



Data Debrief

KEY FINDINGS FROM 2022

PEOPLE WHO INJECT DRUGS IN THE PORTLAND MSA

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Today's agenda

- Introductions
- Presentation
- Break?
- Question/Discussion
- Next steps

What is Chime In?

- National HIV Behavioral Surveillance (NHBS)
- Monitor HIV risk behaviors and prevention service use



Participants

Key populations

- People who inject drugs (PWID)
- People at high risk for heterosexual transmission (HET)
- Men who have sex with men (MSM)

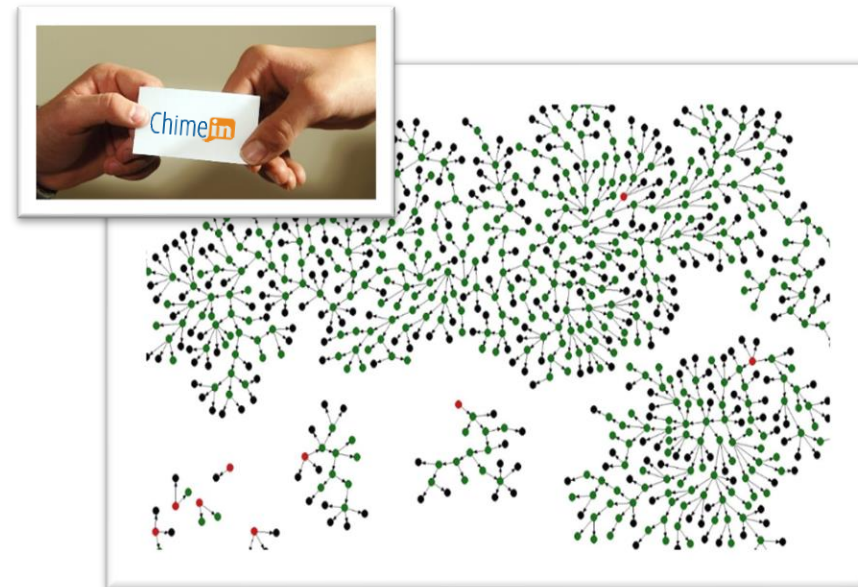
PWID eligibility:

- Live in the sampling area
- 18+ years old
- Report injection drug use in past year



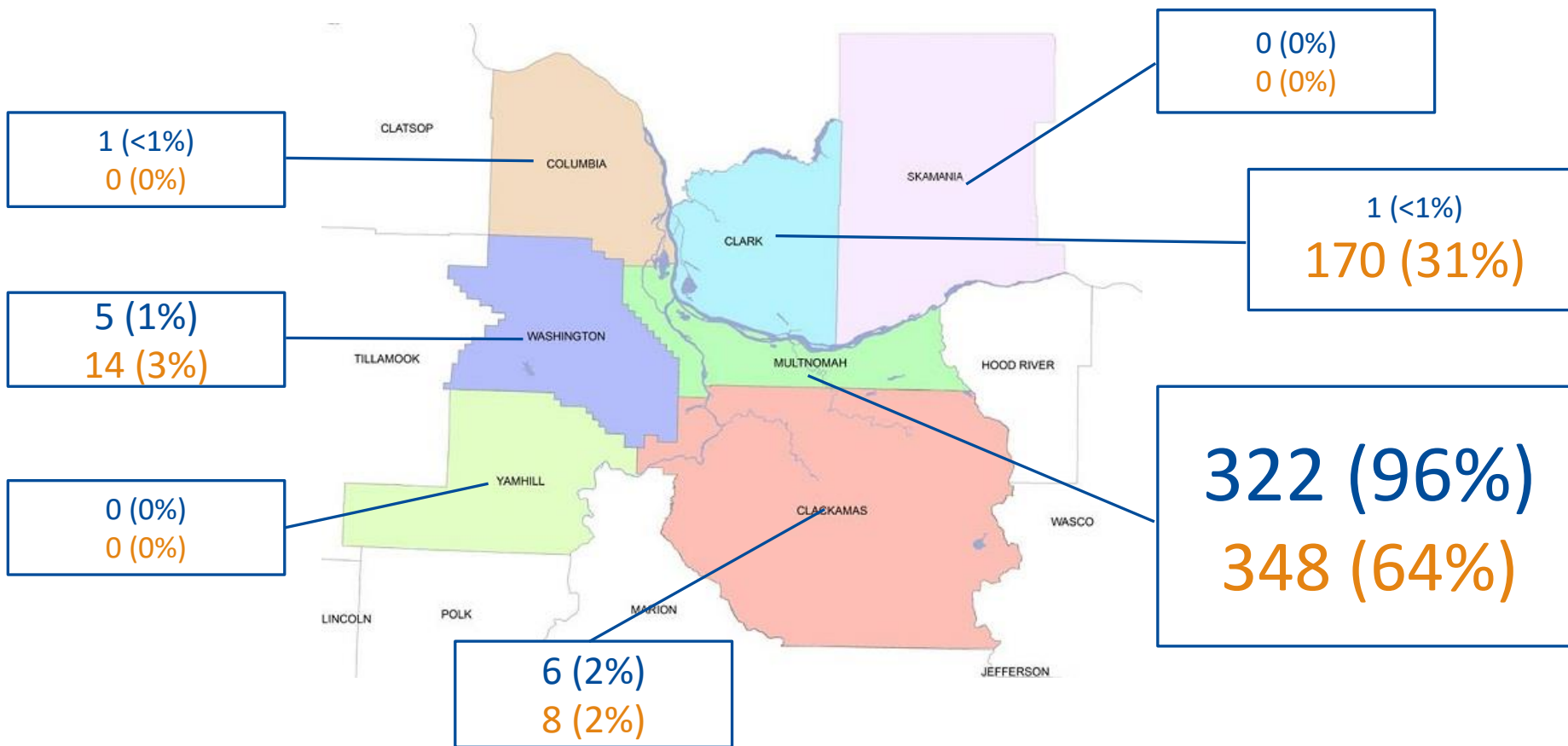
Data collection

- June 2022 – December 2022
- Respondent driven sampling (RDS)
- Participation
 - Survey
 - HIV testing
 - Referrals



Key findings from 2022

The sample in **2022** (N = 335) was mostly from Multnomah County with fewer folks from Clark County



Demographics

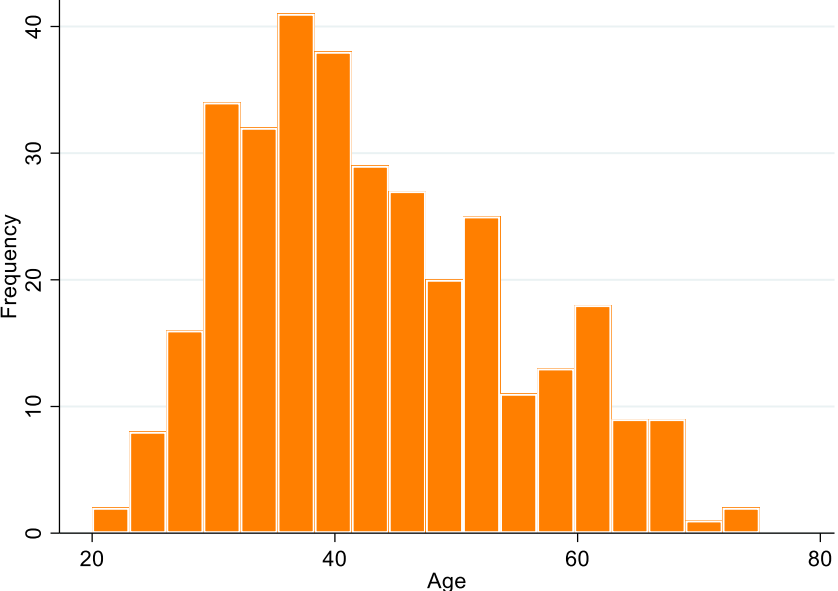
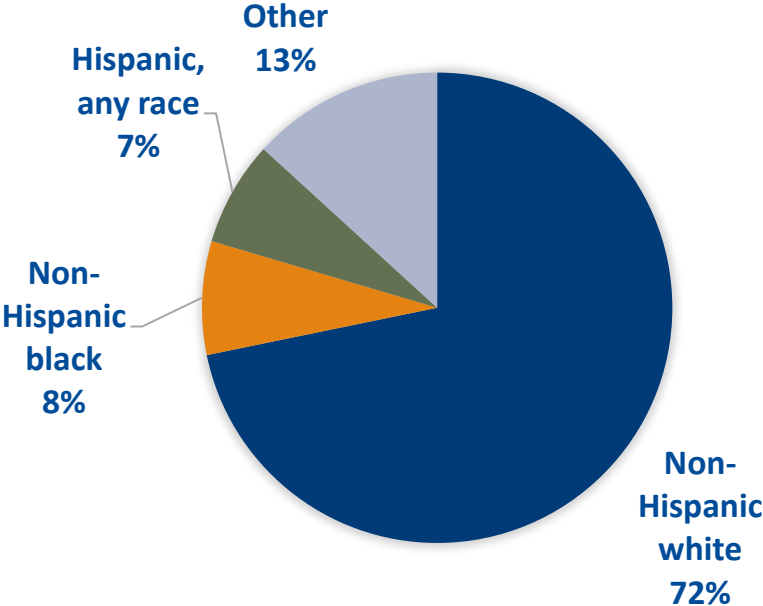
Participants were mostly white males between 30-50 years old who identified as straight



