

# Oregon HOPE

## A Community Peer Recovery Support Specialist Model for Engaging People Who Use Drugs in Rural Communities

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# Background

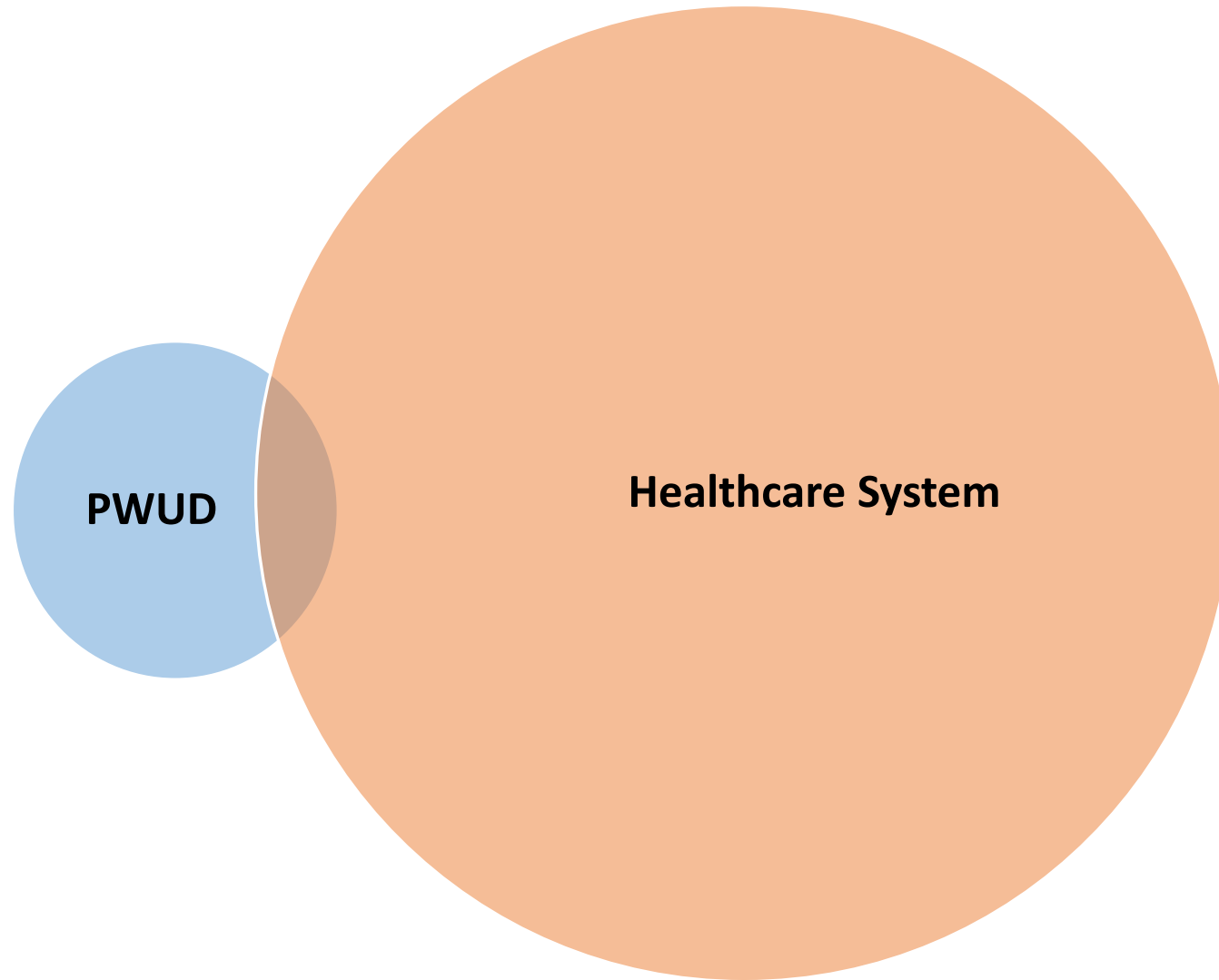
- ▶ Oregon ranks among states with<sup>1</sup>
  - Highest reported illicit drug use
  - Lowest access to substance use disorder care
  - Overdoses continue to surge<sup>2</sup>
- ▶ Limited harm reduction and treatment services in rural areas
- ▶ Peers are trusted voices among people who use drugs<sup>3</sup>

