

## Introduction

Appalachia has experienced a heavy burden of harm related to drug use and lack of services. Harm reduction programs can reduce such harm, but many people in need of services are not using them. Implementing a harm reduction vending machine or "kiosk" might provide community members with a more low-threshold way to access items that could reduce their risk for overdose and injection-related infections and address other needs. Harm reduction kiosks have been implemented elsewhere with success, but few operate in rural and/or Appalachian areas. Therefore, local, Appalachian community members' input is needed to show how a kiosk could possibly aid harm reduction in their area.

## Objectives

To describe the process of obtaining local community members' input on a harm reduction vending machine (KyOSK) to be implemented in rural, Eastern Kentucky.

## Methods

### Focus Groups

We conducted six focus groups (FGs) with a purposive sample of people who use drugs (PWUD) and health department staff. The FGs included two gender-stratified groups of PWUD who recently visited the syringe service program (SSP; 6 women, 4 men), two groups of PWUD who had NOT recently visited the SSP (n=6, n=4), local SSP staff (n=7), and non-SSP health department staff (n=4).

### Surveys

Participants were recruited using peer referral strategies. Initial participants were recruited from the team's prior studies in which they had agreed to be contacted about future research opportunities. They were also given five referral cards to distribute to peers and were reimbursed \$10 per participating peer. Surveys were interviewer-administered in research offices. Surveys included items about KyOSK design preferences.

### KyOSK Design Team

The KyOSK Design Team (KDT) consisted of two SSP staff, a health department director and nurse administrator, six representatives of four key state agencies, and 8 persons with substance use experience. The KDT also had an 8-member art design subcommittee. The KDT held three hybrid meetings from April 2023 to June 2023. Meetings involved presentations, large and small group discussions, and pile-sorting activities. Agenda topics are listed below, with \*'s indicating elements that the KDT voted upon.

<p><b>Meeting 1 Agenda Items</b></p> <ul style="list-style-type: none"> <li>■ Presentation of findings from harm reduction vending machine research in other settings</li> <li>■ *Method of access (card, code, token, fingerprint)</li> <li>■ *Physical design (wall mount, touchscreen, keypad, etc.)</li> <li>■ *Appearance (logos, graphics)</li> </ul>	<p><b>Meeting 2 Agenda Items</b></p> <ul style="list-style-type: none"> <li>■ Presentation on findings from local research</li> <li>■ Presentation of art from subcommittee meeting</li> <li>■ *Physical design (cont'd), including security features</li> <li>■ *Supplies</li> <li>■ *Syringe disposal</li> </ul>
<p><b>Art Subcommittee Meeting Agenda Items</b></p> <ul style="list-style-type: none"> <li>■ Overview of KyOSK</li> <li>■ Presentation of examples of artistic representations of harm reduction</li> <li>■ Task: create image that represents harm reduction locally</li> </ul>	<p><b>Meeting 3 Agenda Items</b></p> <ul style="list-style-type: none"> <li>■ Review of previously made decisions</li> <li>■ *Location of KyOSK</li> <li>■ *Call-back services/features</li> <li>■ *Pharmacy naloxone vouchers</li> </ul>

## Results

- **Method of access:** KDT members decided that the KyOSK should be accessed using a card or a code so that the code could be used if the card was lost. The machine should require a PIN if a card/code is used more than 3 times in 24 hours. Participants did not like coin tokens because they are attractive to children and can be easily lost or misinterpreted and were opposed to fingerprinting because of its association with the police.
- **Physical design:** The KDT wanted the machine to be discrete (see Figure 1). Upon swiping or entering a valid card or code, a touchscreen menu would show items for selection, including pictures for those who are unable to read.
- **Location:** KDT members and survey participants desired the KyOSK to be downtown. Local regulations dictated that the KyOSK be installed at the health department downtown. KDT members decided that it should be installed in the health department parking structure for privacy and easy access (See Figure 2).

