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COVID-19 Behavior Changes and Recommendations for COVID-19 Messaging among People Who Use Drugs in Rural Oregon

Learning Objectives

- ▶ **Summarize** emerging themes from rapid-response qualitative interviews among people who use drugs (PWUD) in rural Oregon;
- ▶ **Discuss** COVID-19 risk-reducing strategies and recommendations from PWUD
- ▶ **Spark** conversation – think, learn, and connect across our disciplines

A moment of reflection

Giving thanks.

Why are we here today?

What brought you to
your work?

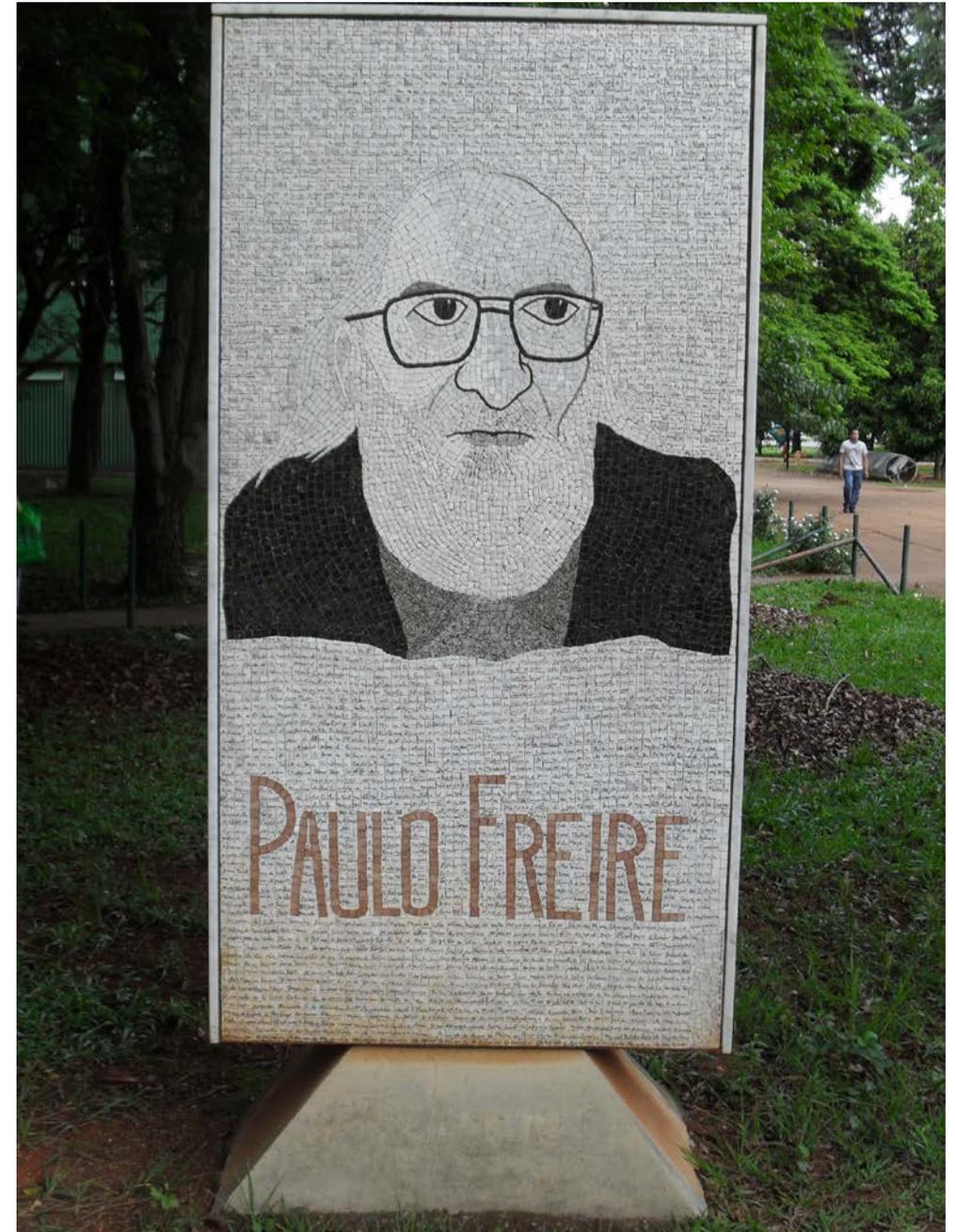
What keeps you going
when the going gets
tough?



