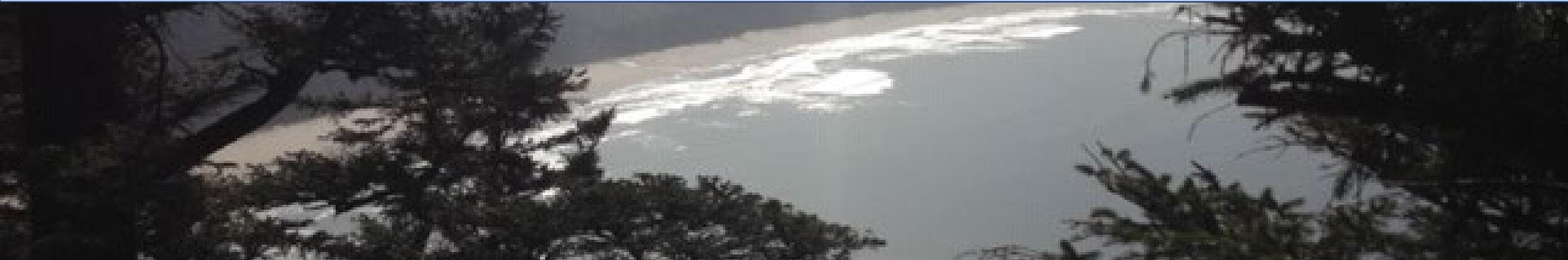


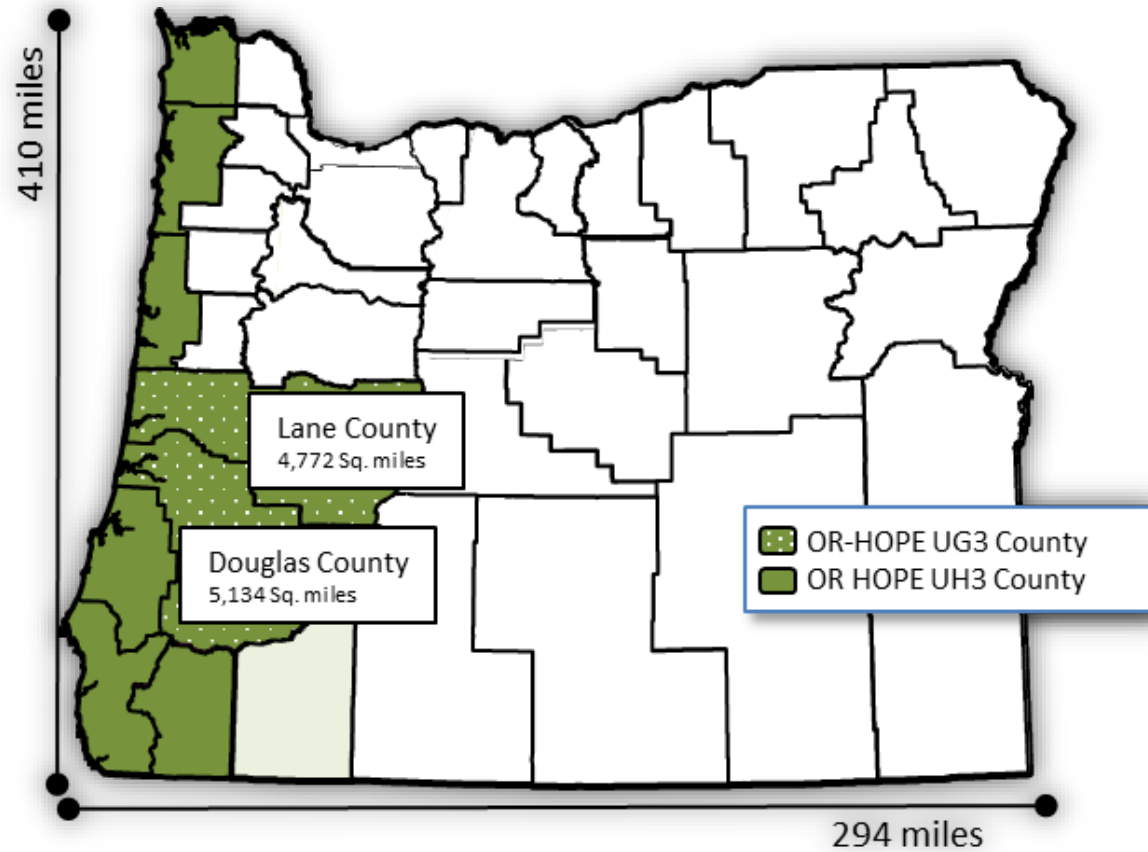
OR-HOPE

Oregon HIV/Hepatitis and
Opioid Prevention and Engagement



OR-HOPE Partners





2 Pilot Counties

- Douglas
- Lane

8 Expansion Counties

- Coos
- Curry
- Clatsop
- Douglas
- Josephine
- Lane
- Lincoln
- Tillamook

Pilot: Aug 2017 – Aug 2019

Expansion: Aug 2019 – Aug 2022

OR-HOPE Study Design

Community/Structural Level:

- Community Action Teams



Provider Level:

- Bup waiver trainings
- Addiction Medicine ECHO
- HCV ECHO
- AETC



Patient Level:

- Peer Care Coordinator
- HCV/HIV testing
- Linkage to treatment



Primary outcome:

- HIV/HCV test within 12 months

Secondary outcomes:

- Initiation of HIV treatment
- Initiation of HCV treatment
- Initiation of OUD treatment
