

PARTNER UP Providing a Resource: Telemedicine at Syringe Services Programs to Reach Under-served Populations

Mehri McKellar, MD

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Center for
Prevention Services



Department of Medicine

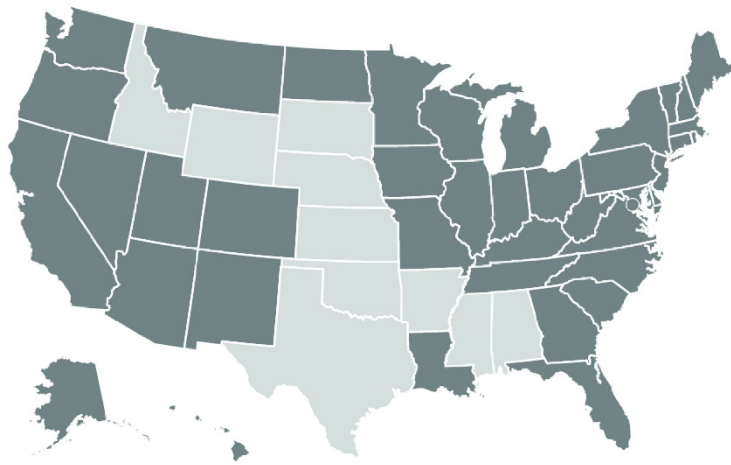
Duke University School of Medicine

Objectives

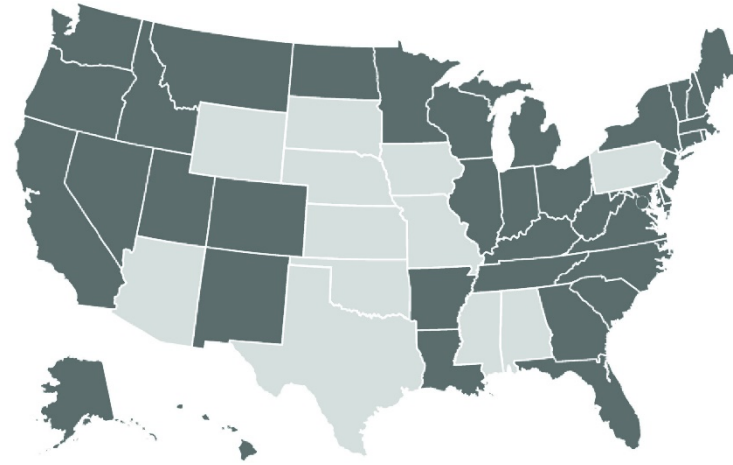
- Provide information on syringe services programs (SSPs) in the US
- Review data on HIV prevention work being conducted via SSPs for people who inject drugs
- Describe our current project providing PrEP and medication-assisted treatment (MAT) thru SSPs using telemedicine

SSPs in US

- Also referred to as syringe exchange programs (SEPs) or needle exchange programs (NEPs)
- As of 2019, 39 states including DC had laws that removed legal impediments to, explicitly authorized, and/or regulated SSPs¹