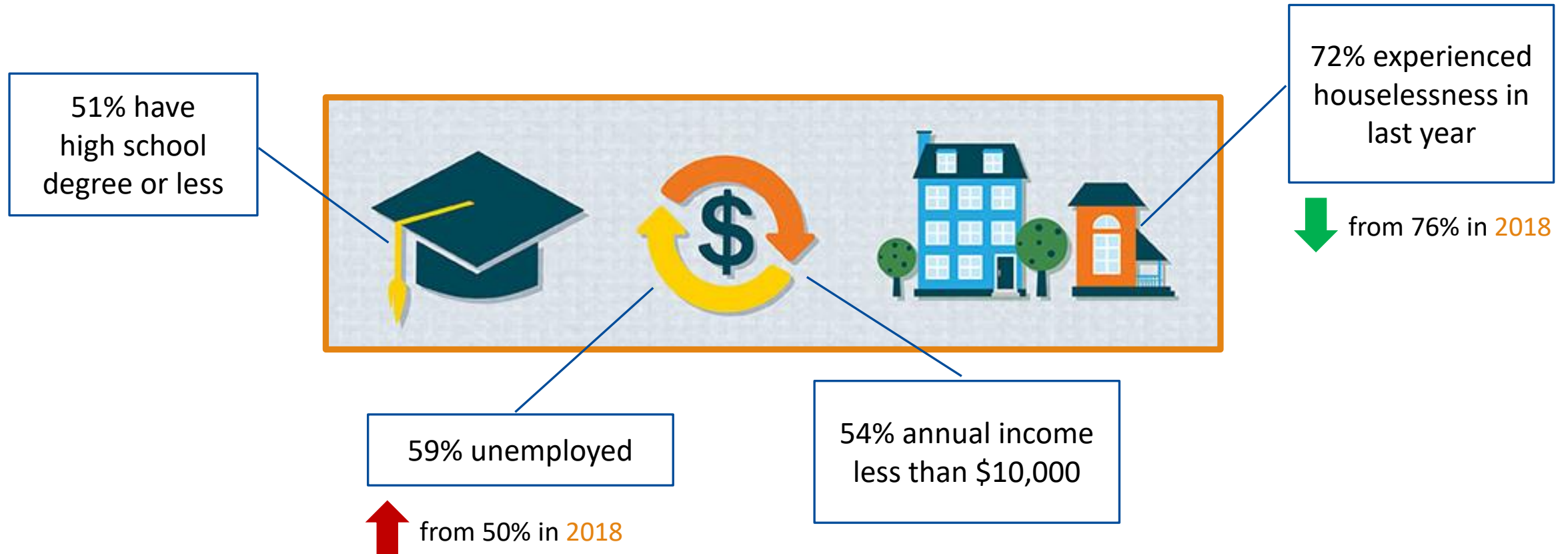
60% Male



84% Heterosexual/Straight



Compared to 2018, participants in 2022 had more unemployment, but less houselessness



Most Chime In participants had insurance and access to healthcare

92%

- Were currently insured

86%

- Had a usual source of care

45%

- Used a clinic or doctor's office as their usual source of care

78%

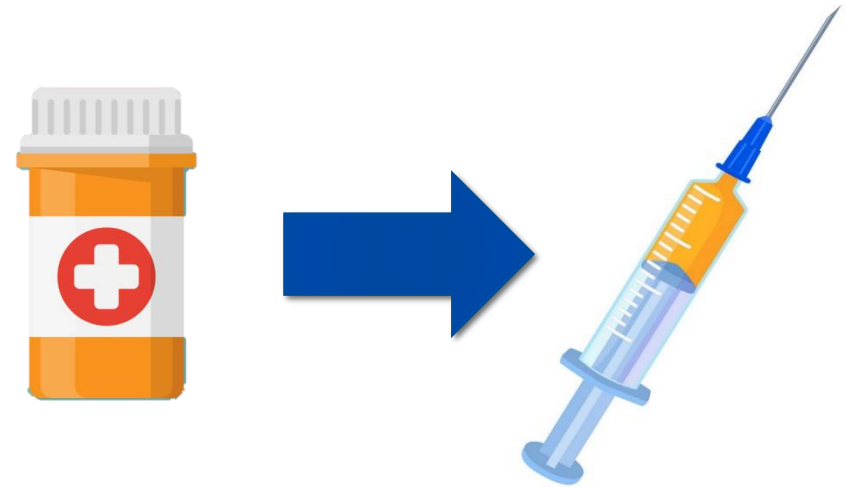
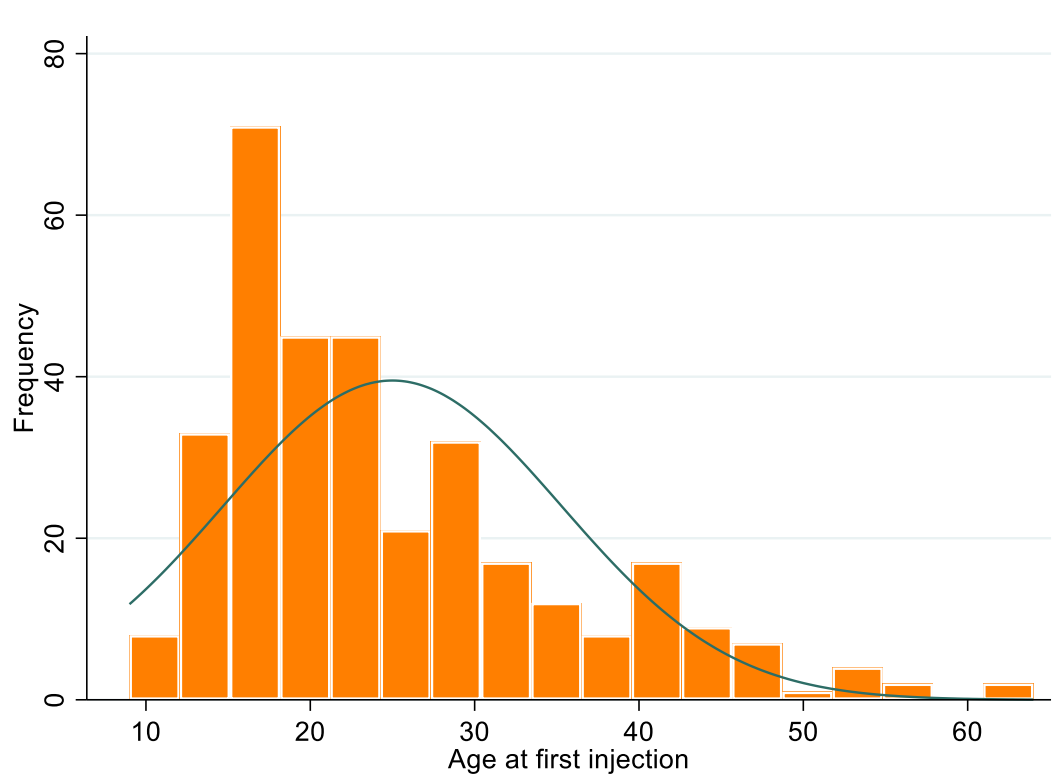
- Saw a healthcare provider in the past year



97% of participants who wanted to be vaccinated against COVID-19 had already received at least one shot