- HIV viral suppression
- HCV sustained virologic response
- Opioid overdose

Participant Inclusion Criteria (Respondent-Driven Sampling)

Any injection drug use in past 30 days (opioids or methamphetamine)

Or:

Recreational prescription opioid non-injection use in past 30 days

And:

- Live in study area
- Age \geq 18 years
- English speaking
- Consent for risk survey and future linkage of biologic and survey data to administrative data

Participant Characteristics (N = 101)

56% male

81% white

31% under 30 years old

70% homeless in past 6 months

52% incarcerated in past 6 months

49% injected heroin in past 30 days

75% injected meth in past 30 days

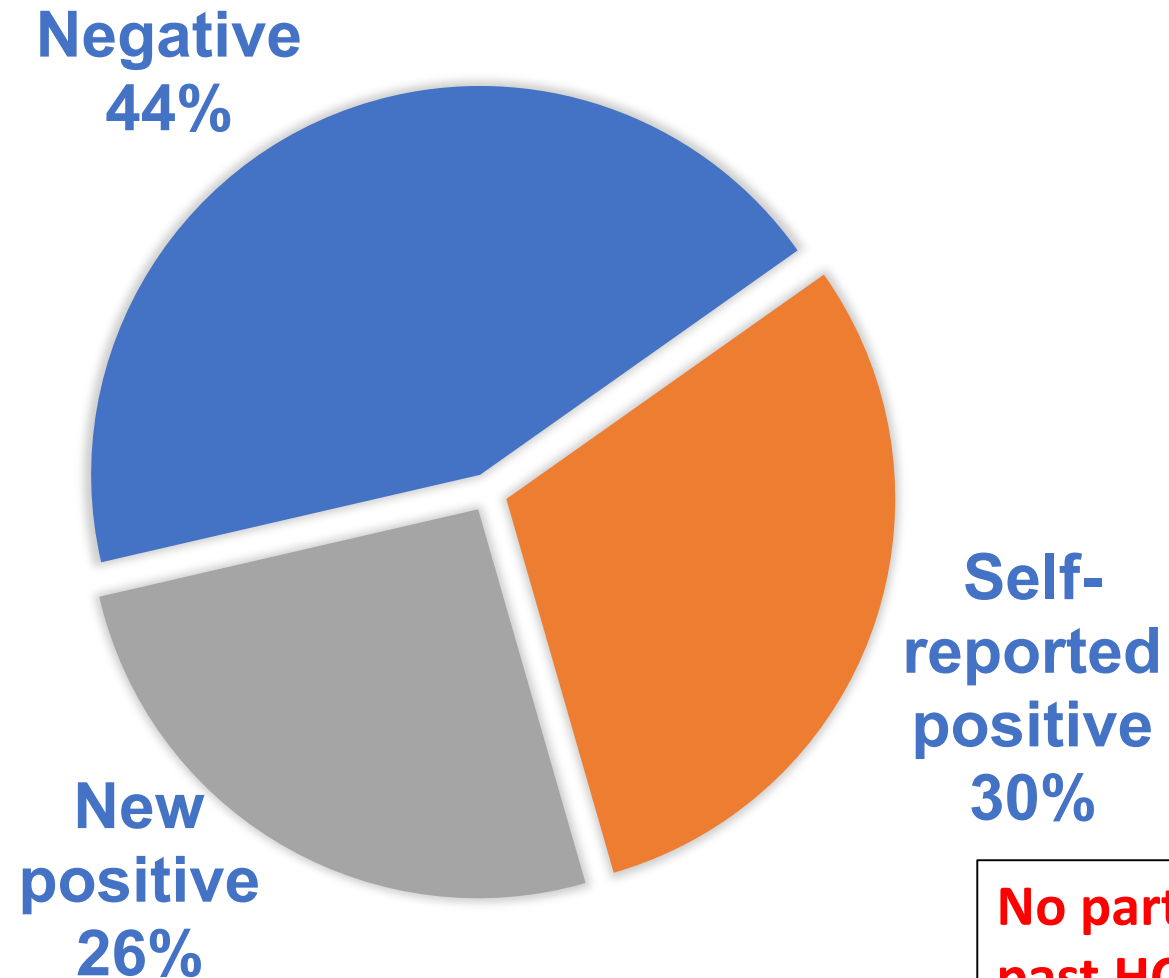
Most have witnessed an overdose; Less than a third currently had naloxone

