SYRINGE SERVICE PROGRAMS IN THE SOUTHERN AND APPALACHIAN UNITED STATES ENSURE ACCESS TO SAFER CONSUMPTION, OVERDOSE REVERSAL SUPPLIES, AND TESTING THROUGH MOBILE DISTRIBUTION

Ostrach B[1,4,5], Buer LM[2], Bryce A[1], Getty R[3]

[1]Holler Harm Reduction; [2]Hellbender Harm Reduction, [3]Carolina Harm Reduction Coalition, [4]Fruit of Labor Action Research & Technical Assistance, LLC, [5]Boston University School of Medicine

Disclosure of Interest
Statement No disclosures

Background: People who use drugs (PWUD) are at increased risk of Human Immunodeficiency Syndrome (HIV), Hepatitis C (HCV), and overdose. Given known risks of sharing drug use equipment, public health benefits of syringe service programs (SSPs) that provide safer consumption supplies to prevent re-use and reduce spread of HIV and HCV and overdose deaths are well-recognized. SSPs that include a mobile delivery option are particularly effective at reducing barriers for rural PWUD. Research about safer consumption supply access and SSPs in the U.S. South and Appalachia is limited but growing.

Methods: Using convenience, opportunistic, and purposive sampling, this mixed-methods study combines secondary analysis of program data and past evaluation findings and primary analysis of ethnographic and ongoing evaluation research data from three SSPs operating in Appalachian rural North Carolina (NC); Appalachian rural and urban Tennessee (TN); and throughout rural and urban NC. All a range of mobile and/or fixed-site services. Two offer HCV/HIV testing. These sources enable comparisons of distribution and overdose reversal reports across rural/urban; mobile/fixed-site; NC/TN; and Appalachian/non-Appalachian settings.

Results: SSPs that offered mobile distribution of supplies facilitated access to HCV/HIV prevention and reduction of negative health consequences of drug use despite transportation barriers; health policy barriers; and hostile policy climates. Rural SSPs provided more supplies at a time to fewer participants; urban SSPs provided fewer supplies at a time to more participants and offered more HCV/HIV testing. All sites had increased demand and reversal reports during the COVID-19 pandemic.

Conclusion: Across a range of settings in U.S. Southern and Appalachian contexts, a diversity of approaches to safer drug consumption supply distribution and HCV/HIV testing increased access for PWUD. Mobile distribution appears key to ensuring access to evidence-based disease and overdose prevention for rural PWUD.

Keywords: *Public Health; Health Services and Systems; Social Sciences; Health Policy; Hepatitis C*