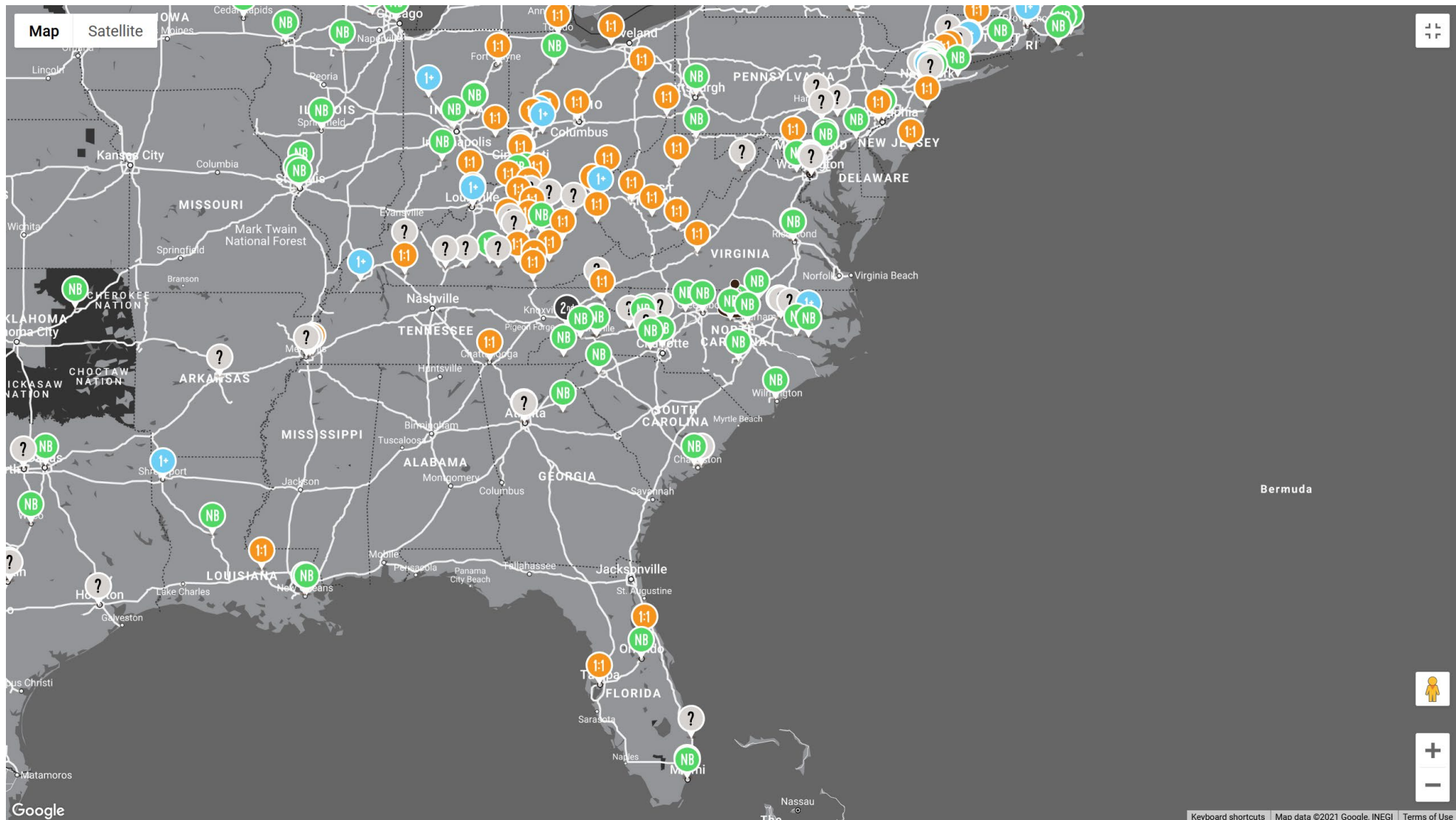
● States where SSPs are operating



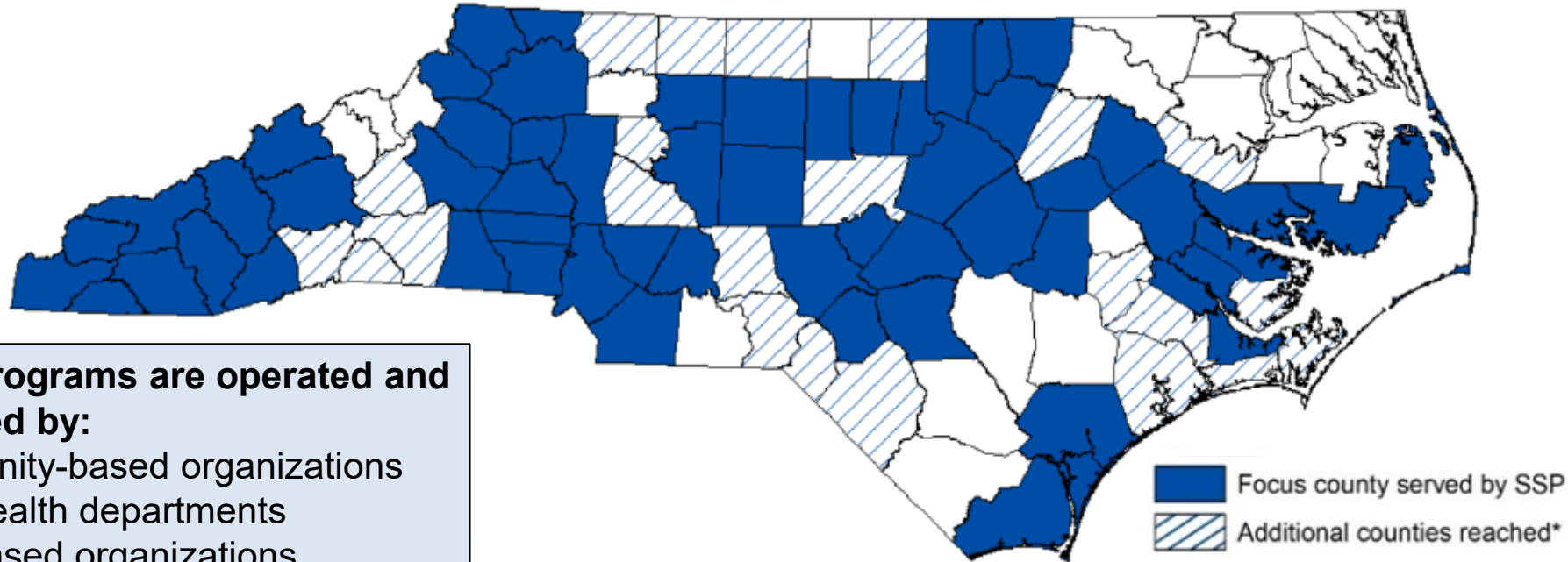
● States where laws explicitly authorize or are consistent with the legal operation of SSPs

1. Fernandez-Vina, et al. Public Health Reports, 2020.

Where are SSPs in the Southeast?



NC Counties Served or Reached by Registered Syringe Services Programs (SSPs), 2019-2020



Active programs are operated and supported by:

- Community-based organizations
- Local health departments
- Faith-based organizations
- Health systems
- SUD treatment providers
- AIDS service organizations
- First responders
- Directly impacted people

For a full list of registered SSPs visit <https://tinyurl.com/NCSSIList>



Syringe Services Programs (SSPs) are critical touch points within their communities



Services Provided at SSPs

Core Services

Educational
Materials

Syringe &
Supply Access

Secure
Disposal

Naloxone Kits and
Referrals

Referrals to Mental Health and
Substance Use Treatment (as needed)

Additional Support

Safer Use
Education

Support Groups
and Advocacy

Referrals to Medical
and Social Services

Overdose Prevention
Education

Legal
Services

Post-Overdose
Response

Wound
Care

MAT
Access

Case
Management

Hepatitis C
Treatment

Food

HCV and HIV Testing
and Linkage to Care

PrEP/PEP