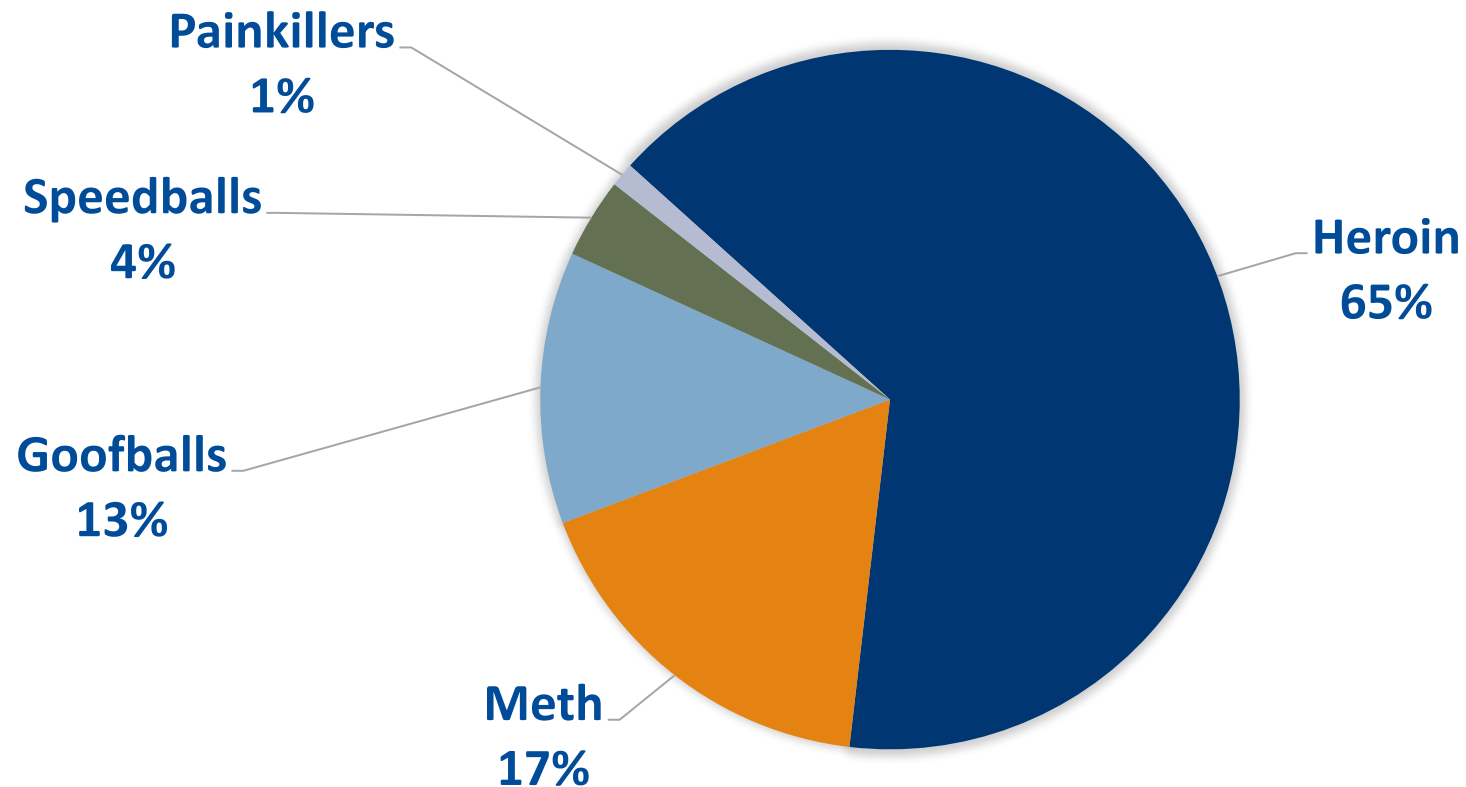
Injection drug use

Chime In participants started injecting at a young age and almost half started after misusing painkillers

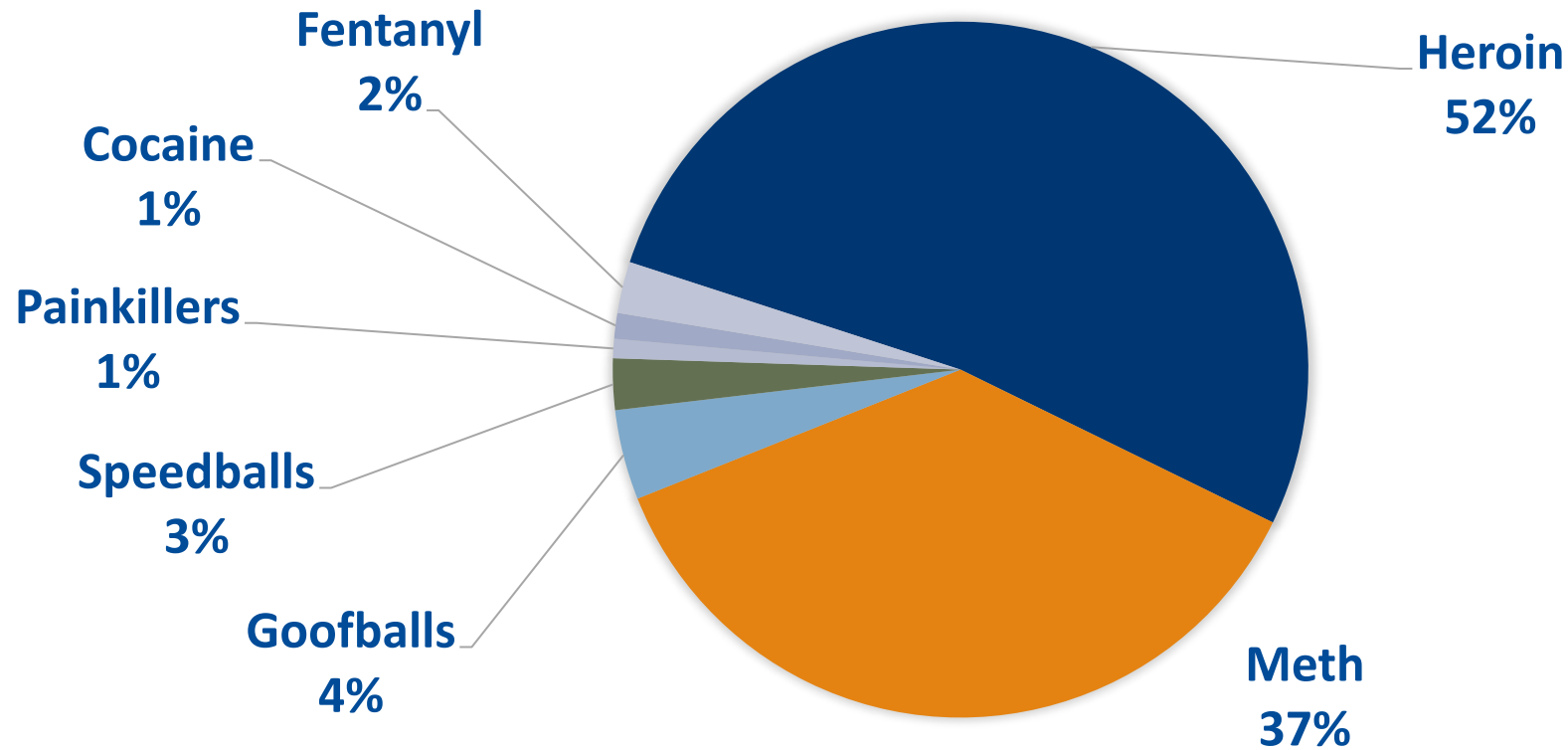


45% of PWID in 2022 reported being hooked on painkillers before injecting

Usual drug injected shifted from predominately heroin in **2018**



to a greater proportion of meth and
the introduction of fentanyl in **2022**



Fentanyl use was common among Chime In participants and may be contributing to less IDU

76%

of participants reported either

- Injecting fentanyl OR
- Using fentanyl without injecting OR
- Using pills called blues, percs or M30s

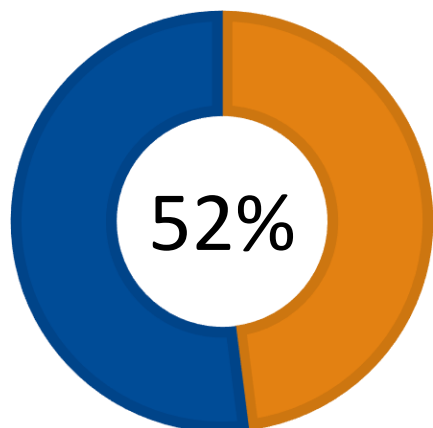


68%

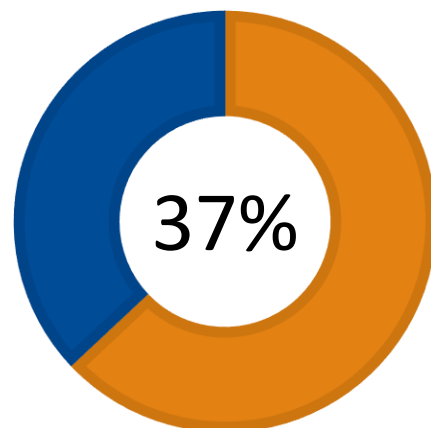
Of participants who reported using “blues,” reported injecting less because of using these pills.

Infection and injection practices

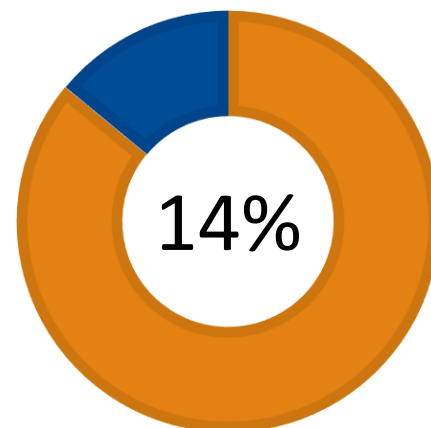
Skin infections were common, but serious bacterial infections were infrequent



