

RESTORE: A PEER FACILITATED MODEL FOR SUBSTANCE USE DISORDER (SUD) CARE INTEGRATION INTO OUTPATIENT INFECTIOUS DISEASE CARE

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Background: The opioid crisis has led to concomitant increases in injection drug use and infectious diseases such as hepatitis and HIV. Models of care to integrate SUD care into infectious disease (ID) care settings are needed. The RESTORE program utilized a multi-component approach that includes screening, linkage to SUD care through peer-delivered engagement, and initiation of evidence-based SUD treatments by ID care providers to integrate low-barrier SUD care into an outpatient ID care setting.

Methods: Participants were recruited from patients receiving RESTORE services between April 2019 and July 2021 (63% HIV only, 23% HCV/HBV only; 11% HCV/HBV and HIV). Paired sample t-tests and McNemar's tests were conducted to compare substance use, injecting behaviors, and mental health scores (GAD-7 and PHQ-2) from baseline to 6 months.

Results: 137 participants with a mean age \pm SD of 52.1 ± 10.4 years, 63% male, 84% African-American were included in the study. The majority, 127 (92.7%) were retained at 6 months. In the paired sample ($n=127$), significantly fewer participants used any illegal opioids in the past 30 days at 6 months (32.3%) compared with baseline (52.0%; $p<.001$). Heroin use in the past 30 days decreased from baseline (47.2%) to 6 months (26.8%; $p<.001$), as well as fentanyl (31.0% at baseline vs. 19.7% at 6 months; $p=.009$) and cocaine use (46.5% at baseline vs. 33.9% at 6 months; $p=.006$). The proportion of participants who injected in the past 30 days also decreased from baseline (12.6%) to 6 months (7.9%; $p=.03$). Additionally, significantly fewer participants screened positive for generalized anxiety disorder from baseline (22.2%) to 6 months (9.5%; $p=.004$).

Conclusion: Study findings suggest effectiveness of the RESTORE model for SUD care integration into an urban outpatient ID care setting. More research is needed to examine RESTORE's effectiveness in other settings with different demographics, including rural communities.

Disclosure on interest: None