Georgia Syringe Vending Machine Trial

AIDS 2018 POST-CONFERENCE SYMPOSIUM

Georgia, 20 June 2019

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Alternative Georgia
Funding

• 5% Initiative
• Expertise France
• French Ministry of Europe and Foreign Affairs
• Global Fund to Fight AIDS Tuberculosis and Malaria
Partners

- Addiction Research Center Alternative Georgia
- National Centre for Disease Control and Public Health
- Georgian Harm Reduction Network
  - 4 HRC in Tbilisi and 1 in Rustavi;
  - 2 SVMs per site/HRC
Vending machine
SVM effectiveness

- Do not replace traditional NSP! Complement!
- Uninterrupted 24/7 access
- Reaching most hidden groups
- Improving geographical coverage
- Cost-effectiveness
Aim of the study

The overall goal of the project is to increase access to sterile injection equipment for PWID through implementing Syringe Vending Machines in Georgia.

1. Establish a community advisory board, assess needs and barriers, and tailor the SVM to meet stakeholder needs
2. Conduct a stepped-wedge trial to measure effectiveness and adoption of the SVM
3. Describe the implementation process, assess barriers and facilitators and measure cost of implementation and sustainability
4. SVM intervention institutionalization
Hypothesis

• Increased access to sterile equipment for PWID
• Increased access to sterile equipment and harm reduction services for those PWID not in contact with services (specifically women and young people)
• Reduction in risky injection behavior
Aim 1

• Establish a community advisory board
• Assess needs and barriers
• Tailor the SVM to meet stakeholder needs
First aim of the study

CAB & Service prov. group
- 4 PWID
- 3 Health authorities
- 4 Service Providers
- 10 HR Service Providers

Qualitative survey
- 6 FG with HR beneficiaries (90, 14 women)
- 4 FG with HR personnel (39, 14 women)

Quantitative Survey
- 149 RDS - PWID out of HR services

Neighborhood survey
- 20 neighbors from different districts

Organizational readiness
- 5HRC with 53 participants

Mapping
- Tbilisi - 8 locations
- Rustavi - 2 locations

Assess needs and barriers
<table>
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<tr>
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<th>Kits to be distributed</th>
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<tr>
<td>1</td>
<td>Kit for opioid users</td>
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<tr>
<td>2</td>
<td>Kit for stimulant users</td>
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<tr>
<td>3</td>
<td>Overdose prevention kit</td>
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<tr>
<td>4</td>
<td>Male condoms</td>
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<td>5</td>
<td>Female condoms</td>
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<td>6</td>
<td>Pregnancy test</td>
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<td>Info-directory</td>
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2 upper shelves for general population

Touchscreen with menu to select kits;
Short on screen survey

3 lower shelves for PWID
Cardholder is eligible for online survey following the 1st use of SVM - during a month

Secondary card - valid for 1 month

Eligible for online and short on-screen survey

Permanents card - valid for 6 months

Cardholder is eligible for online survey following the 1st use of SVM - every 6 month

Secondary card - valid for 1 month

Cardholder is eligible for online survey following the 1st use of SVM - during a month

Comes back to HRC and eligible for permanent card

Cardholder is eligible for online survey - every 6 month from baseline

Lost to follow-up clients will be tracked via Bio-Behavioural Surveillance Survey. Respondents will be asked if they know about SVM, ever used it, or use it currently
Web-site – www.sigma.ge
Aim 2

Conduct a stepped-wedge trial to measure effectiveness and adoption of the SVM
# Stepped wedge cluster randomized design

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Thank you for attention

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