

The Partner Up Study

Providing Medication for Opioid Use Disorder and Pre-Exposure Prophylaxis for HIV Prevention through Syringe Services Programs in North Carolina

The PARTNER UP study provided medication for opioid use disorder (or “MOUD”) and pre-exposure prophylaxis (or “PrEP”) for HIV prevention at syringe services programs (SSPs), using telemedicine (phone calls or video chat) to connect with a medical provider. The study team wanted to know 1) what worked well for people in the study, and 2) how taking the medication and following up with the provider using telemedicine went.

Duke University’s School of Medicine worked with North Carolina Harm Reduction Coalition (NCHRC) and Queen City Harm Reduction (QCHR) to do the study.

ELIGIBILITY CRITERIA

- Be 18 years or older
- Have a history of injection opioid use in past 6 months
- Have a history of sharing injection or drug preparation equipment or risk of getting HIV through sex
- Be HIV negative
- Not be pregnant
- Not be taking PrEP and not consistently taking any form of MOUD
- Be willing to take MOUD and PrEP for HIV prevention for 6 months (could stop either medicine at any time)
- Not have any medical condition that might make the study medications dangerous for participants to take (“medical contraindications”)

IMPORTANT LESSONS LEARNED

People in the study were more interested in and motivated to take MOUD than PrEP

- While people seemed less interested in PrEP and said they thought they were at low risk for getting HIV, over half of people who signed up for the study reported sharing syringes in the past 3 months, which puts someone at risk for getting HIV

People in the study said using telemedicine was acceptable (they liked it) and feasible (they were able to do it)

- People liked having a choice in how and where they did their telemedicine visits (with or without video, by phone, and not only at the SSP)

It took a lot of time and work to connect people to affordable medical care at the end of the study, especially for people who did not have health insurance

- There were not a lot of buprenorphine providers to send people to in the communities where the study took place

MOUD and PrEP can be given successfully to people at SSPs using telemedicine

- Almost 3/4 (71%) of people in the study said they were taking one or both medications after 6 months (end of study)
- To our knowledge, no one experienced an overdose while in the study
- Among those tested, no one acquired HIV during the study

WHAT HAPPENED?

SETTING: The study was conducted at two SSPs—one in Wilmington and one in Charlotte, North Carolina—between November 2020 and August 2021, during the COVID-19 pandemic.

- First, people in the study met the medical provider in person at the SSP to get started on the medication
- After that, they had weekly visits for about one month, then monthly follow-up visits for 6 months, using telemedicine (phone call or video chat). There was a computer at the SSPs that people in the study could use if they wanted to, or they could use their own phone, tablet, or computer wherever they wanted.

MEDICATION: People in the study were given Suboxone® (buprenorphine/naloxone) for MOUD and Truvada® (tenofovir/emtricitabine) for PrEP.

LAB TESTING: People in the study gave urine and blood samples to test for: 1) pregnancy, 2) HIV, 3) hepatitis B and C, 4) kidney and liver function.

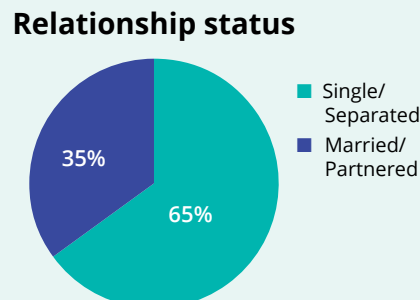
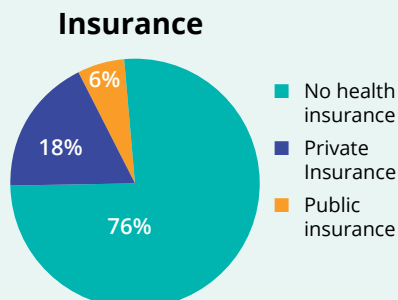
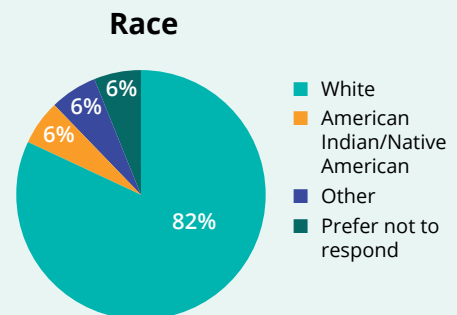
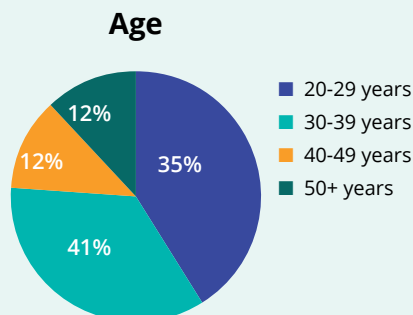
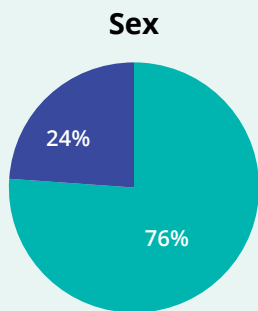
They also provided urine samples to test for buprenorphine weekly for the first month and then monthly until the end of the study. Urine buprenorphine screening was not required and was used to help the medical provider decide how to adjust each person's care plan or medication dose. Lab samples were drawn by a phlebotomist (a person trained in drawing blood) at the SSP or at a local laboratory.