Photo credit: Yayoi Kusama | Infinity Mirror Rooms

<https://hirshhorn.si.edu/kusama/infinity-rooms/>

Knowledge emerges only through **invention and re-invention**, through the restless, impatient, continuing, hopeful inquiry human beings pursue with the world and with each other.



Qualitative Research

- Interviews, focus groups, observations
- NON-NUMERICAL DATA
- Gain insight into a problem, look for themes, generate new ideas
- “Not generalizable;” experiences from a specific sample
- This population is rural and PWUD; not all rural people may share these experiences and not all PWUD may share these experiences



Today's Discussion



Background



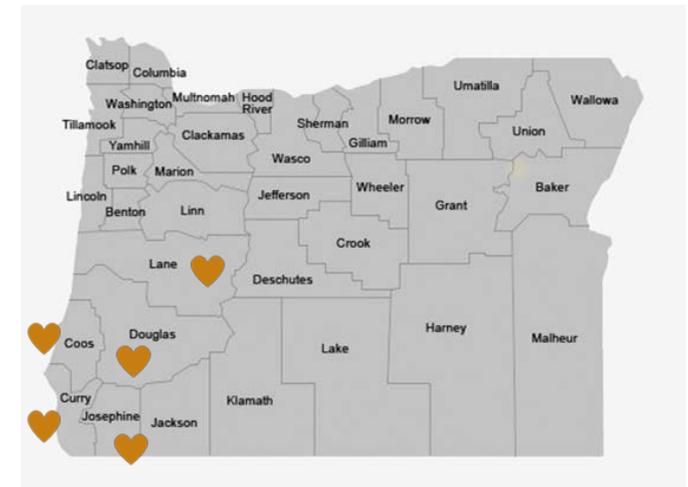
Research and Results



Take-Aways and Discussion

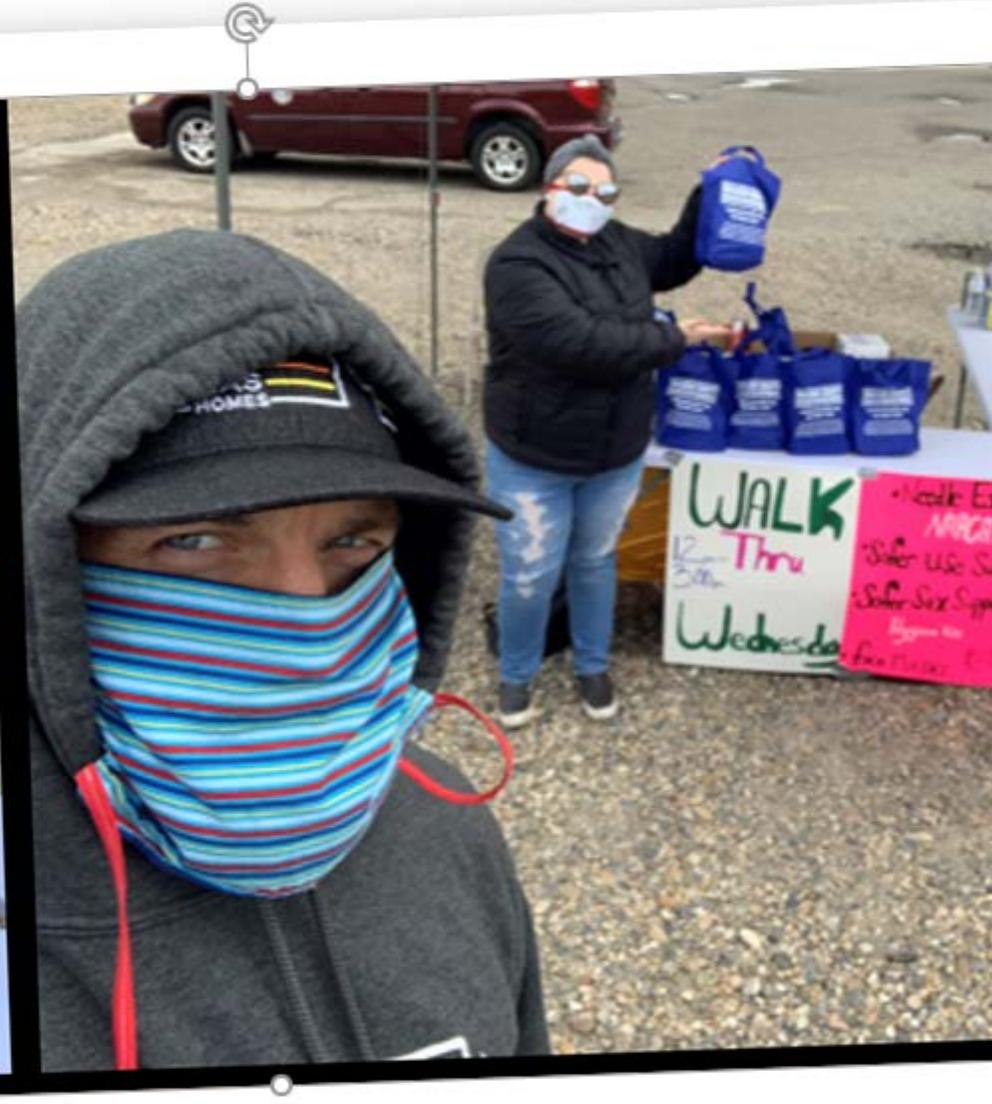
Background: Oregon HOPE rural peer model