Training and Professional
Development

Expanded
Sexual Health

Benefits of SSPs

- People who inject drugs (PWID) who use SSPs are more likely to enter treatment for substance use disorder and stop injecting
 - New SSP users are 5 times more likely to enter drug treatment¹
 - PWID who regularly use SSPs are 3 times more likely to report a reduction in injection frequency¹
- SSPs do not increase crime rates or stimulate increased drug use or new users²
- Play an important role in overdose prevention (Nalaxone)
- Estimated 50% reduction in HIV and HCV incidence³
 - When combined with medication-assisted treatment (MAT), SSPs can reduce HIV/HCV transmission by *two-thirds*
 - Starting to play a role in PrEP dissemination

1. Hagan, et al. J Subst Abuse Treat. 2000.

2. Marx, et al. Am J Public Health, 2000.

3. Platt L, et al. Cochrane Database Syst Rev. 2017.

- Adult and adolescent PWID accounted for 10% of the 37,968 new HIV diagnoses in 2018.¹
- CDC has estimated that 18.5% of PWID overall are at substantial risk for HIV and thus indicated for PrEP.²
- Rollout of PrEP limited among PWID, partially due to limited resources and lack of providers.
- Critical need to identify whether PWID are willing to take PrEP and how PrEP can be provided most effectively to PWID.
- Could SSPs fill that gap?