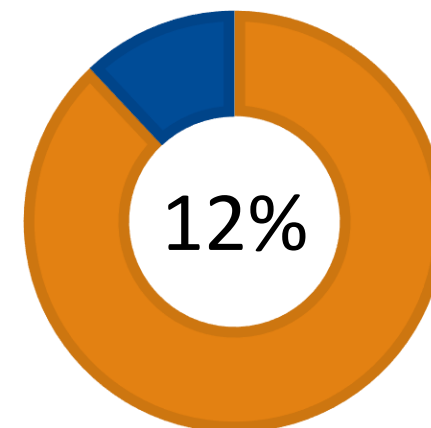
Reported a skin infection



Saw a HCP for their skin infection



Went to an ER with a serious bacterial infection



Stayed at a hospital for a serious bacterial infection

Many Chime In participants reported using safer injection practices



<https://srchope.org/better-safe-harm-reduction/>

49%

- NEVER shared works

71%

- NEVER shared their syringes after injecting

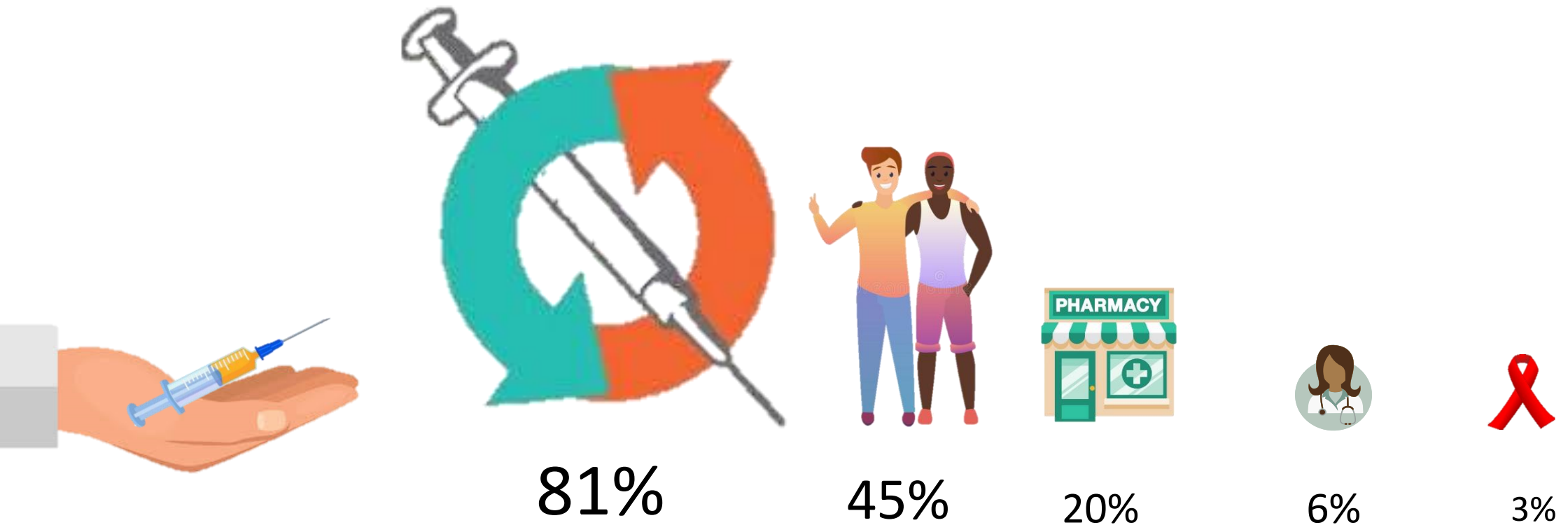
79%

- NEVER injected drugs divided by a used syringe

87%

- Used sterile syringes MOST OF THE TIME or ALWAYS

Where did Chime In participants get sterile syringes?

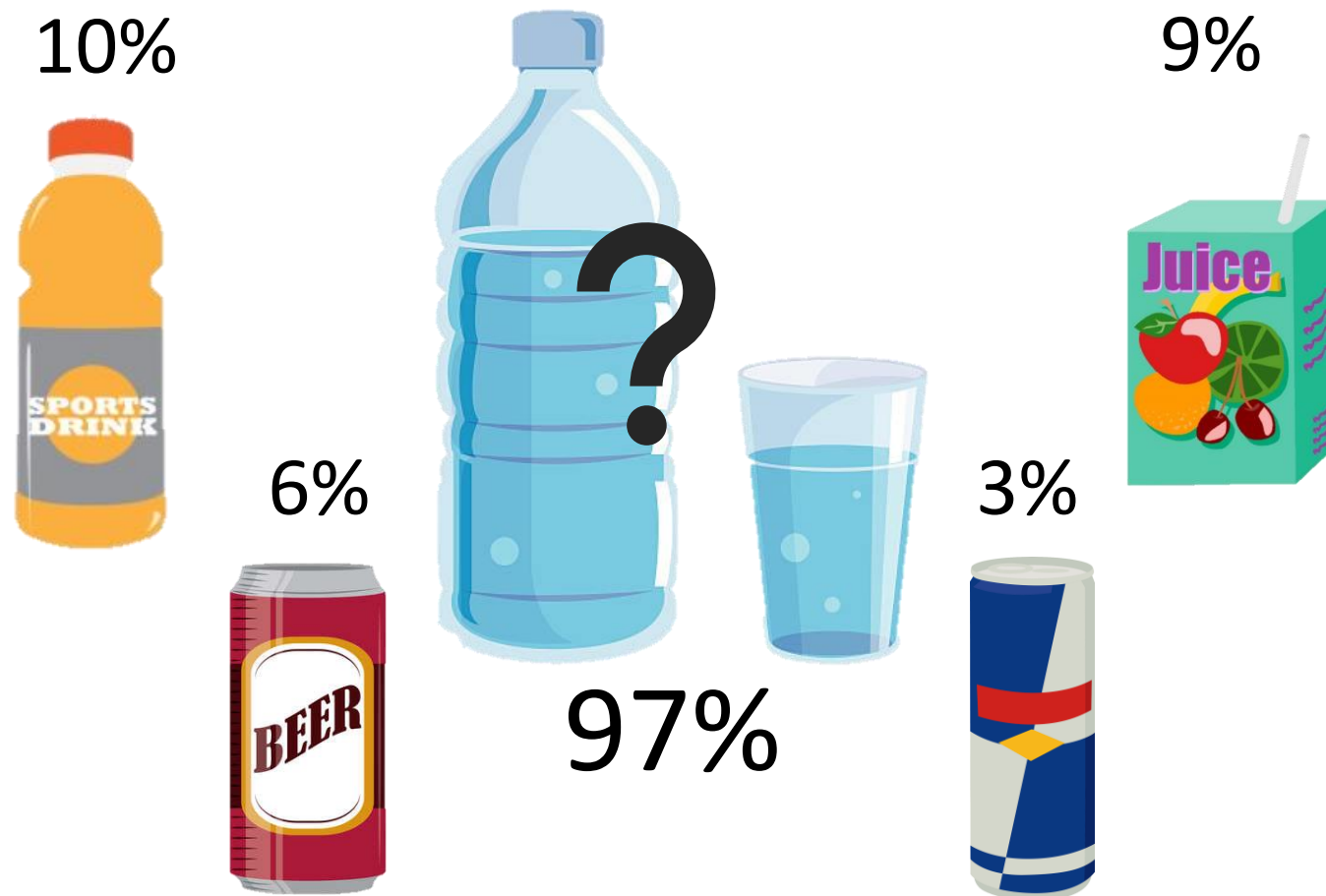


Participants reported using the following to clean their skin:

- Cotton ball in alcohol
- Alcohol wipe/swab
- Hand sanitizer
- Soap and water
- Hydrogen peroxide
- Just water



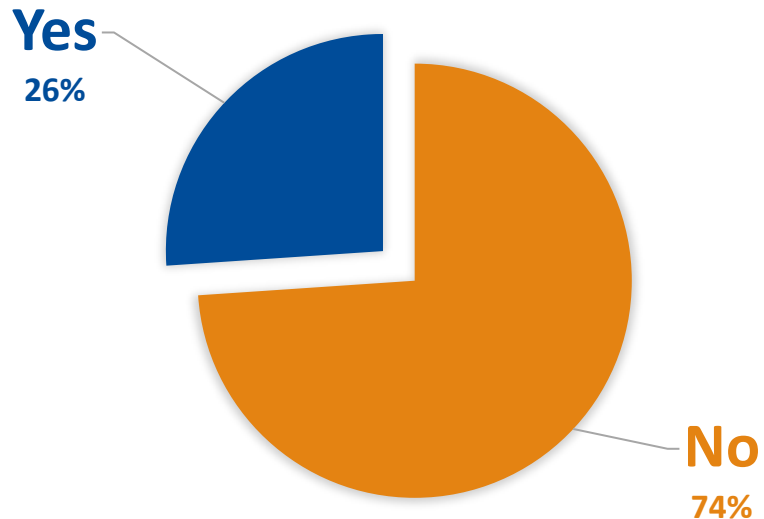
Almost all participants mixed drugs with water,
but other liquids were reported