- ▶ “OR-HOPE” = **O**regon **H**IV/**H**CV and **O**pioid **P**revention and **E**ngagement - in partnership with OHSU, OHA, and Comagine Health
- ▶ Peer support specialists hired to work in rural Oregon communities with high rates of:
 - ▶ Opioid overdose
 - ▶ New hepatitis C (most common risk factor: injection drug use)
- ▶ Peer specialists are:
 - ▶ People with lived experience (in recovery)
 - ▶ Trained and certified through the state
- ▶ OR-HOPE peers engage people who use drugs through community outreach and syringe services
- ▶ **Counties:** Coos, Curry, Douglas, Josephine, Lane



OR-HOPE peers provide...

- Harm reduction tools (safe injection supplies, naloxone, education)
- HCV/HIV rapid testing
- Peer support
- Linkage to treatment (substance use, infectious disease, physical health)
- Assistance with life needs

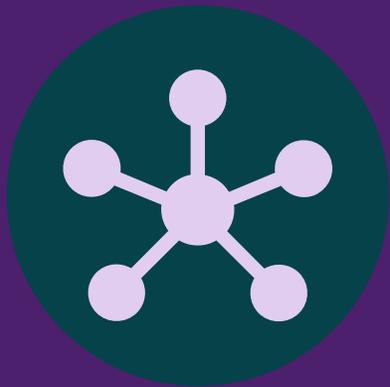


COVID-19: Time of Collision, Disruption and Innovation

- ▶ Call for rapid in-the-field assessments to generate evidence to support action to improve emergency response
- ▶ April 21st, 2020
 - ▶ Masks not required
 - ▶ 2,002 cases in ALL of Oregon
 - ▶ Limited data; individual county data was not available
- ▶ October 13th, 2020
 - ▶ Governor's Executive Order: statewide face mask policy
 - ▶ 37,472 cases in all of Oregon (**18.7x more cases**)
 - ▶ 2,364 cases in the counties we interviewed



Rural COVID-19 Qualitative Interviews



- ▶ **Time Frame**: Mid-April – Mid-May 2020
- ▶ **Recruitment**: Peers recruited participants through syringe exchange, service organizations, and outreach to past clients
- ▶ **Inclusion**: Live in study areas; injected drugs or used opioids, meth, or cocaine in past 30 days
- ▶ **Design**: Research staff conducted phone interviews
- ▶ **Interview Domains**: Exposure risk in daily life, drug availability, drug use, overdose and mental health, SUDs treatment, medical care, ideas for the community

Who did we interview?

