End HIV/STI Oregon Statewide Planning Group Meeting Notes

August 17, 2022, 1:00 - 4:00 p.m

Overview of the Substance Use Landscape & Syndemic

OHA's Harm Reduction and Public Health Strategist shared the following information:

Substance use in Oregon

- Oregon ranks 3rd in the nation for substance use disorder prevalence (18%).
- Methamphetamine surpassed opioids as a leading cause of overdose death in Oregon in 2016.
- Fentanyl in counterfeit pills and other drugs continues to fuel increases in overdose rates.
- Methamphetamine and opioids co-use is associated with increased injection drug use, hepatitis C infection, and nonfatal overdose.
- Since 2020, Oregon has seen substantial increases in overdose deaths. Approximately half involved more than one drug.
- The highest rates of overdose death in Oregon are among Black and African American and American Indian and Alaska Native people.
- Harm reduction is a proven step that people can take to find hope, health, and healing.
- Oregon's behavioral health system is transforming.
- The 988 Suicide and Crisis Lifeline is available 24/7 for people experiencing a behavioral health crisis. People may call, text or chat online at 988lifeline.org. Calls may be responded to in English or Spanish. Text and online chat are currently only available in English.

Substance use centered syndemic model

OHA staff developed a model that illustrates how substance use, overdose, associated conditions, and IDU-related infections are interconnected and share underlying factors, such as systemic racism.

The State Opioid Response 3 (SOR-3) Program

The SOR-3 Program aligns with Oregon's Alcohol and Drug Policy commission Strategic Plan and will also align with emerging state plans. The program focuses on regions and populations most impacted by substance use and aims to eliminate disparities among communities of color. It supports 1) prevention, 2) harm reduction, 3) treatment, 4) recovery, and 5) the substance use disorder workforce.

Overdose among People Living with HIV (PLWH)

Preliminary observations of Oregon Vital Statistics data through 2021 reveal:

- Deaths among PLWH in Oregon increased in 2021.
- While the proportion of deaths due to HIV disease decreased, fatal overdoses among PLWH increased from 10 in 2020 to 16 in 2021. This rate is higher than that among the general population.
- In 2021, 80% of fatal overdoses among PLWH deaths were associated with methamphetamine. The remaining 20% were associated with heroin and fentanyl.
- The rate of overdose among males is increasingly higher than that among females.
- Fatal overdose among American Indian/Alaska Natives and Black/African Americans is high.
- Increases in fatal overdose were observed among all age groups.

Discussion:

- Isolation, social rejection, and mental health can contribute to substance use.
- I wonder if it would be possible to advocate to the state to have a program where all health professionals—-physicians, NPs, PAs, and RNs—were given a Narcan kit to have on hand (outside of work). They would be most comfortable using it I would think.
- On July 12, 2022, Naloxone was added to the CAREAssist Bridge/UPP formulary and Non-Preferred formulary. A prescription is still required for Naloxone. CAREAssist will cover the full cost of Naloxone at any preferred or non-preferred pharmacy in Oregon when insurance is not available or when insurance does not cover the drug. When insurance is available, CAREAssist will pay the copay or deductible.

Partner Panel: How Substance Use Treatment Providers and HIV/STI/VH Providers Can Work Together to End the Syndemics

Panelists included representatives from 4D Recovery, Northwest Instituto Latino, Juntos Northwest, and the Puentes Program at Central City Concern.

Q1: What types of services does your agency offer?

