

Harm Reduction Vending Machines Increase Equitable Access to Naloxone and Harm Reduction Supplies

INTRODUCTION

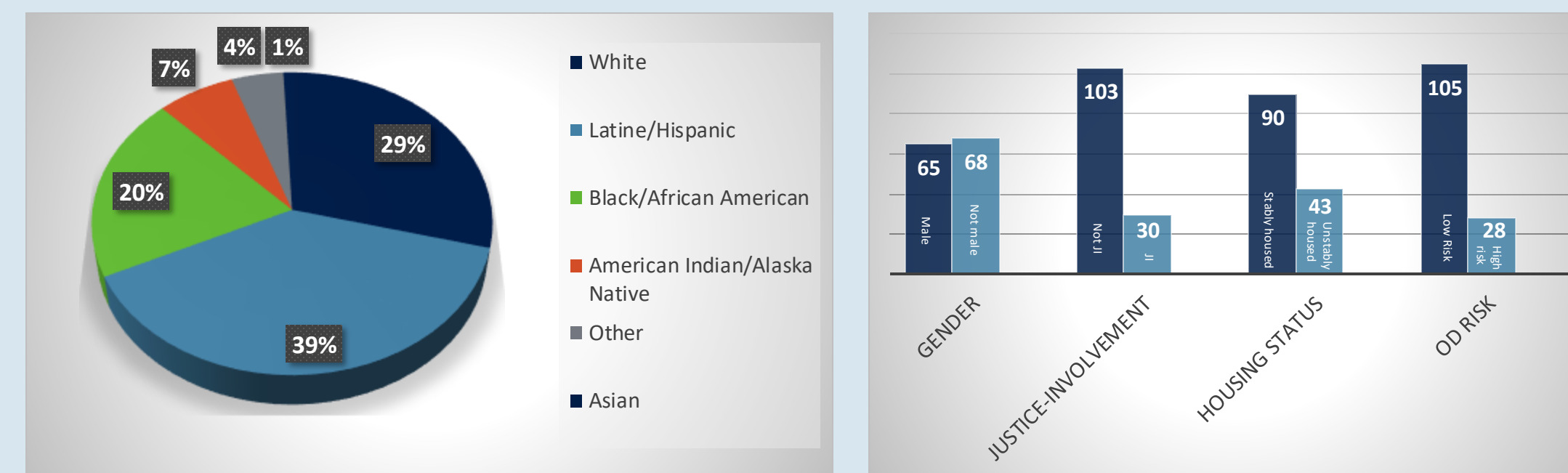
- People who use drugs (PWUD), especially those with multiple vulnerabilities, experienced a multitude of **barriers to accessing harm reduction services** and retaining harm reduction supplies, including naloxone.^{1,2}
- In response to the acceleration of drug-related morbidities and mortalities, harm reduction vending machine (HRVM) programs have rapidly proliferated across the US in the past 8 years (n = 545).
- No known study has yet to explore the potential for HRVMs to increase equitable access to naloxone and other harm reduction supplies among people with limited opportunity structures.
- This study aimed to **examine characteristics of people who utilize the HRVM program** in terms of risk of drug-related morbidity and mortality and in terms of race/ethnicity, housing status, and justice-involvement.

