

Setting foot in private spaces: Extending the hepatitis C cascade of care to automatic needle/syringe dispensing machines

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Introduction and Aims: Global commitment to achieving hepatitis C virus (HCV) elimination has driven a renewed focus on engaging hard-to-reach groups of people who inject drugs (PWID) in HCV testing and treatment. Automatic needle/syringe dispensing machines (ADMs) are a harm reduction service which affords maximum anonymity to service users. The ADM users into Treatment (ADMiT) study explored the feasibility and acceptability of extending the HCV cascade of care to ADMs.

Design and Methods: This mixed methods study involved analysis of closed-circuit television footage, ethnographic methods (fieldwork observation and in-depth interviews) and structured surveys. Researchers and peers conducted fieldwork and data collection over 10-weeks at one ADM site, including offering access to HCV testing and treatment.

Results: There was scope for engaging with this diverse population, most of whom last injected methamphetamine, at the time they used the ADM. Most survey participants reported prior HCV testing, 61% in the last 12-months. However, fieldwork revealed that most people observed using the ADM were unwilling to engage with the researchers.

Discussions and Conclusions: Enhanced linkage to HCV testing and treatment for people who use ADMs may be warranted. However, data suggested that extending the HCV cascade of care to ADMs may encroach on what is a private space for many PWID, utilized specifically to avoid engagement.

Implications for Practice or Policy: The current study raises important public health questions about the need to ensure interventions reflect the needs of affected communities, including their right to remain hidden and anonymous.

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