- Jose: Juntos Northwest provides education to enhance the substance use treatment workforce and provides education and awareness in the Latino/Latina community. We offer navigation, harm reduction, outreach and education services in the Portland metro area. We also work with the Ryan White Program and CAREAssist. There continue to be unmet service needs.
- Albert: The Puentes Program at Central City Concern provides housing, wrap-around services, and education about HIV/STIs with the immigrant community. We connect clients with STI testing and other health services. If someone tests positive, we work with the pharmacy and with providers.
- Tony: 4D Recovery is a peer-run organization with more than 50 staff. We provide recovery and support services to people for as long as they need. We have mentors, drop-in recovery centers, harm reduction services, and 12-step meetings. We conduct outreach, and we aim to keep people in recovery. People who come to 4D generally seek services themselves. We also work with a number of culturally specific organizations (e.g., serving Black and African American and LGBTQ populations).
- Eder: Northwest Instituto Latino's mission is to support recovery in the Latino/a/x community. Recovery is broadly defined and may include services such as housing, harm reduction, family reunification, and more. We offer Alcoholics Anonymous, Narcotics Anonymous, criminals anonymous, as well as meetings for women and LGBTQ people, and services for gambling addiction. We educate sex workers and other populations with high rates of substance use. Our educational efforts address HIV and STI prevention methods, fentanyl, and more. We conduct outreach and provide harm reduction materials and have partnerships with Puentes and other programs.

Q2: How HIV, harm reduction, and substance use treatment providers can work together to help people with substance use disorders who may be at risk for HIV, STIs, and viral hepatitis? Where are you seeing barriers?

- Tony: I hope to integrate more public health services into our community-based model. We need public health to be more involved in conversations about the role of peers. Though addiction is a health issue, people fear that health care providers will judge them and call law enforcement. There is also mistrust of the government. People trust peers. We need a campaign to promote recovery and tell folks how to get services. Right now, services are hard to access, and it's difficult to get funding. Oregon has an excellent statewide plan to address substance use, but it doesn't match the reality; our system is fragmented.
- Jose: We need relational approaches that build trust and are responsive to individual needs. Stigma (e.g., beliefs thay HIV is a gay disease or that HIV can be transmitted via tiolet seats) remains a barrier. Many people still don't know what HIV is and how to get tested. Making self-tests available for free would be fantastic. There is also a need for more funding. Many services require people to be sober to access them, which is a barrier for many people. Relapse is a part of recovery. We need more education for the community and for service providers. We need more information about hMPXV too.
    - Q: Do you think the community needs more education about how insurance plans work and which types they can get?
    - A: Yes, and people need to know that insurance is available for PLWH. In addition, some providers do not know how to bill for CAREAssist or bill for residential programs.
- Albert: Referrals to treatment services are not enough. There is often a lack of trust. We need supportive peers to help navigate the services and support follow through.
- Eder: It's important for providers to understand that, for many Hispanic and Latino/a/x people, it can be scary to access services. People fear the cost of services, and they fear discrmination.

Comments:

- A number of participants agreed that stigma remains an issue, including people in carceral communities.
- Wait lists for services and lack of mental health providers in small communities is a major problem.
- Here is a link to the End HIV Oregon Sponsorship funding application (scroll down to the bottom of the page): https://www.endhivoregon.org/
- Here's an updated syringe service program schedule for the Portland metro region: https://www.multco.us/needle-exchange-schedule
- Multnomah County Health Department hMPXV vaccine line: 503-988-8939
- Virtually everyone in Oregon who is living with HIV has access to insurance. Let's amplify that message!

- We need to strengthen the intersectionality of our culturally specific outreach and education. We need stronger allyship between BIPOC and LGBTQ+ health education messengers. These are not discrete communities. We need to directly break down and challenge racism and homophobia when doing health education from both angles, because the folks who exist in both spaces are being left the furthest behind.

U-COPE: Innovative Strategies for Addressing the SUD/HIV/STI/VH Syndemic

The Nurture Oregon Program Manager/Co-Occurring Counselor at the COPES Clinic shared how the U-COPE program is addressing substance use and related health conditions with integrated services for people who use drugs.