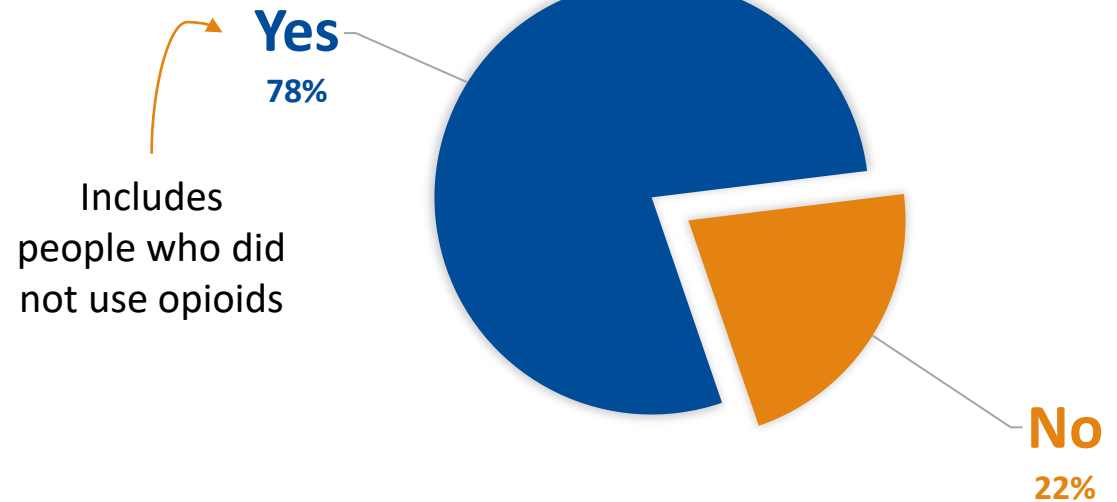
Overdose

Many Chime In participants experienced overdose and most witnessed an overdose

**PEOPLE WHO USE OPIOIDS
(N = 280)
WHO REPORTED OVERDOSE**



**PARTICIPANTS
(N = 332)
WHO WITNESSED OVERDOSE**



In 2022, Chime In participants were carrying and using naloxone

- 88% ever carried naloxone

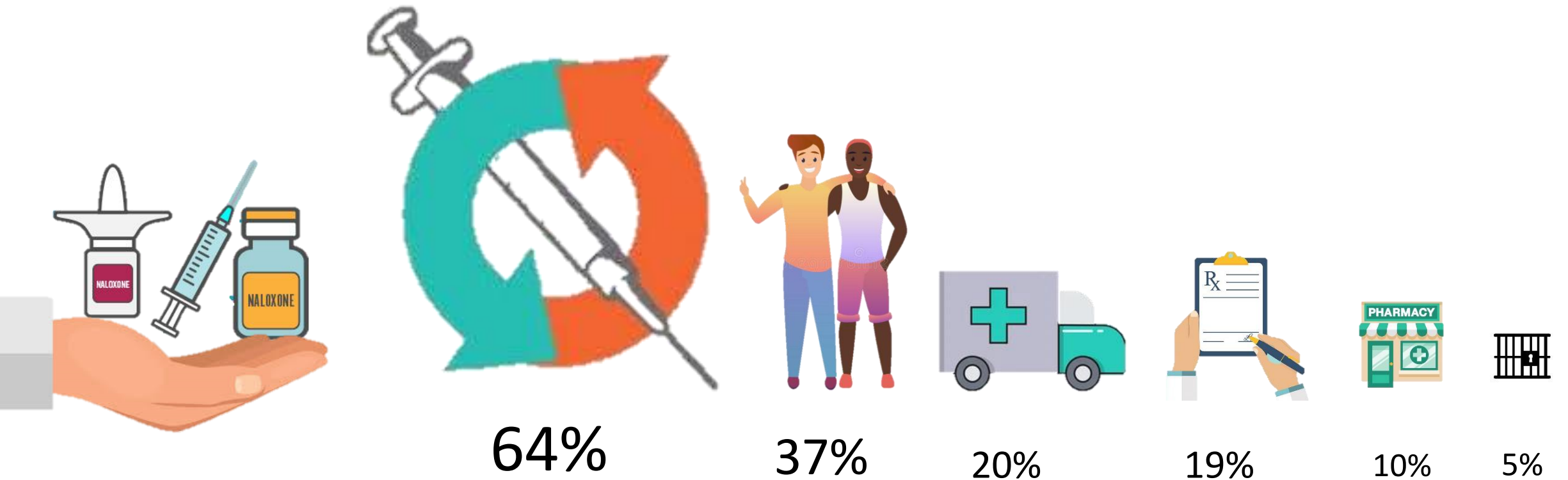


- 81% currently own naloxone  from 59% in 2018!



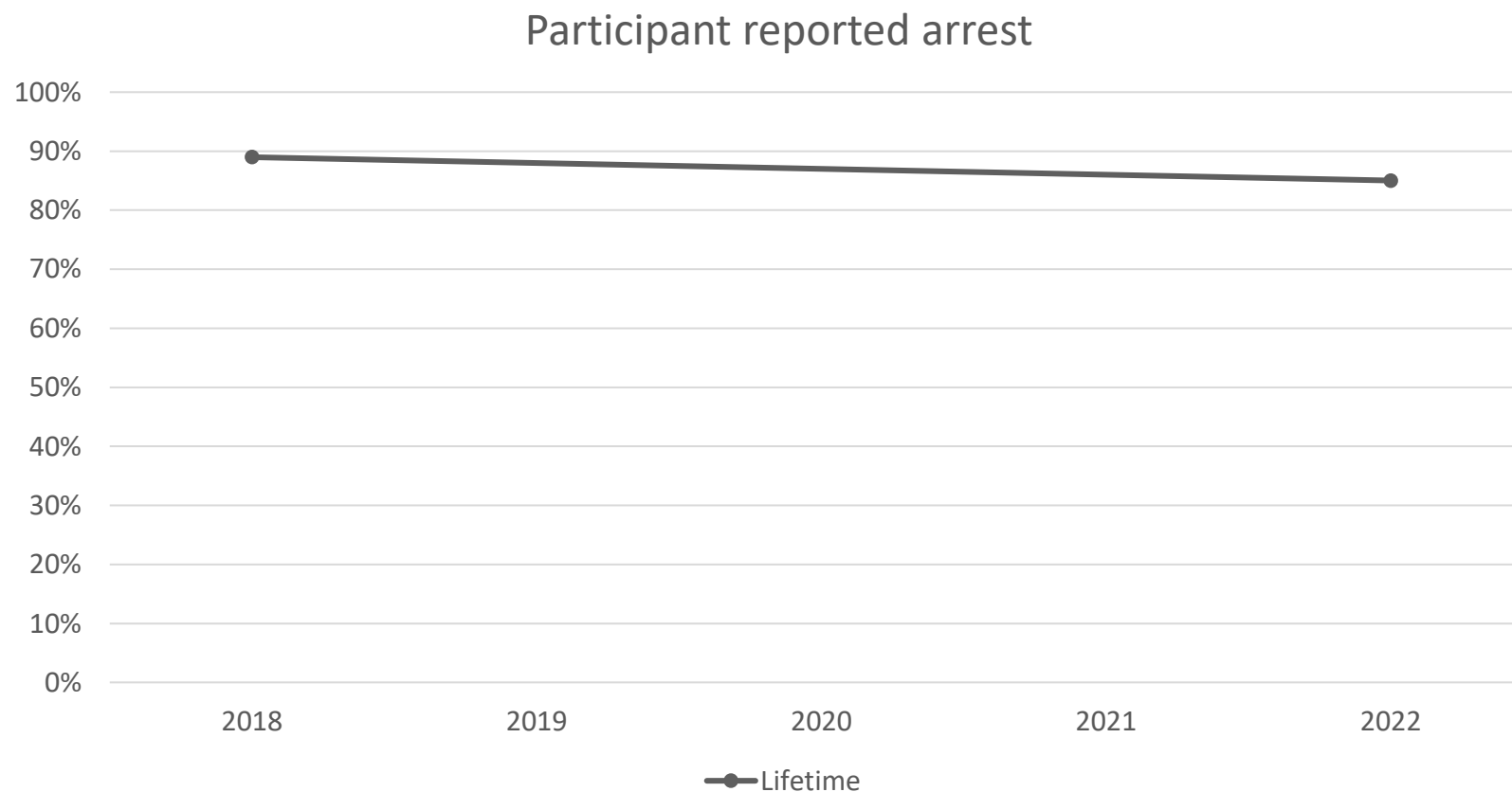
75% reported using naloxone on someone experiencing an overdose in the past year

Where did Chime In participants get naloxone?