1. <https://www.cdc.gov/hiv/group/hiv-idu.html>

2. Smith DK, et al. MMWR, 2015.

Providing PrEP for people who inject drugs – are syringe exchange programs the way to go?

Mehri McKellar, Brian Perry, Christina Meade, Margaret Bordeaux, Deloris Mack, Stephen Bradley, Suzette Curry, Robert Childs, William Zule, Amy Corneli

Linking people who inject drugs (PWID) and participate in syringe services programs to PrEP services

Amy Corneli, Brian Perry, Margaret Bordeaux, Bernadette Calicchio, Mehri McKellar

Focus group participants expressed most enthusiasm for the visiting PrEP provider model, explaining that the approach is similar to successful PWID treatment outreach programs and that SSPs are viewed as a trusted source for health information



SSPs as Health Hubs

- Providing onsite services at SSPs has the potential to reduce barriers to care, including transportation and negative associations participants may have with the healthcare system
 - One small study that offered PrEP, MOUD, and HCV treatment onsite at an SSP found retention in MOUD treatment comparable to other low-barrier programs (50% at 90 days).
- ‘Low barrier’ or ‘low threshold’ substance use treatment
 - Patient is not required to abstain from taking drugs as part of the treatment requirement
 - Additional barriers may be eliminated, such as travel to multiple agencies or service providers

- Health centers for substance use had to identify a virtual platform compliant with substance use confidentiality regulations
 - Challenges:
 - How to accommodate patients who do not have internet-connected devices or stable Wi-Fi connections
 - Recognize difficulty with establishing emotional connections on Zoom
 - Benefits:
 - Can open up to people in remote locations and non-traditional settings
 - Harder to no show when it's on your phone
- Current literature suggests that telehealth may be effective for substance use treatment delivery
- Some clients prefer telehealth because of convenience and perceived greater confidentiality

Eibl, et al. The effectiveness of telemedicine-delivered opioid agonist therapy in a supervised clinical setting. *Drug Alcohol Depend*, 2017.

Weintraub, et al. Expanding access to buprenorphine treatment in rural areas with the use of telemedicine. *Am J Addict*, 2018.



Opioid Collaboratory: Mission

- **To save lives and reduce the harmful impact** of opioids in North Carolina through the development, implementation, and/or evaluation of sustainable, system-level interventions, which are:
 - **Action oriented** to quality/service improvement, implementation science, evaluation, data to practice
 - **Focused on those at highest risk** for overdose and drug related harms
 - Have clear potential for far reaching, **meaningful impact**

23 Projects: ↑Data Surveillance, ↑Health System Quality, ↑Public Health

Focused on the most vulnerable...

People who use drugs

People who have previously overdosed

People who are or have been incarcerated

People with Substance Use Disorder

People with co-occurring disorders, infection (HIV/HepC), or illness (cancer)

People who are under housed or housing insecure

People with chronic pain

People in acute pain

People who work in healthcare

Project Title

PARTNER UP

Providing a Resource:
Telemedicine at Needle Exchanges to Reach Under-served Populations

Population

People who inject drugs (PWID), specifically opioids, accessing SSPs

Recruit individuals interested in initiating paired MOUD and PrEP for HIV at syringe exchange programs in two North Carolina cities, using telemedicine for follow-up visits.

Conduct in-depth interviews with participants to evaluate the program and determine whether combined treatment with MOUD and PrEP through syringe services programs is acceptable and feasible, including when conducted remotely via telemedicine.

