

# WILLINGNESS TO USE HARM REDUCTION VENDING MACHINE KIOSKS AMONG PEOPLE WHO INJECT DRUGS IN RURAL APPALACHIA

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## Background:

Harm reduction kiosks (HRKs) resembling vending machines have operated globally for 30 years, yet hardly any operate in the US. To our knowledge, there are no HRKs dispensing safe injection equipment in Central Appalachia, a rural U.S. region that has long been an epicenter of drug-related harms. Brick-and-mortar syringe service programs (SSP) access has increased, but remain drastically under-utilized. In our research, fewer than 50% of people who inject drugs (PWID) in Appalachian Kentucky having ever visited an SSP and PWID report wanting alternative SSP models, including HRKs. This study explores willingness to use HRKs and correlates thereto in a cohort of PWID in rural Appalachian Kentucky.

## Methods:

PWID (n=258) completed interviewer-administered questionnaires that elicited data on behavioral and demographic characteristics and likelihood of using HRKs that contained naloxone and safe injection supplies. We used generalized estimating equations to estimate prevalence ratios (PR) to identify correlates to willingness to use HRKs, controlling for lifetime use of brick-and-mortar SSPs.

## Results:

Overall, 57% reported being willing to use HRKs. Those who lacked consistent access to transportation (PR=1.48 95%CI [1.12, 1.94]), engaged in receptive (PR=1.30, 95%CI [1.03,1.60]) and distributive (PR=1.39, 95%CI [1.13,1.70]) syringe sharing, performed needle exchange for others (RR:1.31 95%CI [1.01, 1.71]), and who had more lifetime overdoses (RR:1.07 95% CI [1.03,1.11]) were more willing to use HRKs.

## Conclusion:

The absence of rural research on HRKs is concerning given their potential to reduce barriers especially problematic in rural settings (i.e., stigma, transportation access). This study reveals that most PWID in Appalachian Kentucky are willing to use HRKs, and underscores HRKs' potential to reach those at highest risk for hepatitis C and overdose both directly and potentially through secondary syringe exchange. These findings are currently being used by a PWID/stakeholder advisory board of PWID to design HRKs in Appalachian Kentucky.

## Disclosure of Interest Statement:

*The authors have no conflicts of interest.*