36 people who use drugs in rural Oregon

Average age **40.1**

56% Female

14% Hispanic

Race:

78% White

11% Multiracial

6% American Indian

3% African American

3% Asian or Pacific Islander

Types of drugs used, past 30 days

44% Opioids and methamphetamine

49% Opioids, no meth

7% Meth, no opioids

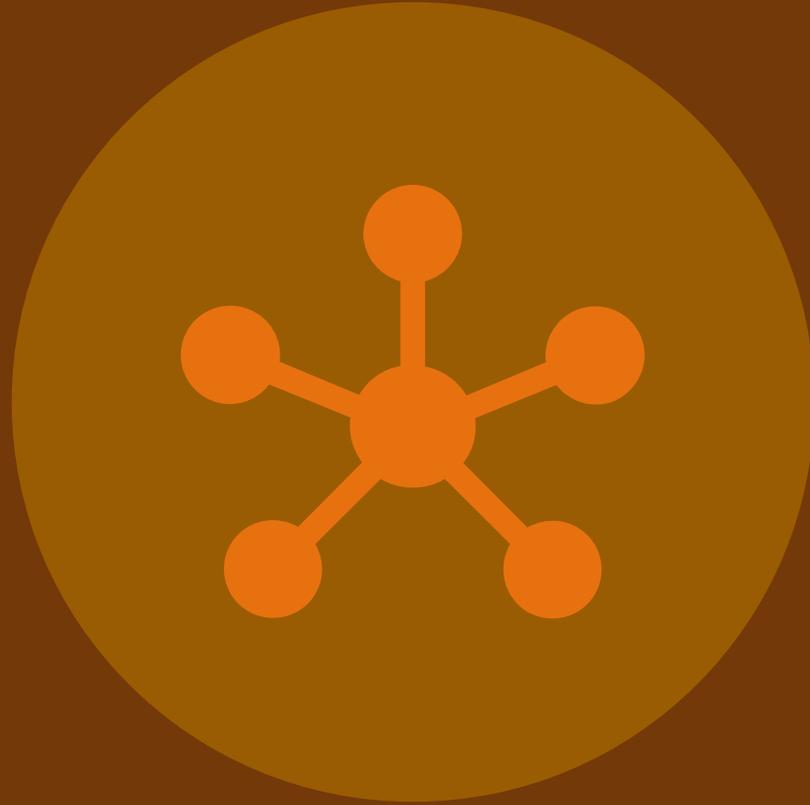
Injection use

78% Injected drugs past 30 days

What did our participants tell us?



- ▶ Level of concern and risk mitigation in daily life;
- ▶ Drug use and purchase practice modifications;
- ▶ Economic impact: changes in income/employment;
- ▶ ... and much more.



Level of Concern and Risk Mitigation in Daily Life

Level of Concern

More Concerned

“It's also concerning to me being out in public everyday going like to OTP clinic and possibly bringing it back because my step-dad is over seventy and so that's also a risk for him.”

“You have to figure everybody you come in contact with who is-- who they come in contact with... every person you come in contact opens up a whole new world of people who they could have come in contact with, so you know it's you just never know.”

Less/not Concerned

“I am honestly not too worried about it... Nobody in my county has gotten it, yet... So far there is no risk being out and about.”

“I am really not so concerned about it... the bus driver told me that the news said it was overblown and it's not as much, especially in Oregon she was saying.”

