OR-HOPE Multi-level Interventions

Community Level
- County-level factsheets on SUD syndemic
- Environmental scan of resources and policies
- SUD/OD/ID Syndemic Model

Provider Level
- Addiction ECHO > 20 sessions with 340 participants
- Hep C / OBOT ECHO initiated Fall 2019
- AETC OR-HOPE Curricula

Patient/Individual Level
- Syringe exchange, mobile outreach
- Peer support specialists providing HCV/HIV testing, naloxone, fentanyl test strips, sterile syringes, linkage to treatment
- Top 5 peer services delivered: SUD service engagement, Transportation, Daily Living Resources, Goal-setting and Mobile Syringe Exchange
- 18% of peer-outreach clients engaged in substance use disorder treatment within 3 months
Key Participant Findings

• Participants reported: Homelessness (68%), incarceration (51%) and community supervision (37%) \((N=144)\)

• Drug preference split between heroin and meth.

• People who reported opioid use also reported meth use. \((N=144)\)

• Significant risk of infectious disease transmission \((N=133)\)
  • 45% reported sharing syringes or injection equipment in past 30 days.
  • 50% were hepatitis C positive

• Most had witnessed an overdose. Less than a third had naloxone. \((N=144)\)

• Barriers to medical care
  • Reasons reported for not accessing needed medical care included lack of transportation (50%) and fear of disrespect due to drug use (49%)

• Barriers to SUD Treatment
  • 20% of participants tried but unable to access SUD treatment
  • 9% tried but were unable to get buprenorphine treatment.
  Buprenorphine barriers included: No prescribers in area; waitlists too long; no transportation; rules too strict; can’t afford

• Fear of arrest and jail identified as barriers to medical care and SUD treatment entry in qualitative interviews.
Key Needs in Rural Areas

**OUD Medications:** Expand access to medications for OUD treatment
- Hospitals, jails, nursing facilities, EDs
- Office-based, telemedicine
- SUD treatment facilities

**HCV Medications:** Expand access to medications for HCV treatment
- Office-based, telemedicine
- SUD treatment facilities

**Peers:** Expand peer community engagement models
- Include infectious disease and overdose prevention
- Hospitals, EDs, primary care, syringe service programs

**Harm Reduction Strategies:** Expand funding for:
- Syringe service programs, naloxone distribution
- Harm Reduction/Recovery Community Spaces
- Low barrier housing, SUD treatment, medical care for person using drugs

**Workforce Development:** Expand OUD and HCV trainings for:
- Physicians, nurses, pharmacists, peers across care continuum