

Oregon-HOPE

Oregon HIV/Hepatitis and Opioid Prevention and Engagement



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HIVAlliance



OR-HOPE Multi-level Interventions

Community Level

- County level data analysis
- Community action teams

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

Provider Level

- Buprenorphine waiver trainings
- Addiction Medicine and HCV ECHO
- HOPE curriculum with AETC

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

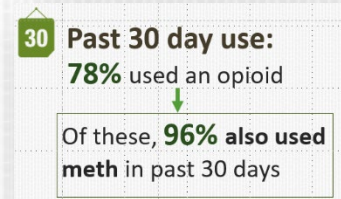
Patient/Individual Level

- 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