	1992	Prescription law	Allowed purchase of 10 or fewer syringes without prescription
		Paraphernalia law	Allowed possession of 10 or fewer syringes without a prescription (raised to 30 or fewer in 1999 amendment)
ME	1993	Prescription law	Allowed the sale of 10 or fewer syringes without a prescription
	1997	Paraphernalia law	Allowed possession of 10 or fewer syringes
MN	1997	Paraphernalia law	Allowed pharmacy sale of up to 10 syringes without a prescription and the possession of up to 10 unused syringes at a time
NY	2000	Prescription law	Allowed the sale of 10 or fewer syringes without a prescription (during two-year experiment)
		Paraphernalia law	Allowed the possession of legally obtained syringes (during two-year experiment)
NH	2000	Prescription law	Allowed the purchase of 10 or fewer needles in a pharmacy without a prescription
		Paraphernalia law	Syringes excluded from paraphernalia law
RI	2000	Prescription law	Repealed
		Paraphernalia law	Syringes excluded from paraphernalia law
NM	2001	Paraphernalia law	Allowed the sale of syringes by licensed pharmacists
HI	2001	Paraphernalia law	Exempts sale by medical professionals to IDU for disease control purposes; exempts possession by IDU
WA	2002	Paraphernalia law	Allows pharmacy sale and IDU possession “for the purpose of reducing the transmission of bloodborne diseases”
IL	2003	Prescription law	Allowed pharmacy purchase and subsequent possession of up to 20 syringes without a prescription
		Paraphernalia law	Allowed the possession of legally obtained syringes

Table IV. Possession of Trace Amounts of Illegal Drug{Burris, 2002 #332}

Law explicitly or by judicial interpretation criminalizes possession of trace amount	Law could reasonably be interpreted to criminalize possession of trace amount	Law explicitly or by judicial interpretation exempts possession of trace amount
(34) AL, AK, CO, CT* , DC+, GA, ID, IL, IN, KS, KY, LA, ME, MD+, MI, MN, MS, MO, NE, NH, NJ, NM, NY**, NC, ND, OH, OK, OR, SC, TX, UT, VA, WA, WI	(13) DE, FL, IA, MA, MT, PA, PR, SD, TN, VT, VI, WV, WY	(6) AZ, AR, CA, HI, NV, RI

*A federal district court has enjoined enforcement of this law in Bridgeport

+ SEP clients exempt

** A federal district court has declared that this law does not apply to SEP clients

Boldface type indicates crime is a felony

Table V. Retail Sale of at Least Some Number of Syringes to an IDU, Knowing of the Intended Use

Clearly legal (21)	Reasonable claim to legality (22)	Clearly illegal (10)
AK, CT*, HI*, IL*, IN*, LA*, ME*, MN*, MT*, NH*, NM*, NY*, OH*, OR, PR, RI*, SC*, TN*, WV*, WA*, WI	AL*, AR, AZ, CO, FL, ID, IA, KY, MD*, MI, MO, MS, NE, NV*, NC, ND, OK, SD, TX, UT, VA*, WY	CA, DE, DC, GA, KS, MA, NJ, PA, VT, VI

(* denotes sale clearly legal or has a reasonable claim to legality in pharmacy only)

Table VI. Prescription and Sale of Syringes

Physician prescription of sterile injection equipment			Pharmacy sale of prescribed syringes		
Clearly legal (49)	Reasonable claim to legality (2)	Clearly illegal (2)	Clearly legal (28)	Reasonable claim to legality (22)	Clearly illegal (3)
AL, AK, AR, AZ, CA, CO, CT, DC, FL, GA, HI, ID, IL, IN, IA, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, VI, WA, WV, WI, WY	OH, OK	DE, KS	AK, CA, CO, CT, HI, IL, IN, LA, ME, MA, MI, MN, MT, NV, NH, NJ, NM, NY, OR, PA, PR, RI, SC, TN, VA, WA, WV, WI	AL, AR, AZ, DC, FL, ID, IA, KY, MD, MS, MO, NE, NC, ND, OH, OK, SD, TX, UT, VT, VI WY	DE, GA, KS

Table VII: Syringe Exchange Programs in the United States (Adapted from Singh et al. 2001)