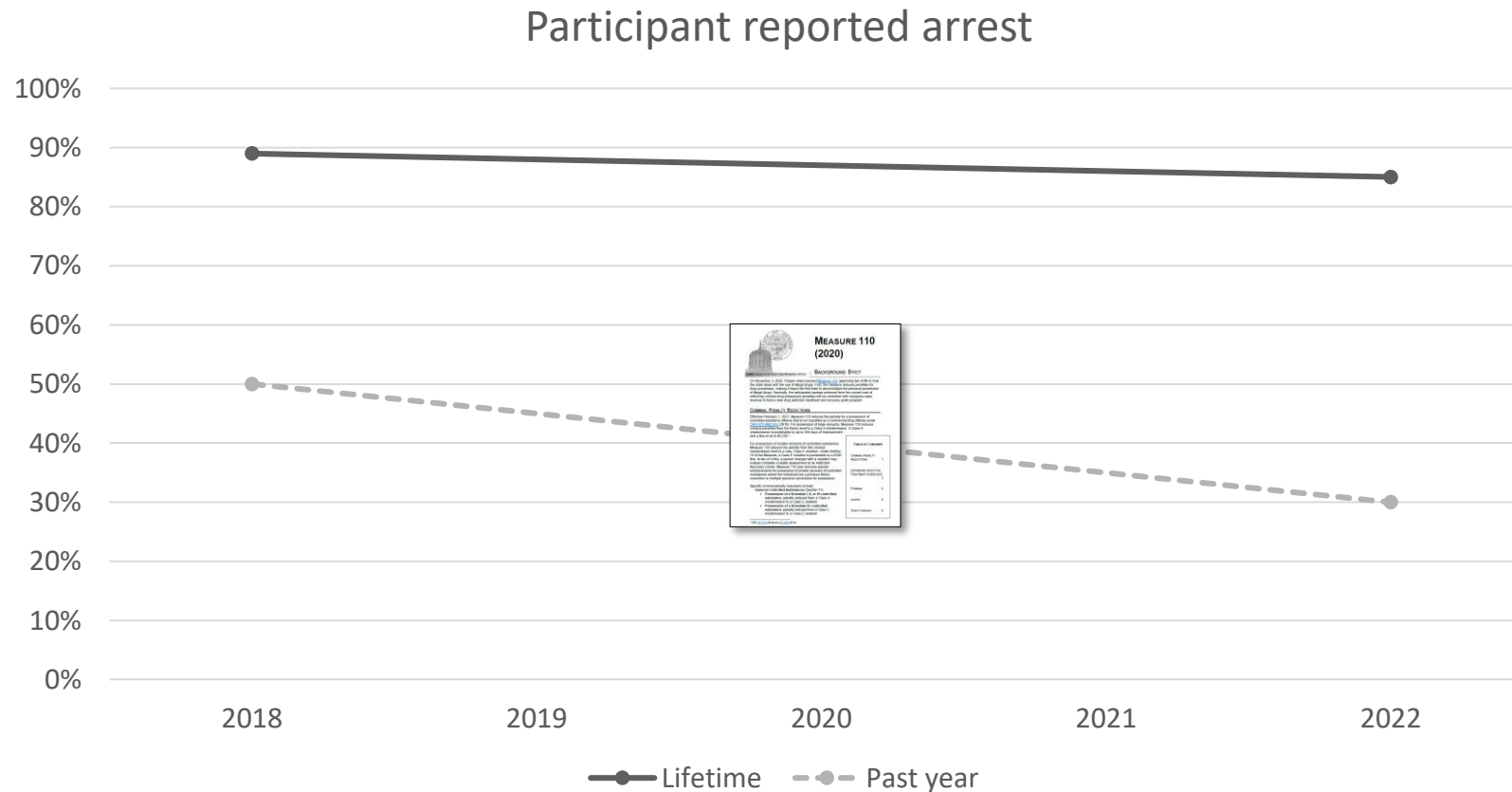


Arrests and substance treatment

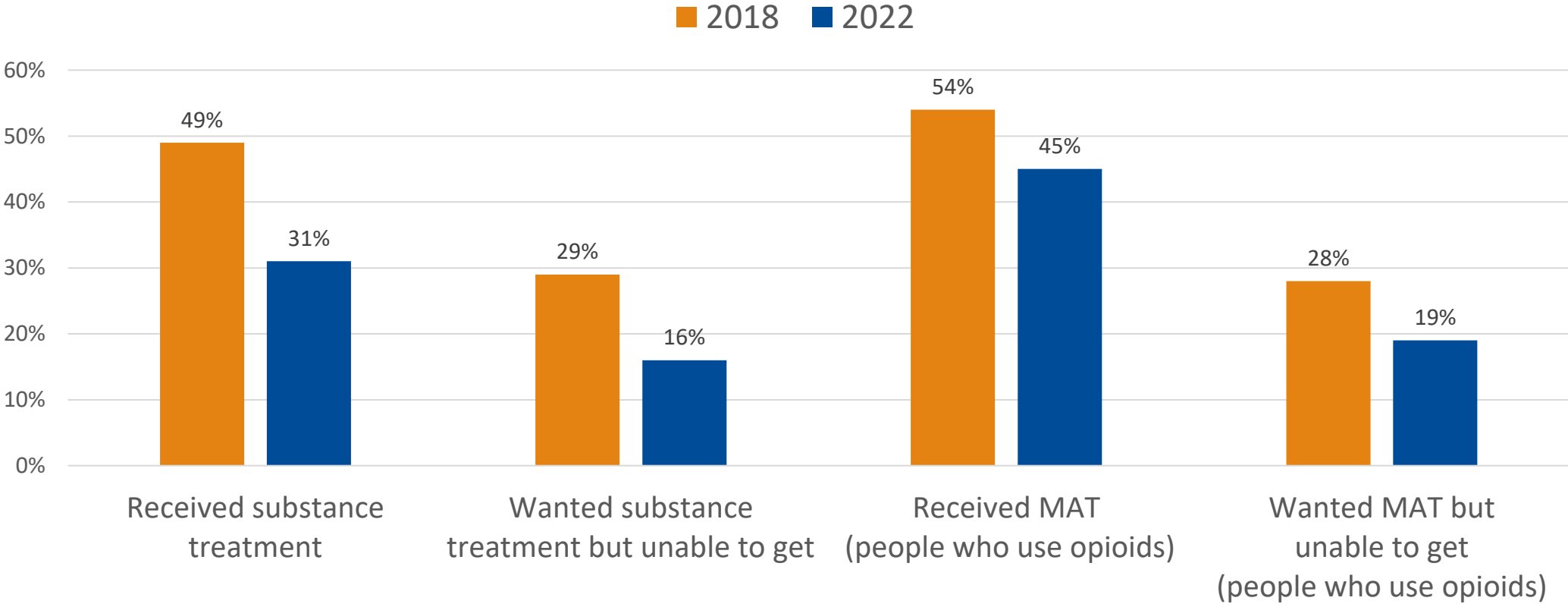
Lifetime arrests were similar but past year arrests were much lower in 2022 than 2018



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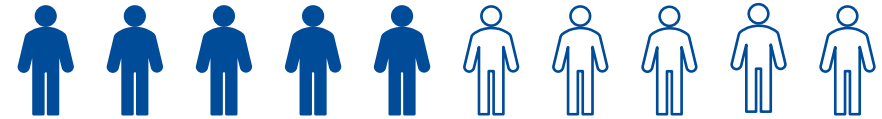
In 2022, substance treatment may have been less accessible or sought after than in 2018



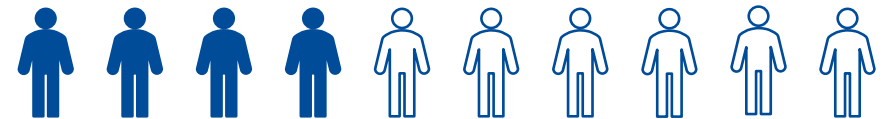
Sex behaviors

Chime In participants reported sexual behaviors that may increase risk for HIV/STI/HCV

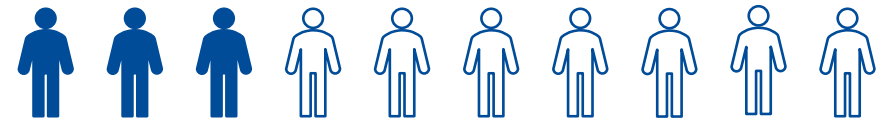
- 47% had multiple sex partners



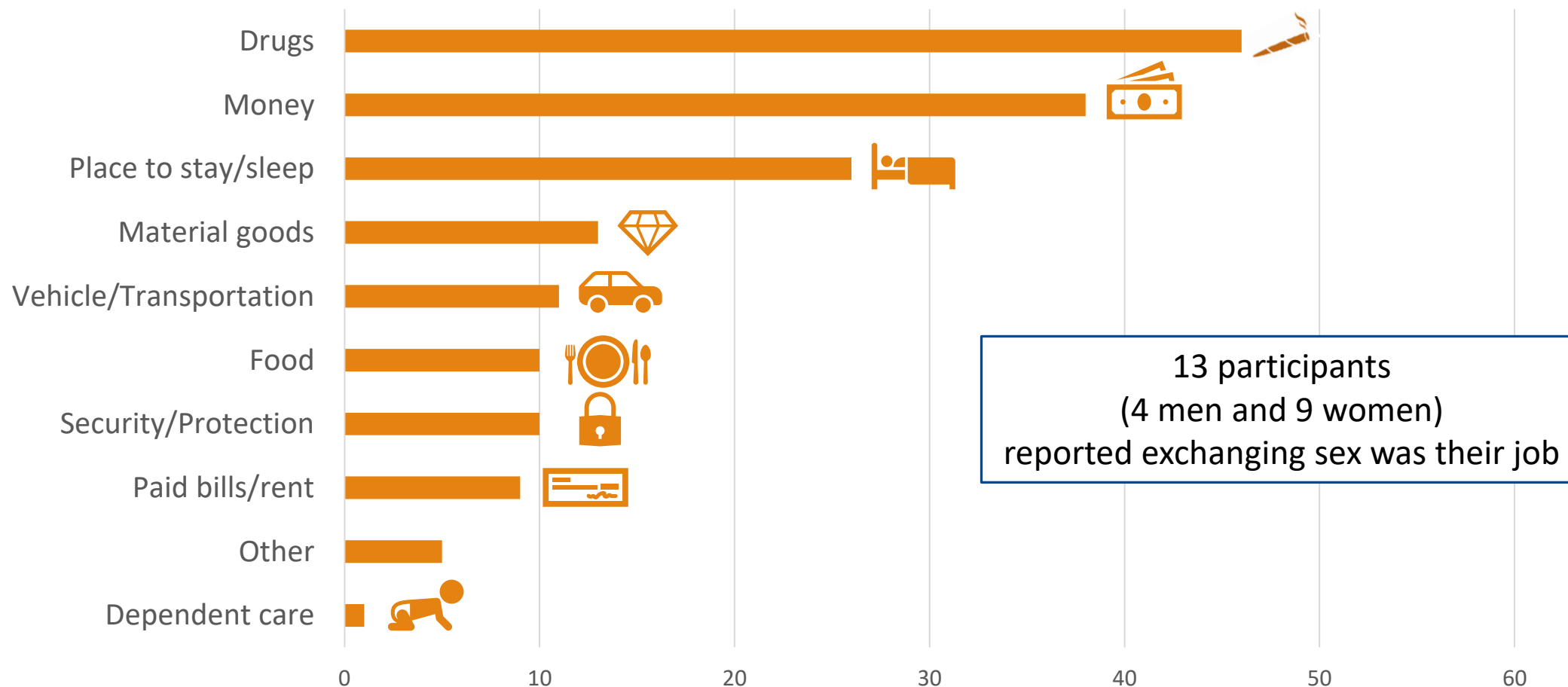
- 37% had condomless sex with a casual sex partner