Project Team

Mehri McKellar, Hillary Chen, Yujung Choi, Nidhi Sachdeva, Amy Corneli, Brian Perry, Christina Meade

Community Partners: NC Harm Reduction Coalition, Queen City Needle Exchange, Center for Prevention Services

Impact

Reduce fatal overdose and prevent HIV

Build evidence around delivery model – telemedicine at SSPs

- To provide Suboxone (buprenorphine and naltrexone) and Truvada (tenofovir disoproxil fumarate/emtricitabine) for PrEP for persons who use opioids accessing SSPs in Wilmington and Charlotte using telemedicine for follow up visits
 - **Objective 1.** Assess whether the PARTNER UP program helps participants take their medication every day and continue both medications for the full 6 months
 - **Objective 2.** Assess whether the workload/tasks involved in designing and running the program are acceptable to team members and what kind of resources (time/effort) were required
 - **Objective 3.** Assess how well the program is received by participants/how well it is meeting their needs, and what kind of resources (time/effort) were required to participate

Speaking: Mehri McKellar



Nidhi Sachdeva (Me, internal)



Hillary Murphy (Host, internal)



Andrea Des Marais (Internal)



Becca Lilly



Byron Hauser



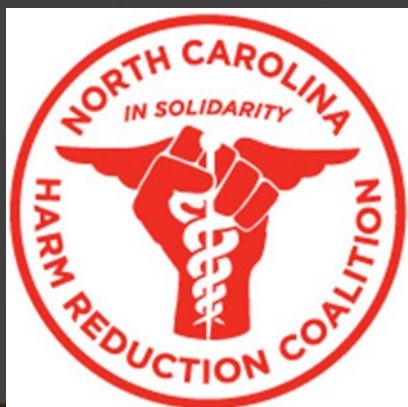
Jesse Bennett



Denae Ayers



Lauren Kestner



Mehri McKellar



Yujung Choi (Internal)



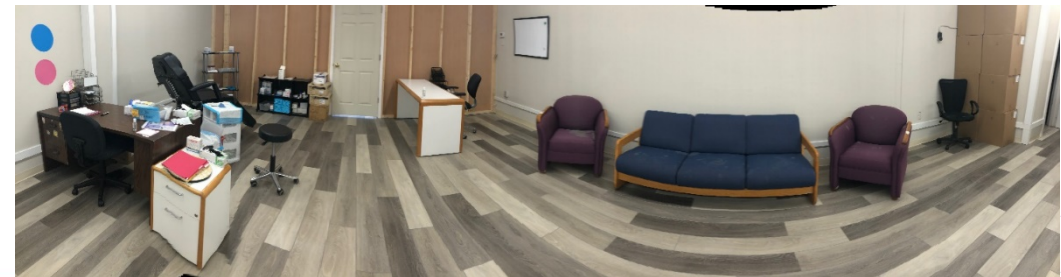
QUEEN CITY NEEDLE EXCHANGE



Center for Prevention Services

PARTNER UP - Participant Eligibility

- 18 years or older
- Self-reported history of injection opioid use
- History of sharing equipment or risk of HIV through sexual acquisition
- HIV negative (HIV antigen/antibody test on serum or plasma)
- Interested in taking Truvada for PrEP and bup/nx (Suboxone) for 6 months
- Not currently taking PrEP
- Not consistently taking any form of MOUD
- Not pregnant
- No medical contraindications such as renal failure or bone disease



PARTNER UP – Schedule of events

Schedule	Enrollment	<1 Month	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7
Visit with Study Physician	✓	✓	✓	✓	✓	✓	✓	✓	
HIV Ag/Ab	✓				✓			✓	
Comprehensive metabolic panel	✓				✓			✓	
Hep B sAg, cAb	✓				✓			✓	
Hep C Ab	✓				✓			✓	
Urine pregnancy	✓	✓	✓	✓	✓	✓	✓	✓	
Urine bup levels		✓	✓	✓	✓	✓	✓	✓	
Questionnaire	✓				✓			✓	
Interviews			✓			✓			
Referral check in									✓

- Study participants use Duke MyChart for telemedicine visits
 - Initial/enrollment visits in person at SSP
 - All follow-up visits conducted via telemedicine
- Duke Study Coordinators help study participants set up their MyChart account during the enrollment visit, either using study-designated computer in SSP or on own smart devices
- SSP Site Coordinators provide support when needed in navigating MyChart in follow-up visits
- Participants can also communicate with provider via messaging in MyChart