State	SEPs	Comments
Alaska	1	
Arizona	1	SEPs receive public funding
California	21	SEPs receive public funding & Los Angeles and San Francisco have multiple SEPs
Colorado	2	SEPs receive public funding
Connecticut	6	SEPs receive public funding
DC	1	
Georgia	1	
Hawaii	1	SEPs receive public funding
Illinois	2	SEPs receive public funding
Indiana	2	Indianapolis has multiple SEPs
Kansas	1	
Louisiana	1	
Maryland	1	SEPs receive public funding
Massachusetts	5	SEPs receive public funding
Michigan	3	Detroit has multiple SEPs
Minnesota	2	Minneapolis has multiple SEPs
Montana	2	
New Hampshire	1	
New Jersey	1	Subsequently closed down by police action
New Mexico	9	SEPs receive public funding
New York	14	SEPs receive public funding & New York City has multiple SEPs
North Carolina	1	
Ohio	2	
Oklahoma	1	
Oregon	3	SEPs receive public funding & Portland has multiple SEPs
Pennsylvania	3	SEPs receive public funding
Puerto Rico	2	SEPs receive public funding
Rhode Island	1	SEPs receive public funding
Tennessee	1	
Texas	2	
Utah	1	
Washington	12	SEPs receive public funding & Seattle and Tacoma have multiple SEPs
Wisconsin	3	SEPs receive public funding
Total Number of States = 33	Total =110	

*Five other cities asked that their program information be kept confidential

Table VIII: Legal Status of Syringe Exchange Programs in the U.S. (Some data from Singh et al. 2001)

SEP authorized by state law (13)	SEP authorized by local government based on its interpretation of state law (3)	Free distribution of syringes not restricted by state law (5)	SEP(s) operating without specific claim to legality – 1998 (19)
CA, CT, DC, HI, ME, MA, MD, NH, NM, NY, RI*, VT, WA	IL, OH, PA	AK, LA, OR, RI, WI	AZ, CO, GA, IN, KS, MA, MI, MN, MT, NJ, NY, NC, OK, PA, PR, TN, TX, UT, WA

*State law no longer restricts free distribution

Table IX: Statutes and Regulations Governing Syringe Exchange Programs

	CA	CT	HI	ME	MA	MD	NH	NM	RI	VT	NY	D.C.
Explicitly legalizes possession by client		S(30 or fewer)	S	S (10 or fewer)	S	S	S	S	S	S		S
ID card authorized						S			R	R	R	
Delegates details to health department		S *	S	S	S *	S	S*		S	S		S *
One for one required		S	S	R		S			R (1 for 1 + 1 more)			
Cap on total syringes to be provided		S (30 per exch.)		R (10 per exch.)								
Waiver of exchange for first visit		S										
Disposal provision				S					R	R	R	
Health care/testing						S			S			S
Drug treatment referral		S	S		S	S		S	S	R	R	S
Educational services offered		S (HIV)	S(HIV)	S (HIV)		S(HIV)	S	S (HIV)	S	R	R (HIV)	

S = By statute. R = By regulation. * = No Department of Health regulations have been issued.

Table X. Disposal Disincentives

BOTH a syringe and drug possession provision that could deter IDU participation in safe disposal	EITHER a syringe or drug possession provision that could deter IDU participation in safe disposal	NO syringe or drug law barriers to IDU participation in safe disposal
(29)	(22)	(2)
AL, CO, DE, DC*, FL, GA, ID, IN, IA, KS, KY, LA, MA*, MD*, MS, MO, MT, NE, NJ, NC, ND, OH, OK, PA, SD, TN, TX, UT, VA, VI	AK, AZ, AR, CA*, CT*, IL*, ME*, MI*, MN*, NV*, NH*, NM*, NY*, OR*, PR, SC, VT*, WA*, WV, WI*, WY	HI*, RI*

* State has authorized SEP, fully or partly deregulated syringes to prevent bloodborne disease, or otherwise acted to enhance syringe access for IDUs

Table XI: Public Support for Syringe Access Policies or Programs in U.S. National Surveys

<i>Year</i>	<i>Sponsor</i>	<i>Question Wording</i>	<i>Results</i>
1999	Family Research Council	“I am now going to read to you the opinions of two voters. Please tell me which comes closest to your own. Voter A says that needle exchange programs reduce the spread of the HIV virus and do not contribute to more drug use. Federal funds should be used to give syringes to drug addicts. Voter B says that the science supporting needle exchange programs is uncertain and that giving needles to addicts would increase drug use as well as send pro-drug messages to vulnerable teens. With whom do you agree most?”	Voter A, agree or somewhat agree: 34% Voter B, agree or somewhat agree: 59%
1999	Family Research Council	“Would you support or oppose giving clean needles to drug addicts to slow the spread of the AIDS virus if you knew that this might increase illicit drug use among America’s youth?”	Strongly or somewhat support: 29% Strongly or somewhat oppose: 65%
1999	Family Research Council	“The latest studies of needle exchange programs have found that people who are not enrolled in needle exchange programs were less likely to become HIV infected than those who were enrolled in needle exchange programs. Knowing this, do you support or oppose federal funding of needle exchange programs?”	Strongly or somewhat support: 28% Strongly or somewhat oppose: 63%
1998	Family Research Council	“I am now going to read to you the opinions of two voters. Please tell me which comes closest to your own. Voter A says that needle exchange programs reduce the spread of the HIV virus and do not contribute to more drug use. Federal funds should be used to give syringes to those addicted to illegal drugs. Voter B says that the science supporting needle exchange programs is uncertain and giving needles to addicts sends pro-drug messages to drug-use vulnerable teens. With whom do you agree most? Voter A or Voter B?”	Voter A, agree or somewhat agree: 43% Voter B, agree or somewhat agree: 53%
1998	Family Research Council	“Would you support or oppose the creation of a needle exchange program in your neighborhood?”	Strongly or somewhat support: 36% Strongly or somewhat oppose: 59%
1997	Kaiser Family Foundation	“Do you favor or oppose needle exchange programs, which offer clean needles to IV (intravenous) drug users in exchange for used needles, to help stop the spread of HIV”	Favor: 64% Oppose: 30%