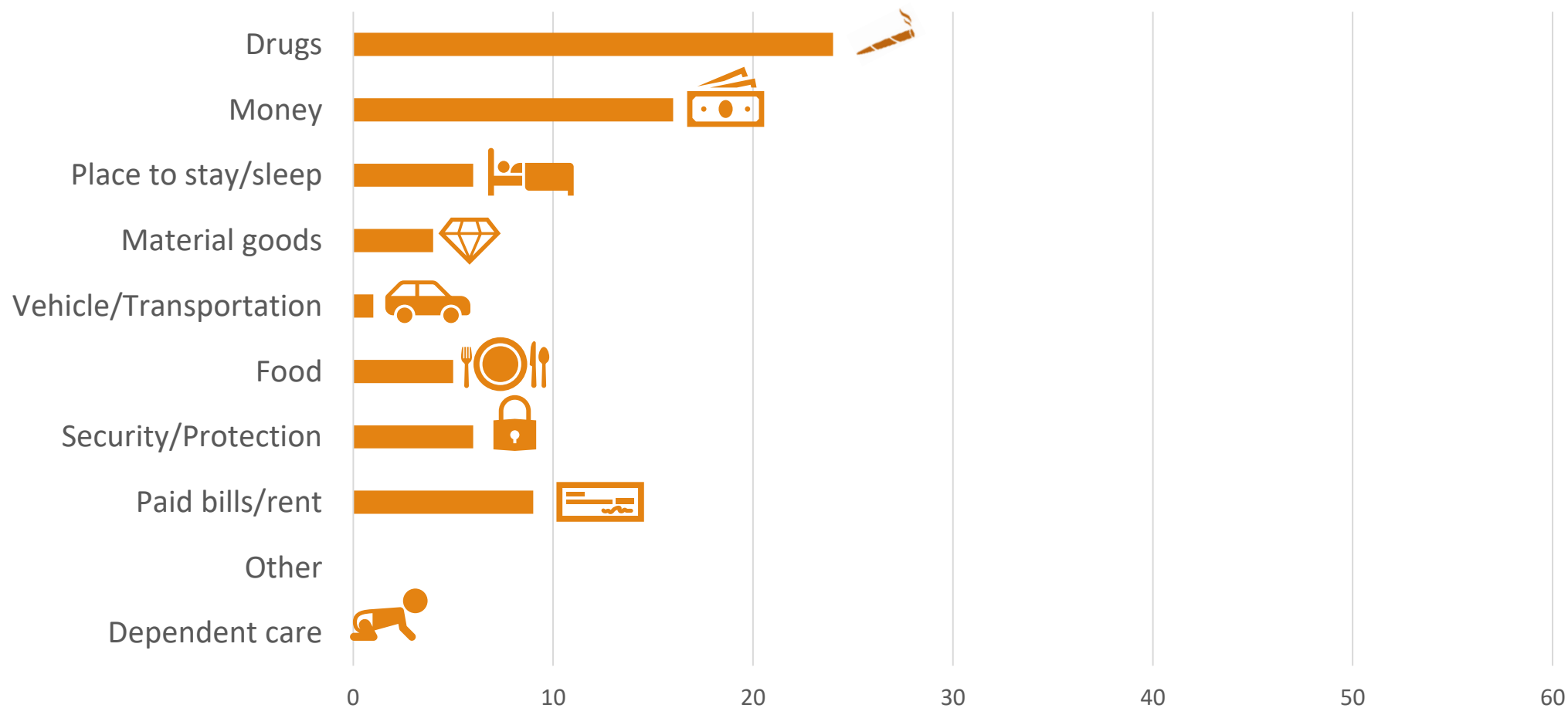
- 32% engaged in exchange sex



58 participants reported receiving things of value in exchange for sex



29 participants reported giving things of value in exchange for sex



Pregnancy and abortions were common among cisgender women in Chime In

- 90% of cisgender women participants were pregnant at some point in their life
- 53% of those who reported pregnancies, reported having abortions or otherwise ending their pregnancies on purpose



HIV testing and prevention

Most **2022** Chime In participants had been tested for HIV, but not in the last year

86% EVER TESTED FOR HIV

Last test
>1 year ago
73%



Last test
<1 year ago
27% ↓ from 47%
in 2018!

3 new positives among Chime In participants in 2022

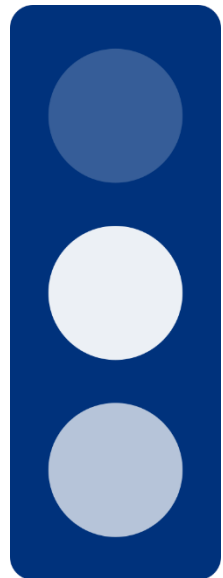
1 tested < 1 year ago

1 tested > 1 year ago

1 never tested

Most HIV- Chime In participants considered their risk for HIV to be low

PERCEIVED RISK OF ACQUIRING HIV IN THE NEXT YEAR



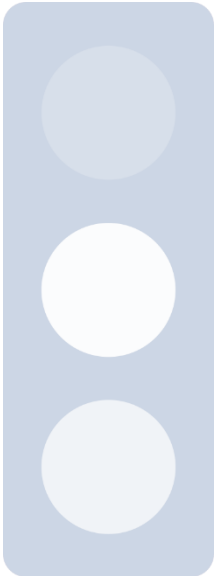
5% said HIGH

9% said MEDIUM

86% said LOW

Low perceived risk was not necessarily associated with low risk behavior

PERCEIVED RISK OF ACQUIRING HIV IN THE NEXT YEAR

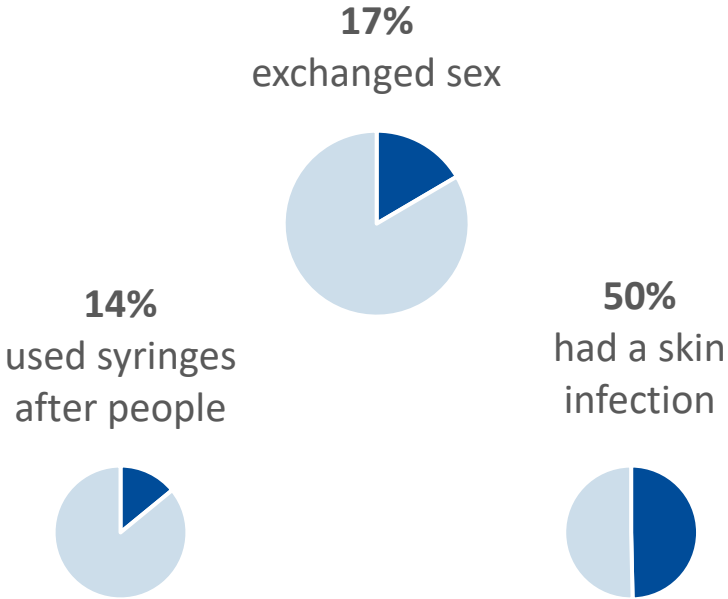


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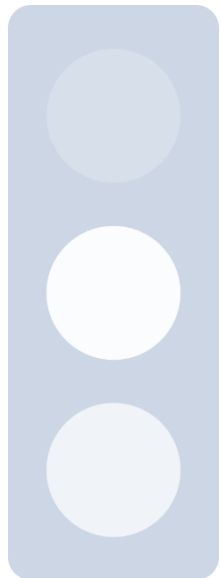
86% said LOW

OF THE 284 PARTICIPANTS WHO SAID THEY HAD LOW RISK:



Participants with perceived high risk were not accessing PrEP

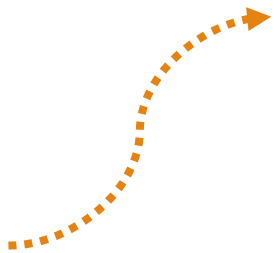
PERCEIVED RISK OF ACQUIRING HIV IN THE NEXT YEAR



5% said HIGH

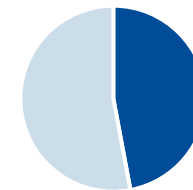
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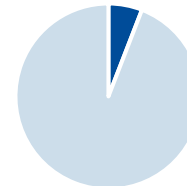