SURVEYS AND INTERVIEWS: People in the study did surveys at the beginning, halfway through, and at the end of the study. Survey questions focused on demographics (like age and gender), health behaviors, and drug use. In the second and final surveys, people were asked whether they were taking their medications as prescribed and how they liked the program. Some people also participated in interviews about their experience in the study.

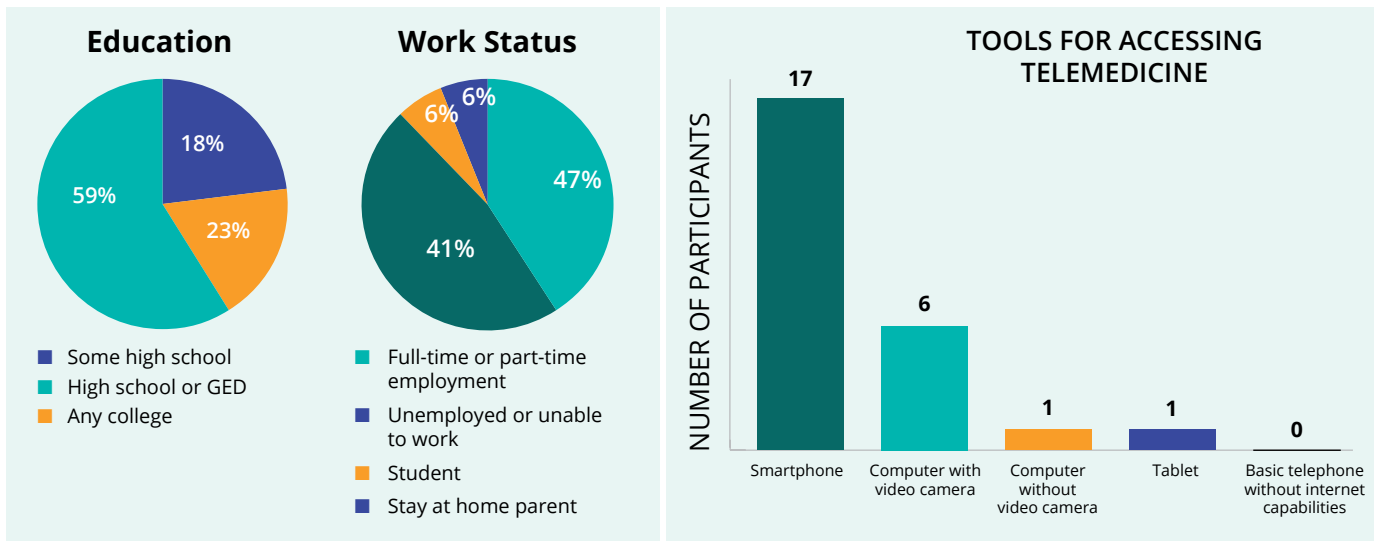
At the end of the study, the study team helped to connect people who wanted to keep taking the medication to local care.

WHO PARTICIPATED IN THE STUDY?

A total of 17 people were in the study.