<sup>1</sup> NSDUH 2022

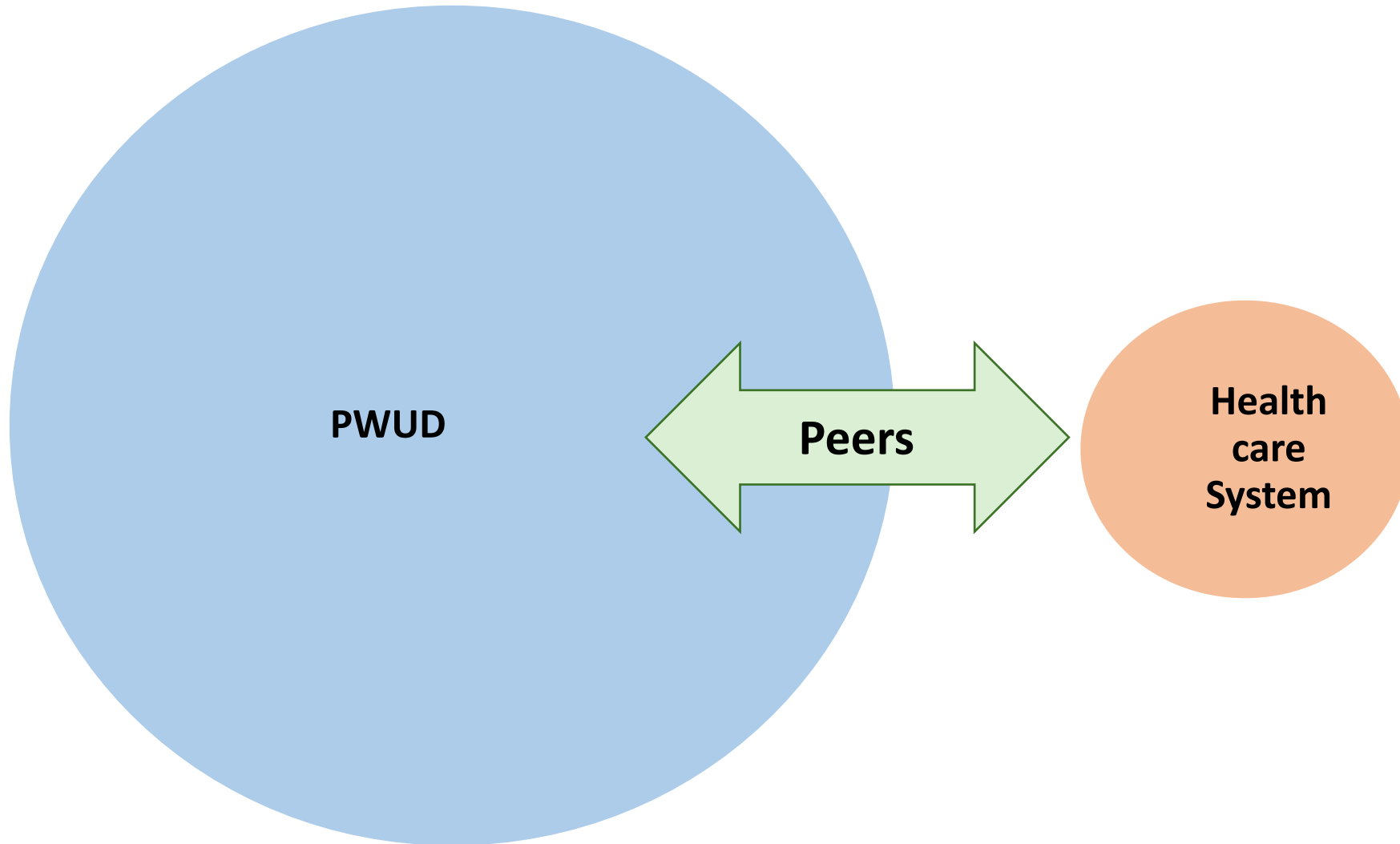
<sup>2</sup> CDC Vital Statistics, update Oct 2023