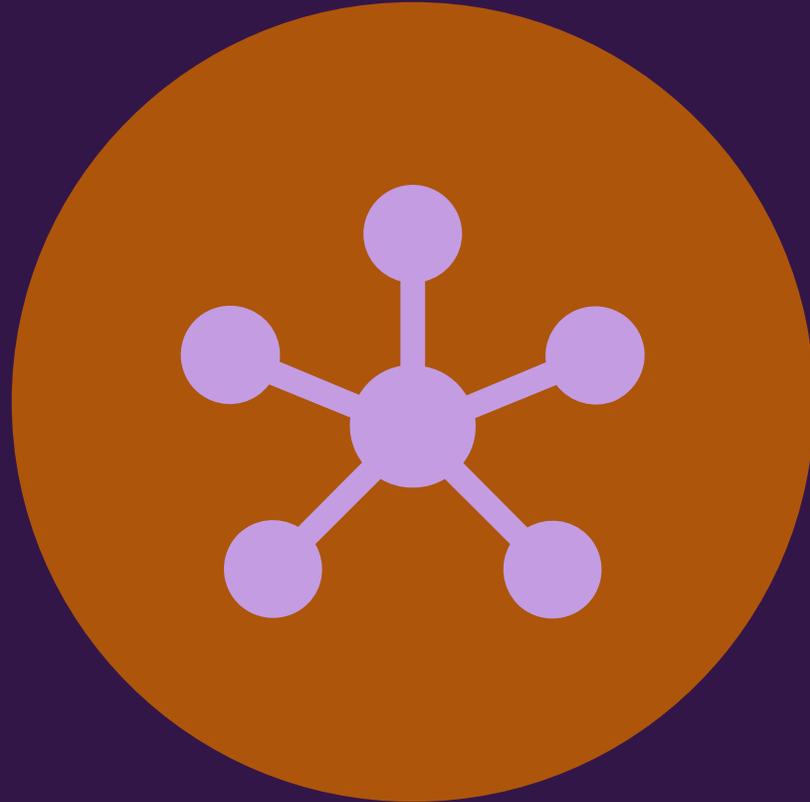
Changes in Daily Life

- **People made changes to how they lived their lives/reported following safety guidelines**
- **Some participants lacked adequate hygiene supplies or the ability to practice physical distancing due to their housing situation**
- **Homelessness exacerbated challenges in maintaining safety guidelines**

“I am able to safely distance and I'm always wearing a mask, and the more I am not around people, I think the more I will be safe.”

“There's always a lot of random people that just show up that I don't know because other people live here and we share bathrooms and showers.”

“Where else are you supposed to go? Almost all the businesses are closed down. There's no place for the homeless to go until after the sun goes down.”



Changes in Drug Use and Purchase Practices

Changes in drug use

- ▶ **Changes to both injection and inhalation (smoked) drug use**
- ▶ **Several participants reported:**
 - ▶ Reusing syringes less during COVID-19, both due to increased access to syringes and as a risk management effort to avoid the need for health system exposure during COVID-19.
 - ▶ Continuing or expanding their existing practices of distributing injection supplies and naloxone to their peers (secondary distribution).
- ▶ **A few participants accessed syringe services less due to COVID-19 concerns or access challenges**

“Due to the fact that I have more access to the new needles or whatever more [frequently], I have been like not reusing the same ones over again or whatever. I have been only using them once and then disposing of them and just using a new one every single time... ‘cause before [COVID-19] I wasn't too concerned.”

“Well, I help other people exchange theirs [syringes] because they are too scared to go themselves.”

Changes in purchasing practices

- ▶ **Participants were aware of the COVID-19 risk within standard drug purchase practices leading to modifications in exchanges.**

“I worry about the COVID because I don't know where the meth was made or who made it or what precautions they took or if it's something.”

“I walk up. Tap on his window. He comes out and I tell him what's up. Tell him what I want, whatever and he'll say okay. He will go back inside his house and he will bring me out a bag and toss it to me and then I'll put-- what I'm giving to him or whatever in the bag and he puts the drugs in a cigarette pack or whatever and I'll toss it to him and he puts it in the cigarette pack and tosses it back to me.”

“One person has like put it on the trunk of their car and then you know, instead of handing it hand to hand, yeah.”

Economic Impact



- ▶ Majority of participants described lost income for both informal (gig work, odd jobs) and formal (“over the table”) work
 - ▶ Job loss
 - ▶ Fluctuating/reduced hours
 - ▶ Not able to enter houses (cleaning, repair/maintenance)
 - ▶ “Slow down”
- ▶ Increase in cash flow: unemployment benefits, stimulus check, rent on pause

Economic impact

“There used to be like an occasional odd job or what not and now it's like down to nothing.”

“My hours have been cut and my days have been cut. Yeah. It all relies on how many rooms we rent-- how many people work. We are not raising that much because of the COVID-19.”

“Yeah, I did heating and air conditioning work. I was a service technician... so I was in you know, five or six houses at least every day. Now I am not in any houses so it's a big difference.”

