

IF WE BUILD IT, WILL THEY COME? HIGH INTEREST IN SIF AMONG PWID WITH HCV IN WASHINGTON, DC

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Background:

Approximately 9,000 people who inject drugs (PWID) live in Washington D.C. representing 1.8% of the city's population. Supervised injection facilities (SIF) could facilitate harm reduction and HCV treatment in this population; however, acceptability of SIF among PWID in Washington D.C. is unknown.

Methods:

ANCHOR is a single-center study evaluating treatment of HCV in PWID with opioid use disorder (OUD) and IDU within 3 months. A semi-structured interview assessing SIF interest was administered after the end of HCV treatment. Fisher's exact test was used to determine associations with SIF interest.

Results:

Of the 83 survey respondents, the majority of participants were male (77%), median 57 years, and black race (94%). At baseline, 65% had ever experienced an overdose.

The majority of respondents want a SIF in Washington, D.C. (73, 88%) and in their neighborhood (50, 60%). SIF interest was associated with experiencing an overdose within 1 year of screening. No associations were found between SIF interest and witnessing an overdose, previous naloxone use, injection frequency, or HCV treatment factors ($p>0.05$, $n=83$). Among forty-seven (57%) individuals who reported IDU within 3 months of survey administration, 36 (77%) reported they would go to a SIF to inject drugs, and 31 (66%) wanted additional medical services on-site, including HCV services.

From qualitative interviews, patients expressed that using SIF would improve safety for PWID (40%) and decrease concerns regarding overdose (28%). Among 57 (69%) who identified any issues with establishing a SIF, their main concerns were negative public perceptions of SIF (23, 40%) and stigma (11, 19%).

Conclusion:

Despite concerns regarding negative public perceptions of SIF, PWID with HCV, especially those with recent overdose experience, express high interest in SIF and collocated medical services. SIF may be an acceptable strategy among PWID to reduce harm while engaging PWID in HCV treatment.

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