72% ever witnessed an overdose

43% ever overdosed

28% currently have naloxone

HCV status by rapid testing



**No participants reported
past HCV treatment**

Most inject daily; drug preference split between heroin and meth

	HCV Negative N (%)	Self Reported Known HCV N (%)	New HCV Reactive N (%)
Frequency of injection			
More than once a day	15 (46.9)	8 (30.8)	7 (30.4)
Once a day	8 (25.0)	8 (30.8)	7 (30.4)
Less than once a day	9 (28.1)	10 (38.5)	9 (39.1)
Drug of choice			
Heroin	16 (41.0)	11 (40.7)	12 (52.2)
Meth	20 (51.3)	15 (55.6)	9 (39.1)
Painkillers	2 (5.1)	1 (3.7)	1 (4.4)
Other	1 (2.6)	0 (0.0)	1 (4.4)

Nearly half shared in past 30 days

	HCV Negative N (%)	Self Reported Positive N (%)	New HCV Reactive N (%)
Needles and works sharing (past 30 days)			
Used a needle after someone else	12 (38.7)	13 (48.2)	11 (52.4)
Used cooker/cotton/water after someone else	13 (41.9)	14 (51.9)	11 (52.4)
Let someone else use cooker/cotton/water after using	13 (41.9)	12 (44.4)	10 (47.6)

Infectious Disease Prevention, Screening, Treatment

	HCV Negative N (%)	Self Reported Positive N (%)	New HCV Reactive N (%)
Source of sterile needles			
Needle or syringe exchange*	13 (33.3)	17 (63.0)	13 (56.5)
Someone who got them from needle exchange	15 (38.5)	12 (44.4)	10 (43.5)
Pharmacy	17 (43.6)	16 (59.3)	16 (69.6)
Drug dealer or street syringe seller	6 (15.4)	9 (33.3)	7 (30.4)
Spouse/partner/gf/bf/family	6 (15.4)	6 (22.2)	6 (26.1)
Friend/acquaintance	16 (41.0)	12 (44.4)	8 (34.8)
Ever tested for HIV*	25 (64.1)	26 (96.3)	16 (69.6)
Ever hospitalized for serious infection of heart/bone/joint/etc	2 (5.1)	3 (11.1)	4 (17.4)

Medical Care and SUD Treatment

In the past 6 months...	HCV Negative N (%)	Self Reported Positive N (%)	New HCV Reactive N (%)
Place received medical care			
Private doctor	9 (23.1)	8 (29.6)	5 (21.7)
Emergency room	9 (23.1)	6 (22.2)	10 (43.5)
Has not received medical care	13 (33.3)	5 (18.5)	3 (13.0)
Received any addiction treatment	15 (38.5)	12 (44.4)	11 (47.8)
Tried to get addiction tx but unable to	11 (28.2)	6 (22.2)	3 (13.1)

Project Next Steps

Project Challenges

- **Transportation challenges for peers**
 - Need reliable vehicle
- **Limited bridges to office-based buprenorphine treatment**
 - Most referrals are to SUD treatment programs
- **Lack of HCV providers for linkage**
 - Can peers improve engagement in HCV treatment?
- **Lack of telephone access**
- **Trust**