**No one in the study identified as Black/African American*



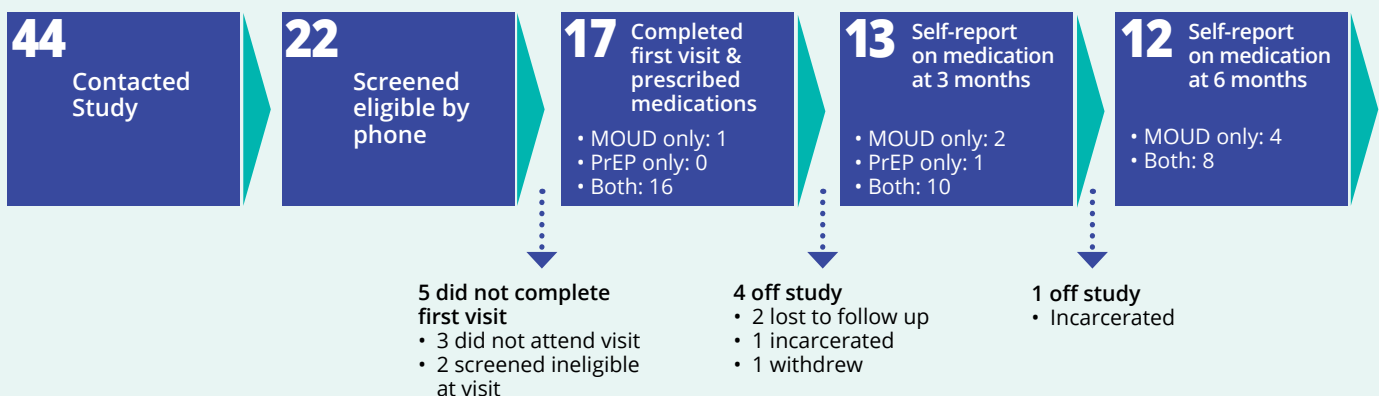
WHAT DID WE FIND OUT?

AT THE BEGINNING OF THE STUDY

- 16 people were given both MOUD and PrEP and one person was given only MOUD due to the inability to draw the labs required for PrEP
- More than half (53%) said they had overdosed on opiates before joining the study
- Over half (59%) tested positive for hepatitis C antibodies
- Almost all (94%) said they had used heroin or opioids in the last month
- More than half reported sharing syringes (59%) and reported never using condoms (53%) in the 3 months prior to the study, which are risk factors for getting HIV

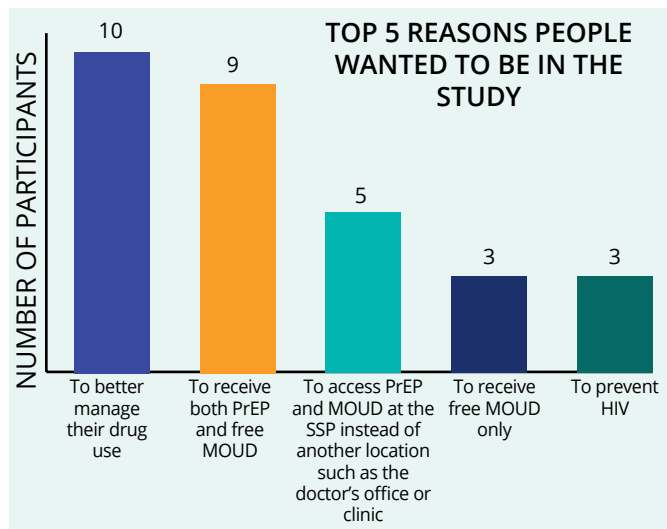
AT THE END OF THE STUDY

- 12 people were still in the study
 - 8 people were still taking both medications and 4 were taking only MOUD
- Only 1 out of 6 people who completed the survey said they had used heroin or opioids in the last month
- 3 people were connected with a local provider to continue MOUD
- 3 people continued getting MOUD from the study provider
- 2 people expressed interest in continuing PrEP



What worked well for people in the study?

- People wanted to join the study to get free medication
- People were more motivated to take MOUD than PrEP because most people did not think they were at risk for getting HIV
- People said the study:
 - Gave them access to a medical provider and SSP staff they could trust
 - Helped them get medication more easily
 - Helped them get connected to other health services
 - Improved their mental health
 - Helped them stop using opioids
- Telemedicine visits were easier to do and just as comfortable (or more comfortable) than seeing a medical provider in person, and helped some participants feel more comfortable being honest with the provider
- Using their own phone or computer was easier for telemedicine visits than using a computer set up at the SSP
- Seeing the medical provider in person first was important to build trust between the provider and person in the study



How did it go for people in the study?

- Some people had trouble traveling to the SSP, laboratory, or pharmacy
- Most people did not miss their follow up appointments, but some people had trouble remembering when monthly appointments were, said they did not see or did not get appointment reminders, or had work schedules that made it hard to do follow up appointments

NEXT STEPS

We are currently doing a similar study at another SSP in NC. At this SSP, we are offering people hepatitis C treatment when needed, along with MOUD and/or PrEP.

THANK YOU

Thank you to our participants! We would also like to thank our partners Denae Ayers, Jesse Bennett, Reid Getty, Becca Lilly, and Lauren Kestner for their contributions to this work, as well as Sheila Schwartz & Nancy Langman from Duke Clinic 1K and our partners at LabCorp and Walgreens.

QUESTIONS OR THOUGHTS ABOUT THIS STUDY?

Email harmreduction@duke.edu