

Supervised self-venepuncture in serological screening to address challenging venous access in people who inject drugs (PWID).

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Background/Approach: *Challenging venous access is a persistent barrier to healthcare for people who inject drugs (PWID) in Australia, particularly for blood-borne virus (BBV) screening and treatment. Extensive venous damage often necessitates specialist input for routine blood tests, leading to delays, frustration, stigma, and disengagement from care. PWID frequently report avoiding services when blood tests are anticipated due to repeated failed venepuncture, procedural pain, PWID-related stigma, and clinicians dismissing client knowledge of their own veins. These experiences negatively affect engagement with testing, treatment, and ongoing care.*

Analysis/Argument: *Within Melbourne's Medically Supervised Injecting Room (MSIR), clients are recognised as experts in their own venous access. The Liver Clinic program, established to screen for and manage BBVs, provides venepuncture and, where clinically appropriate, supports clients with difficult venous access to lead their own blood collection under supervision. While there is limited research supporting self-venepuncture in conventional primary care settings, MSIR is uniquely positioned to implement harm-reduction-focused approaches that promote equitable access and regular BBV monitoring. Clients report increased trust in health services, feeling respected, and greater ownership of their health when their venous knowledge is acknowledged.*

Outcome/Results: *Approximately one in fifteen clients undergoing venous pathology are supported to undertake supervised self-venepuncture. This option is offered to clients with a history of adverse venepuncture experiences, those proposing clinically inappropriate sites (e.g. femoral access), or individuals who report that venepuncture is only successful when self-performed. This approach has facilitated BBV screening among clients with challenging venous access and supported sustained engagement with healthcare.*

Conclusions/Applications: *In a controlled clinical environment, supervised self-venepuncture is a viable and effective harm-reduction strategy for PWID with difficult venous access. This model challenges traditional assumptions about risk and demonstrates how respecting client expertise can improve BBV screening and engagement in care. While certain risks need to be managed regarding needle-stick injury and infection control, the benefits (e.g. health equity/autonomy, BBV treatment and monitoring) far outweigh these risks. MSIR's experience provides a practical framework for community-based services seeking equitable alternatives to specialist-dependent venepuncture, particularly where access to advanced resources is limited.*

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