199 7	Kaiser Family Foundation	<u>Asked of those opposed above:</u> “Several different government agencies and independent scientific organizations, including the National Academy of Sciences, have concluded that needle exchange programs are effective at reducing HIV infections among IV (intravenous) drug users without increasing their drug use. Knowing this, would you now favor or oppose needle exchange programs?”	Favor initially: 64% Switched to favor: 9% Still oppose: 20%
199 7	Kaiser Family Foundation	“Some people favor offering clean needles to IV (intravenous) drug users in exchange for used needles because it helps to reduce the spread of HIV. Others oppose needle exchange programs because they feel these programs send the message that it’s OK to use illegal drugs. Which one come closer to your view?”	Favor: 48% Oppose: 46%
199 7	Kaiser Family Foundation	<u>Asked of those opposed above:</u> “Several different government agencies and independent scientific organizations, including the National Academy of Sciences, have concluded that needle exchange programs are effective at reducing HIV infections among IV (intravenous) drug users without increasing their drug use. Knowing this, would you now favor or oppose needle exchange programs?”	Favor initially: 48% Switched to favor: 12% Still Oppose: 32%
199 7	Kaiser Family Foundation	“Do you favor or oppose needle exchange programs, which offer clean needles to IV (intravenous) drug users in exchange for used needles, to help stop the spread of HIV”	Favor: 58% Oppose: 38%
199 7	Kaiser Family Foundation	“Some people favor offering clean needles to IV (intravenous) drug users in exchange for used needles because it helps to reduce the spread of HIV. Others oppose needle exchange programs because they feel these programs send the message that it’s OK to use illegal drugs. Which one come closer to your view?”	Favor: 43% Oppose: 53%
199 7	Harvard School of Public Health	“Do you think drug addicts should be given free, clean needles to prevent the spread of AIDS, or not?”	Should give needles: 44% Should NOT give needles: 53%
199 7	The Human Rights Campaign	“Some local communities have adopted ‘needle exchange’ programs as a way to curb the spread of AIDS and HIV. ‘Needle exchange’ programs allow drug users to trade in used needles for clean needles. Generally, speaking, do you favor or oppose these kinds of ‘needle exchange’ programs?”	Strongly or somewhat favor: 55% Strongly or somewhat oppose: 38%

199 5	Institute for a Drug-Free Workplace	“I’m going to read some statements. For each statement, please tell me how much you agree or disagree with the statement ...The government should dispense clean needles for drug addicts.”	Strongly agree or agree: 27% Strongly disagree or disagree: 56%
199 5	Kaiser Family Foundation	“Do you favor or oppose having clinics make clean needles available to IV (intravenous) drug users to help stop the spread of AIDS?”	Favor: 66% Oppose: 30%
199 4	Drug Strategies	“I am going to read you several proposals that have been suggested as ways of controlling the damage that is done to society’s health and that of drug users themselves, because of illegal drugs. For each one that I read, please tell me if you would favor or oppose the proposal ...Implementing needle exchange programs to reduce the spread of diseases such as AIDS.”	Favor: 55% Oppose: 40%
199 4	Drug Strategies	[Same introduction as above] ... Allowing Drug Users to buy clean needles without prescriptions from pharmacies.”	Favor: 37% Oppose: 59%
199 4	Drug Strategies	[Same introduction as above] ... Removing criminal penalties for the simple possession of needles and syringes.”	Favor: 40% Oppose: 53%
199 2	Gallup	“I will read a list of things some people say the government should do to prevent the spread of AIDS. Please tell me whether you approve or disapprove of each ... Dispense free needles and syringes to IV (intravenous) drug users to cut down on shared needles.”	Approve: 41% Disapprove: 55%
198 9	Associated Press	“If giving intravenous drug abusers free needles would slow down the spread of AIDS (Acquired Immune Deficiency Syndrome), would you favor or oppose giving addicts sterilized needles for free?”	Favor: 50% Oppose: 43%
198 7	Metropolitan Life	“Do you think drug addicts should be given free, clean needles to prevent the spread of AIDS (Acquired Immune Deficiency Syndrome) or not?”	Yes, should: 52% No, should not: 46%