Future Directions

- **Ways to further increase SUD engagement rates?**
- **Increase primary care provider buprenorphine and HCV treatment capacity**
 - ECHO telehealth
 - Buprenorphine waiver trainings
 - OR-HOPE cross-cutting curriculum launch in spring 2019
- **Sustainability?**
 - SUPPORT Act encourages Medicaid to fund peer support services

Contact Oregon HOPE

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Supplemental Slides

National Rural Opioids Initiative

- Cooperative Agreement with NIDA and CDC
- 8 Sites funded (Oregon the only West Coast site)
- Two-Phases:
 - UG3 pilot: 2017-2019
 - UH3 expansion: 2019-2022 (If reaching UG3 milestones)
- Focus:
 - Hepatitis C surveillance and treatment
 - Opioid use disorder treatment and overdose prevention

Oregon HOPE Peer Intervention

- Lived experience with SUD
- Community and SEP outreach
- Build relationships
- Provider harm reduction “gift bags”
- Offer HCV/HIV/syphilis testing
- Facilitate linkage to SUD treatment, primary care, HCV/HIV treatment
- Housing assistance

- Completion of Behavioral Health Peer Support Classes
- Supported by CBO, HIV Alliance



Peer Services Delivered

50/78 (**64%**) participants have accepted peer services, including assistance with:

Services Provided	N=50
SUD service engagement	66%
Daily living resources (food, clothing, etc.)	52%
Goal setting	42%
Legal issues	22%
Insurance applications	36%
Transportation	22%
	SUD treatment apts (23%)
	Medical apts (27%)
	Other rides (73%)
Family services	20%

Linkage to SUD Treatment

Linkage to Treatment	N=50
Attended SUD treatment appointment	20%
Started MOUD (n=10)	20%
Methadone	(70%)
Buprenorphine	(30%)

OR-HOPE PWID Qualitative Data

Selected Findings

What barriers do PWID report in engaging in SUD treatment?

Access barriers

- Long waitlists / lack of treatment availability
- Don't know how to get into treatment
- Prohibitive requirements to start / stay in treatment
- Lack of transportation | insurance

Criminal justice system barriers

- Difficulty navigating parole / parole officer requirements and treatment needs (e.g., parole officers prohibiting MAT)
- Incarceration interrupts treatment

Personal barriers (e.g., pride, hopelessness, shame, readiness, anxiety)

Lack of post-treatment relapse prevention support

What barriers do PWID report in accessing syringes?

Availability / Convenience

- Limited hours of operation (SSP/pharmacy)
- Lack of transportation / inconvenient location
- Cost

Pharmacy policy / perception of policy

- Service refusal
- Requirement of ID | prescription

Stigma / Shame

- Fear of being seen by others in the community
- Fear of /experience of stigma from pharmacists

Quotes- Service gaps

Need for expanded MOUD availability

"I wish that there were more doctors around here who did the methadone or Suboxone programs and stuff. There are hardly any here in town, and there are waiting lists and it's hard to get in. It's really hard to wait."

Need for expanded syringe access

"I always try to go for my own clean ones, but when you're that desperate, especially if you're sick, you'll do anything. I've used people's syringes who I knew had hep C, and I didn't care. I didn't have [syringes] at the time, but I didn't care because I was just so desperate or sick..."

Quotes- Informal and formal peer support

Opportunity in peer-to-peer harm reduction

“Sometimes I give out clean rigs...because I want people to be able to practice safe using. I think it’s really important. I really do, especially since I got hep C from not using safely. So I get them even to give away just to help out the community.”

Value in peer support services

“They’re more empathetic, usually, to someone’s situation because they’ve been in the same shoes. They’ve done it, so they’re living proof right in front of you that you can get out of living this hellish lifestyle that we’re in. And if you need encouragement and people who don’t ever give up, it’s nice to be shown that.”

Quotes- Community context

Lack of continuity of care for MOUD in jail

“Jail is mostly the number one thing that gets in the way, in and out of jail...I am supposed to be on Suboxone Tuesday, and if I go to jail, I’ll miss that. I can’t miss that; I’ve been waiting on that for four weeks.”

Lack of low-threshold and recovery housing

“I shouldn’t be out here like this. If I can make it to a clinic every day and take medicine while I’m homeless, living on the sidewalk, don’t they think that they could put me somewhere? I mean, Jesus, I’m showing that I can meet my end. Fuck, if I was in a place, it would be so much easier for me. I probably wouldn’t use meth or heroin anymore. I would just take my medicine and go home, but I don’t have a home.”