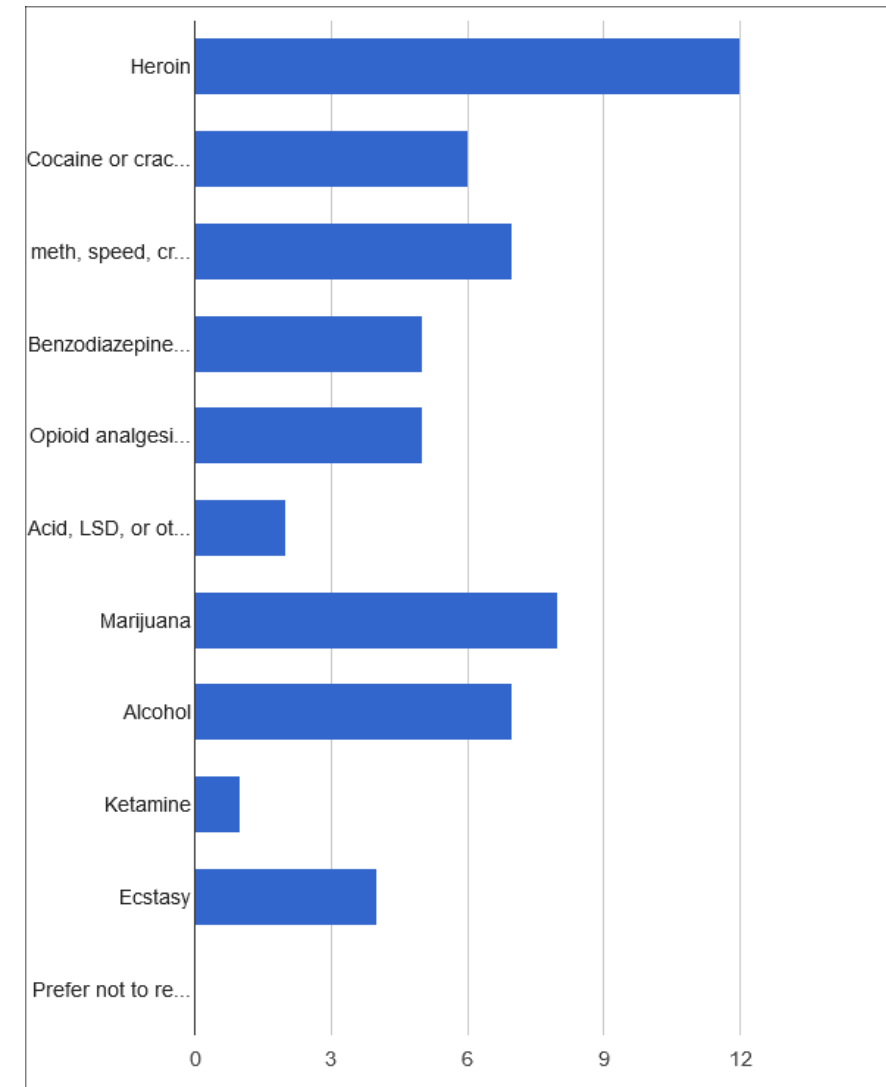
PARTNER UP - Demographics & initial findings

- 17 participants initially enrolled
 - 10 Wilmington, 7 Charlotte
 - 4 have dropped out since enrollment – 2 due to incarceration (1 Wilmington, 1 Charlotte), 1 preferred to be in methadone program, 1 lost to follow up
 - 13 currently enrolled; 1 person on PrEP only; 12 on bup/nx +/- PrEP
 - 12/17 (71%) male
 - 13/17 (76%) white; 1 Latinx/Hispanic
 - Mean age – 33 years old (24-70 years)
 - 18% some high school, 24% high school degree/equiv, 59% some college
 - 65% single, 35% married/partnered
 - 33% unemployed, 13% working full time, 33% working part time
 - 13/17 (76%) no insurance, 3 have private insurance, 1 has Medicare
 - 100% have smartphone, 33% have computer with video