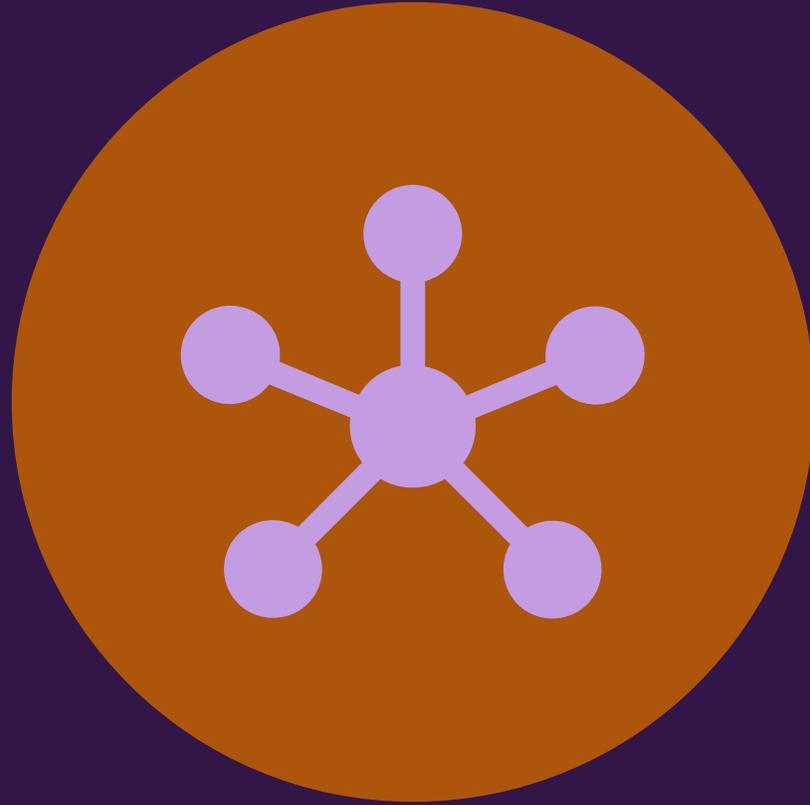
“So I actually escort so that actually is a lot worse for me because I am around people that I don't really know, especially older people but it's been really slow since all this started.”

Canning

“Usually I do recycling, I do cans and bottles...that's like a huge chunk of our income. The only place taking cans and bottles in right now we got to go all the way to Grants Pass... I am losing money because of this, because I have a guy that will come pick them up. I gather them all up and when I feel like I have enough, I get a hold of him and I tell him to come and get them. He takes them in, cashes them in and then I split the money with him fifty-fifty.”

“I recycle for a living, I don't have a job and finding a job to save my home is going to be even twice as hard and then the recycling is just-- ridiculous because we can't.”

“There is no money. They shut down all the recycling bins to try and keep down any foreign germs that might come through or come in contact in one single area because we pick up cans and bottles out of garbage cans, bushes, gutters, doesn't matter.”



Conclusions/Recommendations

Recommendations from Participants

- ▶ **Promote accessible COVID-19 information from trusted sources**
- ▶ **Increase naloxone distribution, expand SSP days/hours/locations; need-based syringe services**
- ▶ **Provide more community resources, including housing and hygiene**

“I mean I guess [COVID-19 information is] all over the radio, it's all over the TV, it's all over the phone. I don't have any of them, so I just have to find out word of mouth and the [syringe service organization]...”

“Give out more [syringes] in this moment would be a bit better considering less visits, less people having to go back in and less frequently.”

“People that need to help each other, they need to come together in a time of crisis.”

Take-aways/Implications

- ▶ PWUD are engaging in COVID-19 risk-reducing strategies, but more relevant messaging from trusted messengers is needed.
- ▶ Increased access is needed for harm reduction services (days/hours/locations; syringes; naloxone). Participants provided suggestions for ways syringe service programs (SSPs) and other organizations could better support PWUD during a pandemic.
- ▶ Structural and systemic vulnerabilities (lack of housing, stable income) amplify the challenges of COVID-19.
- ▶ Participants highlighted specific challenges, as well as unique community resilience and coping strategies to care for themselves and others

Thank you!



- ▶ Let's talk!
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