METHODS

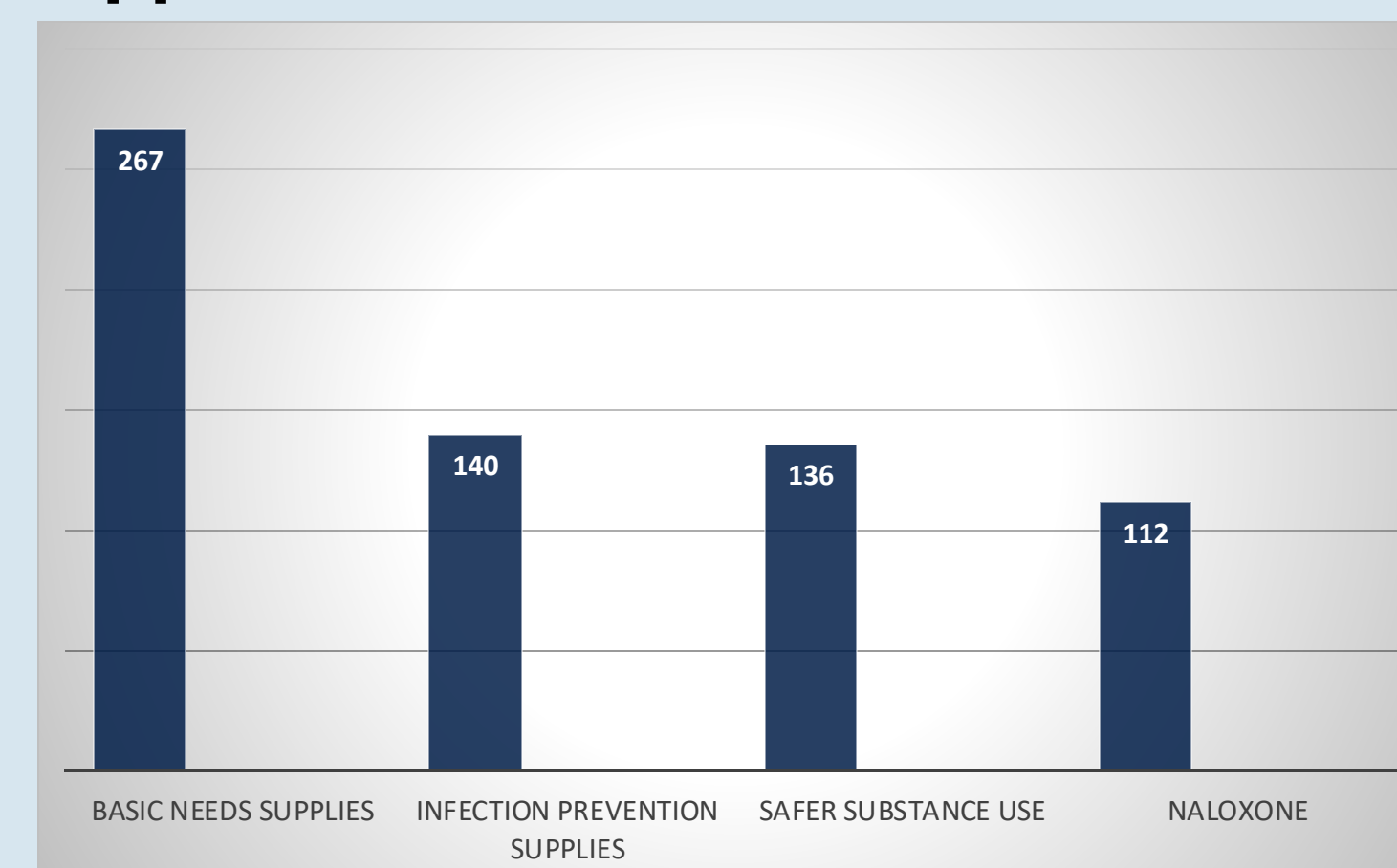
- Using a targeted sampling approach, the research team recruited, registered, and conducted a brief cross-sectional survey with 133 participants for an HRVM located outside a county mental health clinic in Bakersfield, California, during a 5-month period (shown in Figure 1).
- As each participant was assigned a unique ID number to access the HRVM, longitudinal secondary data on participants' utilization and dispensation rates of specific supplies, including naloxone, was obtained.
- Descriptive statistics were conducted to examine characteristics of individuals utilizing the HRVM program.
- Chi-square tests of independence were conducted for participants' **race/ethnicity** and HRVM utilization; participants' **gender** and HRVM utilization and naloxone dispensation; participants' **risk for opioid overdose** ("high" vs. "low") and naloxone dispensation, safer substance use supply dispensation, and HRVM utilization.
- The hypotheses included: 1) participants from minoritized groups will be more likely to access the HRVM than non-minoritized groups, 2) male participants will be more likely to access the HRVM than female participants, and 3) participants at high-risk of overdose will be more likely to utilize the HRVM and access safer substance use supplies than participants at low risk.

RESULTS

Overview of Participant Characteristics



Participants dispensed **658 items** from the HRVM in a 5-month period with **greatest demand for basic needs supplies**.



- **No significant difference in HRVM utilization between minoritized and non-minoritized groups.**
- **Significant difference in dispensing naloxone between minoritized and non-minoritized groups.**
- No significant gender differences in HRVM utilization or naloxone dispensation.
- No significant difference in HRVM utilization or safer substance use supply dispensation between participants at high vs. low risk of overdose.

- HRVM utilization was highest among structurally vulnerable participants
- **13 structurally vulnerable participants dispensed 77% of all naloxone kits.**

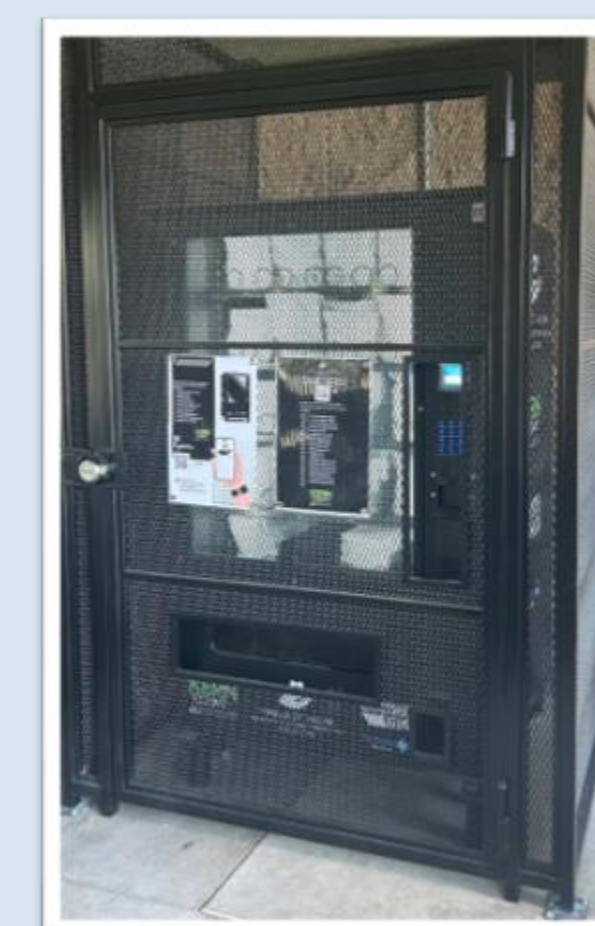


Figure 1

CONCLUSION

- Unlike studies of traditional SSP utilization,³ there were **no differences in HRVM utilization by race/ethnicity.**
- Community-based HRVMs, which eliminate interactions with program staff and potential stigma and bias and operate 24/7/365, are responsive to the call to **increase equitable access** to naloxone among structurally vulnerable people.
- Future qualitative research will provide insight into the differences in naloxone dispensation between minoritized and non-minoritized groups.

AUTHORS & DISCLOSURES

1. Ashleigh Herrera, PhD, LCSW, MSW; Assistant Professor, Department of Social Work, California State University, Bakersfield; Nothing to Disclose



REFERENCES

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