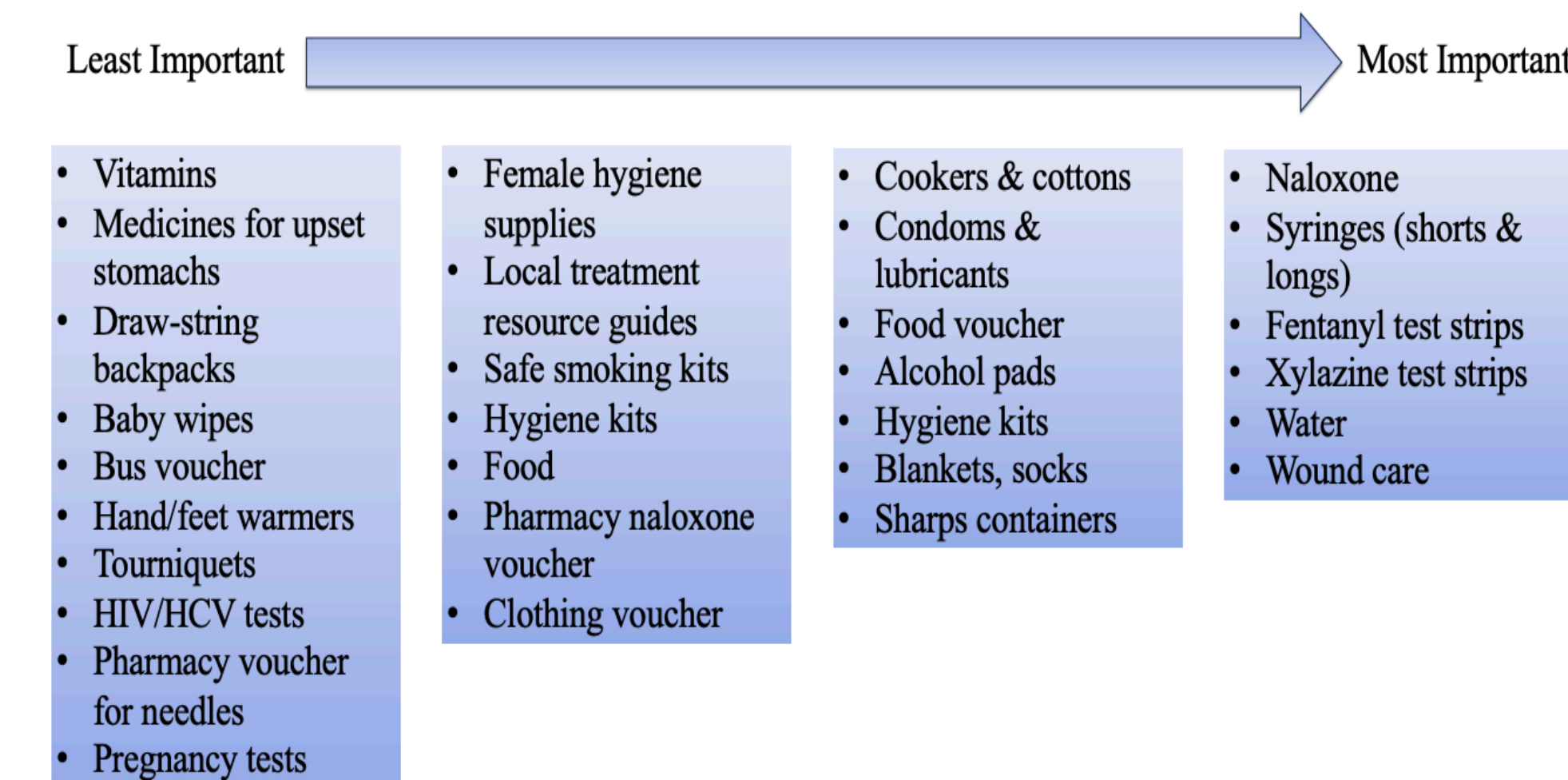


Figure 1



Figure 2

- **Supplies:** Surveys and KDT pile-sorting indicated that naloxone, needles/syringes, and fentanyl/xylazine test strips were most important to include (see Graphic 1). Pharmacy vouchers for naloxone will be important to ensuring access to adequate naloxone. KDT members also wanted a naloxbox to be installed near the KyOSK.
- **Call-back features:** The KyOSK will include a feature wherein participants can select a service from the machine and request a call-back from a recovery coach (RC) for linkage to the service. The KDT discussion and survey indicated there was a substantial need for food, housing, and domestic violence assistance (see Graphic 2). KDT members wanted the RCs to either be from or familiar with the local area to better understand KyOSK clients.



Graphic 1



Graphic 2

- **Appearance:** KDT members wanted the images and logos included on the KyOSK to be discreet and that they should reflect local culture. Figures 3 and 4 show KDT members' favorite artwork from the Art Design Subcommittee.



Figure 3  
Artist: Sarah Cooper



Figure 4  
Artist: Edna Shepherd

## Conclusions

Engagement of PWUD, health department officials, and state partners revealed ideas and design features that could not have been anticipated by the research team and are unique from the kiosks installed elsewhere. Community input is needed to ensure the successful implementation of a harm reduction kiosk.

## Acknowledgements

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