<sup>3</sup> Stack JAM 2022

# Shifting Systems of Care



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# Oregon HOPE Peer Engagement Model

## ▶ Rural Peer Recruitment and Training

- Local people with lived experience,  $\geq 2$  years recovery
- Hired/supervised by community-based organizations
- Trained in community outreach, harm reduction techniques, HCV/HIV testing



## ▶ Peer Services

- Build relationships
- Community outreach
- Harm reduction “gift bags”
- HCV/HIV rapid testing
- Linkage to SUD services
- Insurance/housing assistance



# Peer Engagement as Intervention Platform

1. Overdose Prevention Intervention (UH3DA044831)
2. Peer-Facilitated Tele-HCV Treatment (UH3DA044831)
3. Peer-Facilitated Contingency Management (R01DA057670)
4. Peer Screening for Methamphetamine-Associated Heart Failure (American Heart Assoc)

# Peers as Research Assistants

- ▶ Complete Human Subjects CITI and GCP Training
- ▶ Vet survey items
- ▶ Consent participants
- ▶ Collect baseline and follow-up surveys
- ▶ Collect point of care biospecimens
  - HIV, HCV, syphilis testing, etc.
- ▶ 6-month study retention > **85%**
- ▶ Inform research questions/analyses

# Supporting Peers in Research

## ▶ Clinical Support

- 2 hrs/month formal supervision
- Weekly team meetings
- Monthly learning collaborative
- Twice yearly peer conference

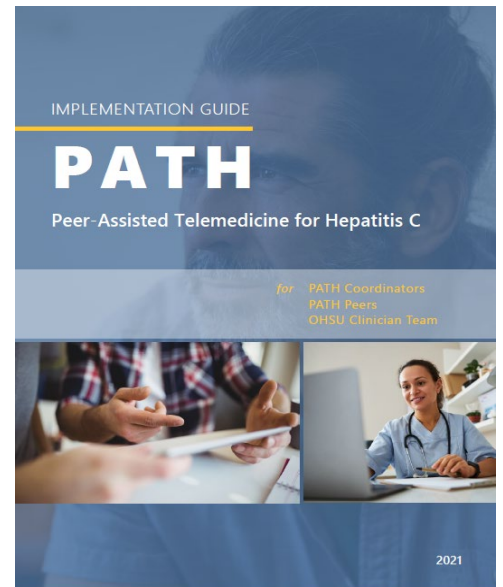
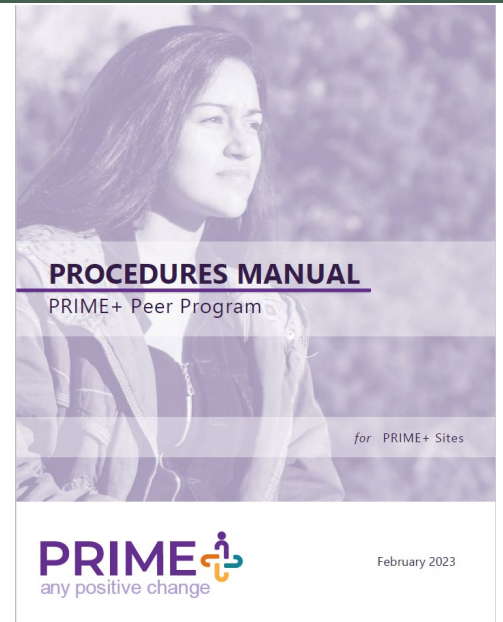
## ▶ Research Support

- Inclusion in weekly research operations meeting
- Frequent site visits/QA

## ▶ Career Development

# BONUS: Statewide Expansion!

- ▶ Collaborated with Oregon Health Authority to expand peer models statewide
  - 2020: OR-HOPE Peer Engagement model expanded as “**PRIME+**” to 24 of 36 counties
  - 2022: Tele-HCV model expanded as “**PATHS**” to 18 of 36 rural counties
  - Funded by SAMHSA State Opioid Response Grant
- ▶ Ongoing technical assistance to community-based peer organizations



# Conclusions

- ▶ Peers are essential for recruitment and retention in SUD research
- ▶ Peers enhance research relevance and sustainability
- ▶ Peer training and ongoing support are essential

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