- The Umatilla County Outreach, Prevention, and Engagement (U-COPE) Project is funded by the CDC and provides a range of services for people who inject drugs (PWID). Ths collaborative project involves Eastern Oregon Center for Independent Living (EOCIL), OHA, Comagine, and the Oregon Washington Health Network (OWhN).
- We cannot eliminate HCV in Oregon without increasnig harm reduction services and treating HCV-positive individuals who are actively injecting.
- The U-COPE project mission is to develop a collaborative team of local partners, including people who use drugs, to coordinate and implement a comprehensive package of interventions using a harm reduction framework to improve healthcare access and outcomes for people who use drugs in Umatilla County.
- Desired outcomes include increased 1) access to syringe services programs, 2) linkage to substance use disorder treatment services, 3) HCV, HIV, and HBV testing, 4) linkage to treatment for infectious complications of injection drug use, and 5) receipt of hepatitis A and B vaccinations among PWID.
- Notably, U-COPE funds 1) a van for mobile services and 2) a nurse dedicated to wound care, medication adherence, and more.

A U-COPE rapid assessment found that:

- Opioid and stimulant overdose deaths have increased and new HIV diagnoses have decreased.
- 314 participants engaged with peers, and nearly half received three or more contacts.
- Contact with peers involved goal setting, crisis intervention, providing naloxone, and more.

The project now focuses on resource development and collaboration with a wide range of community partners (e.g., CCO, clinics, treatment providers). Staff have been identifying people to champion this work within different organizations. Notable successes include:

- The PRIME+ peer team has a fully staffed crisis line that offers referrals to a range of services, including Naloxone.
- Peer drop-in centers opened in October 2021 and offer low-barrier access to treatment.
- A mobile outreach trailer has provided services since July 2022.
- OWhN, Umatilla Public Health, and OHA have collaborated to address the rise in Syphilis cases.
- There has been an active presence at community events, with harm reduction supplies, HCV screening, and peer services.
- OWhN hired an HCV specialist peer.
- EOCIL secured additional housing for a supportive housing program.
- Staff developed a best practices guide for providers and staff who interact with people who inject drugs.

Challenges include:

- Lack of housing
- Stigma
- Challenges obtaining suboxone and naloxone in Umatilla County
- Increased overdoses in young people
- Concerns from staff and parents about using naloxone in schools

hMPXV Update

The medical director for the HIV/STD/TB Section provided the following information:

- hMPXV is in the same genus as smallpox.
- It has two distinct variants. The second variant is causing the current outbreak and is less severe and less transmissible.
- Skin-to-skin contact with scores, scabs, or fluids of the rash of a person with hMPXV is the primary cause of transmission. A recent study found that sexual contact is responsible for 95% of transmission.
- hMPXV will not spread as quickly or widely as COVID-19.
- The Biden administration declared hMPXV a public health emergency.
- As of 8/16/22, there were 38,019 cases worldwide, with nearly 12,688 cases in the U.S.
- As of 8/17/22, Oregon has 116 cases; 63% are in Multnomah County.
- Hispanic/Latinx men and PLWH are disproportionately impacted.

- The incubation period is usually 6-13 days. People are infectious when symptomatic (and possibly infectious beforehand).
- Rash often starts in mucosal areas (rectal area, mouth).
- OHA's response involves communications, community engagement, testing, vaccination, and treatment.
- Vaccination may 1) prevent disease if administered within 0-4 days of exposure and 2) reduce disease severity if administered within 5-14 days of exposure.
- As of 8/17/22, OHA has distributed all 6,838 vaccine doses received to local public health authorities, clinics, community partners, and health systems.

Discussion:

- Q: What does access to the vaccine look like?
    - A: With a limited number of vaccines, OHA is prioritizing vaccinating close contacts of people with hMPXV and people with factors that may indicate recent exposure. Vaccination requires two shots, but there is a decent antibody response after the first dose. To rapidly develop community immunity, Oregon is prioritizing administration of the first dose in a large number of people (i.e., delaying the second dose).
- Q: If you have already had the vaccine, can you still get hMPXV?
    - A: It depends on the timing. We think it takes up to 4 weeks to get the best protection after vaccination. More data are needed.
- Q: How can a Curry County resident get the vaccine?
    - A: A neighboring county could help or they could reach out to OHA. LPHA questions around hMPXV should be routed to OHA's Acute and Communicable Disease Program at 971-673-1111.