

## Aim:

- There has been a 151% increase in HIV infections in persons who inject drugs (PWID) in Philadelphia since 2016.
- Harm reduction is an effective strategy to reduce HIV infection rates.
- Vending machines that contain harm reduction materials (VMHR) are a promising and innovative method towards delivering critical supplies and information for PWID.
- Pilot evidence suggests VMHR are generally appropriate and feasible to PWID and staff at facilities that may house such vending machines.
- Present Study: Exploratory, multi-stakeholder qualitative inquiry regarding the introduction of VMHRs in Philadelphia.
- Objective: To understand the acceptability and feasibility of VMHR at a Federally Qualified Health Center (FQHC) and to understand potential barriers to its implementation.

## Methods:

- Interviewees: Individuals served by an FQHC (n = 9), FQHC clinical staff (n = 10), FQHC administrative leadership (n = 5), members of surrounding community (n = 8).
- Semi-structured interview guided by the Consolidated Framework for Implementation Research and based on hypothesized barriers to VMHR implementation
- Topics: Potential materials in VMHRs, community support, safety, legality, location.

### Harm Reduction

- “I would love to see any agency even within our clinics to be able to say like, ‘Oh, okay-hey, you’re an active drug user...’ or ‘We know that this is something you’re doing. Would you like a 10 pack of clean syringes?’”
- “To me, [Harm Reduction] means that we are supporting people who are engaging in behaviors that aren’t normally supported by society and in the face of that, we recognize that these people do it, but we’re trying to make whatever that behavior is safer, so it won’t result in hospitalization or death.”

### Materials & Logistics

- “The more things in there, the merrier. We believe really firmly in the One-Stop-Shop-Model and the more that folks can access in one place at one time, the more likely they are to get access to all the things they need...”
- “I know one thing-you really got to be careful about is the needles. I think the Narcan or fentanyl tests would allow people to get something that can save their life, but the needles are kind of, like, scary.”
- Example materials: Narcan, condoms, fentanyl test strips, wound care, HCV tests

### Location

- “Ideally put it around a subway station or an El station. The people there know what it is to step over syringes and things like that and will understand immediately, ‘Oh, this will help...’”
- “Well, I’m comfortable with them being out in the community in the community’s health center-not just out on the street...”
- “I would say definitely location, location, you know that big- let’s say term as to where you would put it and what would be an area where it could get more use...”

### Conditions of Access

- “I mean there’s the inherent privacy violation of going up to a vending machine and everyone around you would know why you’re there.”
- “I’m sure the paranoia would even be there and they might even say, ‘Don’t go up and use that machine. They have cameras in them’ or ‘It’s going to take your fingerprint.’”

### Implications of VMHR

- “Once they know it’s out there, sometimes they’ll just come in for that and our doctors are sitting on the 3rd or 4th floor and won’t come to us, but you’ll go to a vending machine.”
- “There’s always a plus and minus in terms of is it going to get people a false sense of security knowing, ‘Well if I overdose, there’s the machine- I can just get some Narcan.’”

### Community Integration

- “I think if I was going to introduce them, I wouldn’t just introduce one, but the first one I would probably put someplace would be City Hall. So, like, ‘Hey, look-we have one. You can have one too’ and then hit fringe areas.”
- “You need to hold community meetings for community stakeholders. People will resent you simply dropping this unit into their neighborhood, so you need to talk to people and encourage them to attend this meeting and hear what we have to say and what this will do.”

## Conclusion:

- There was general support for the concept of VMHR, although many nuances about its implementation emerged.
- Stakeholders had conflicting views on what materials the machine should contain, where to locate the machine, if individuals could access without cost or identification, and methods to introduce it to the community.
- Interestingly, stakeholders generally could not provide a definition for “harm reduction,” yet often endorsed harm reduction principles when describing approaches to the opioid epidemic. Support for Narcan was universal.
- If we are to think about the implementation of VMHR in communities, we need to start very slowly, and gradually expose the community to the existence, the benefits, and the contents.

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