PARTNER UP - Participant Demographics

- Reasons for being in study:
 - #1 Wants to better manage drug use
 - #2 To receive both Suboxone and PrEP for free
 - #3 To access meds at an SSP instead of another location
- 59% tested positive for HCV at initial study visit
 - No new HCV or HIV diagnoses to date
- 53% reported having overdosed before
- 94% had tried buprenorphine before
 - 55% got it off the street
 - 73% said they took it to try and stop drugs

During the past month, which of the following substances have you used? Choose all that apply to you



PARTNER UP – Attitudes/experiences regarding PrEP

- 71% had heard of PrEP before the study
 - 1 had previously taken it
- 65% willing to take PrEP to help protect themselves against HIV
- 24% willing to take PrEP because they think they are at high risk for getting HIV
- 53% reported that the cost would be a barrier

PARTNER UP – HIV Risk Perception vs. Behaviors

- 24% willing to take PrEP because they think they are at high risk for getting HIV
- However...
 - 59% had shared syringes or works in last 3 months prior to study
 - 59% had HCV at baseline
 - 35% had been paid money to have sex with someone at least once per month
 - 12% had paid money to have sex with someone at least once per month
 - 53% never used condoms when they had sex

PARTNER UP – Attitudes/experiences regarding MOUD

- 94% had taken buprenorphine before the study
- 82% were willing to take MOUD because they want to stop using drugs
- Most common concerns about taking buprenorphine:
 - Ability to pay (41%)
 - Worry about side effects (35%)
 - Worry about withdrawal (35%)

- Our experience with ‘low threshold’ MOUD/MAT positive overall
 - Feasible given that visit/labs/meds are currently covered by grant
 - Options otherwise: Duke Charity Care, Gilead Advancing Access, patient assistance programs for Suboxone (Durham County: Suboxone covered by a grant)
 - We need NC Medicaid expansion in NC
 - No intensive behavioral therapy (referrals can be made)
 - Giving meds for 1 month at a time (very different than methadone clinic) is much easier
 - However, still a lot of work (not low threshold for the team!)

PARTNER UP – Lessons learned... so far

- Higher dose of bup/nx than what I learned in my waiver class
 - Partly influenced by fentanyl drug mix... new protocols needed
- Different responses to 'at home' bup/nx initiation among participants
- Much more interest in Suboxone than Truvada (even more interest in Subutex which is buprenorphine alone)
- MyChart can be a great tool for communication

- SSPs are eager and capable partners to work with
- Very gratifying to help people in need of services

PARTNER UP – Next steps

- Include hepatitis C treatment on the menu
 - CFAR supplement to provide Suboxone, PrEP and HCV treatment
- Expand to other SSPs
- Future directions
 - Injectable cabotegravir for PrEP Q 8 weeks
 - Not yet studied in PWID
 - Injectable monthly MAT
 - Vivitrol or naltrexone (have to be off opioids x 7 days)
 - Sublocade (extended-release buprenorphine)

Scott County, Indiana

- First 4 months in 2015, Scott County registered 135 new cases of HIV (compared to average 5/yr)
 - Large number of coinfection with HCV (hallmark of sharing contaminated needles)
 - Ultimately 235 persons (in county of 4,300 persons) diagnosed with HIV
- 2015: Indiana allowed Scott County to operate SSP
 - 2020 – 1 new HIV infection

POLICY-ISH

Indiana Needle Exchange That Helped Contain A Historic HIV Outbreak To Be Shut Down

Updated June 3, 2021 · 11:24 AM ET ⓘ

Heard on [Morning Edition](#)

MITCH LEGAN

FROM [wfiu](#) | [wfiu.org](#)

A big **THANK YOU** to

Our participants, the PARTNER UP team including our amazing community partners, Sheila Schwartz (Duke pharmacy), Nancy Langman (Duke Clinic 1K), LabCorp, and Walgreens!

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Department of Population Health Sciences

Duke University School of Medicine