OF THE 15 PARTICIPANTS WHO SAID THEY HAD HIGH RISK:

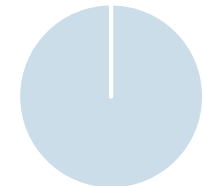
53%
had heard of PrEP



6%
discussed PrEP




0%
used PrEP

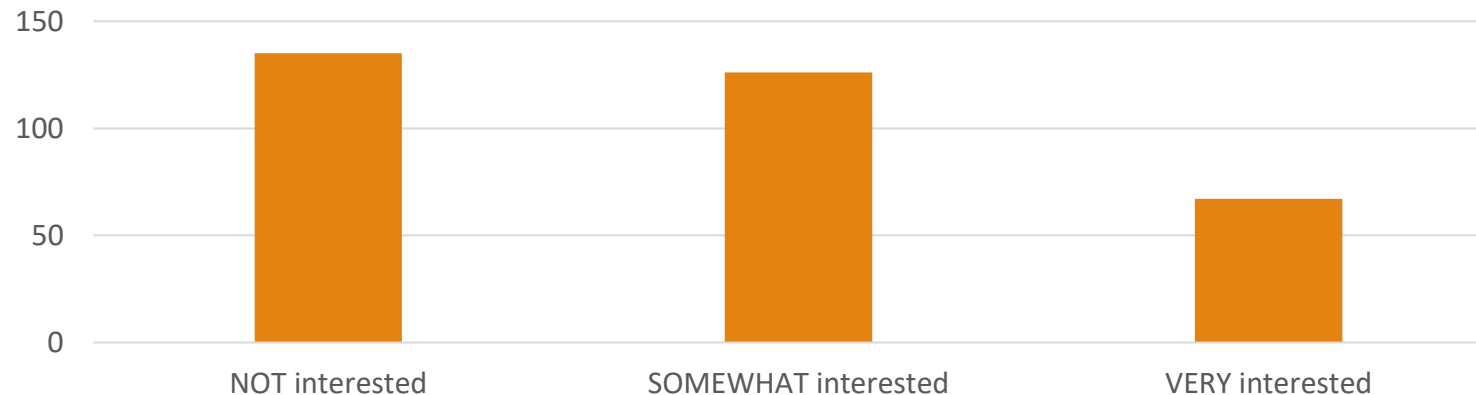


Many **2022** participants were unaware of PrEP, but were interested to learn about injectable PrEP



- 30% were aware of PrEP  from 15% in 2018!
- <1% used PrEP in the past year

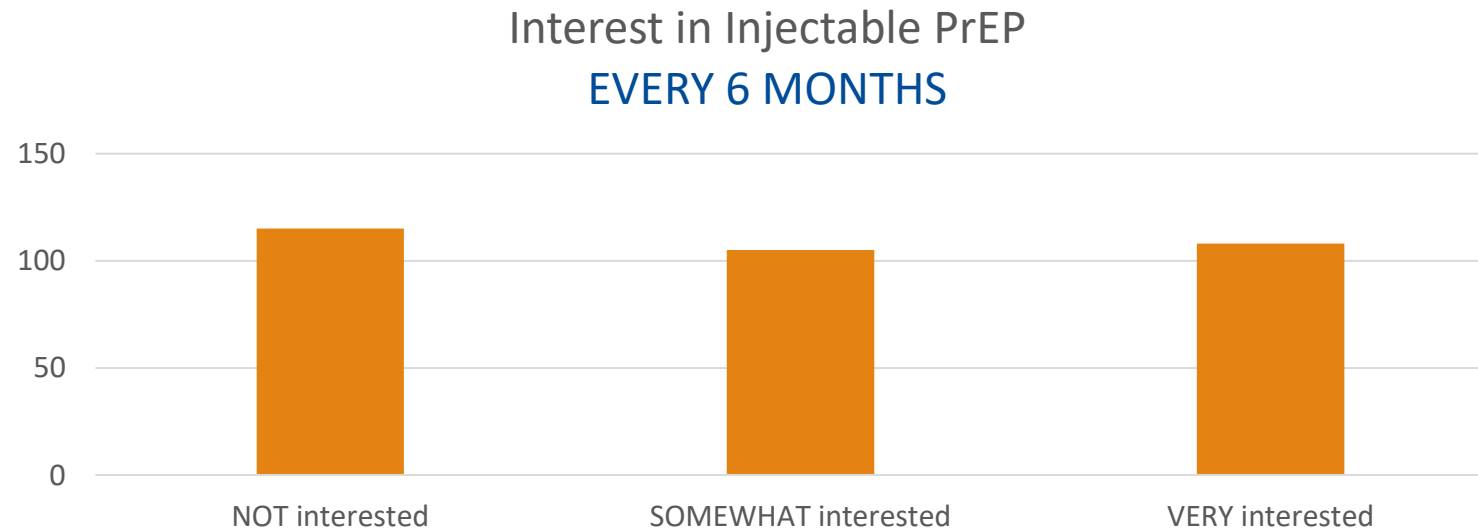
Interest in Injectable PrEP
EVERY 2 MONTHS



Many **2022** participants were unaware of PrEP, but were interested to learn about injectable PrEP



- 30% were aware of PrEP
- <1% used PrEP in the past year



Most Chime In participants still did not know about U = U

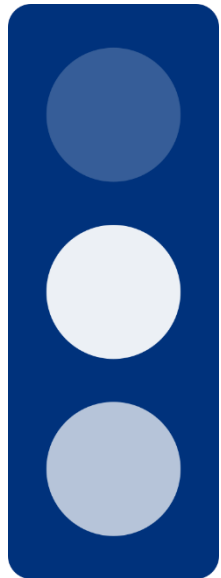


- When asked if someone was HIV positive and undetectable:
 - 3% thought the person was cured of HIV.
 - 48% thought the person had HIV and could transmit it.
 - 49% thought the person had HIV and could not transmit it.

STIs and HCV

Perceived STI risk and STI diagnoses were low, but syphilis may be on the rise

PERCEIVED RISK

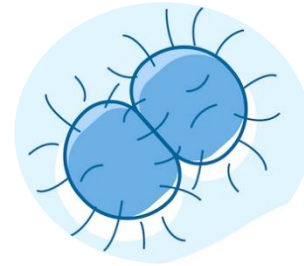


8% said HIGH

11% said MEDIUM

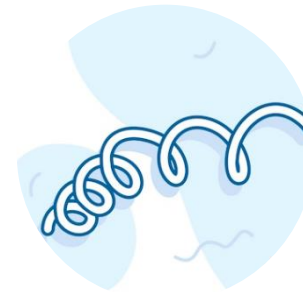
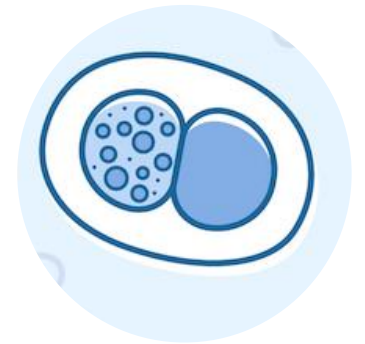
80% said LOW

30% TESTED FOR STIs IN PAST YEAR



3% tested positive for Gonorrhea

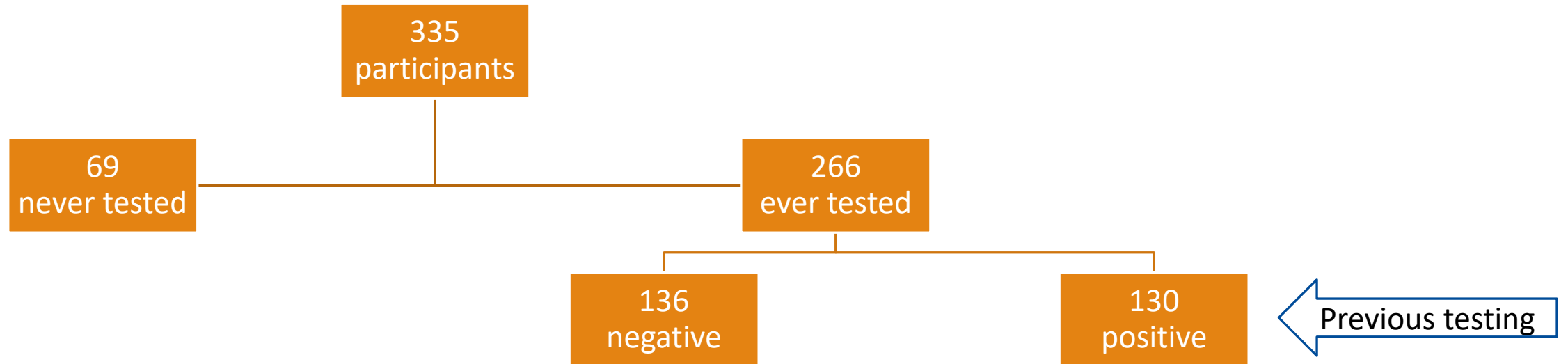
4% tested positive for Chlamydia



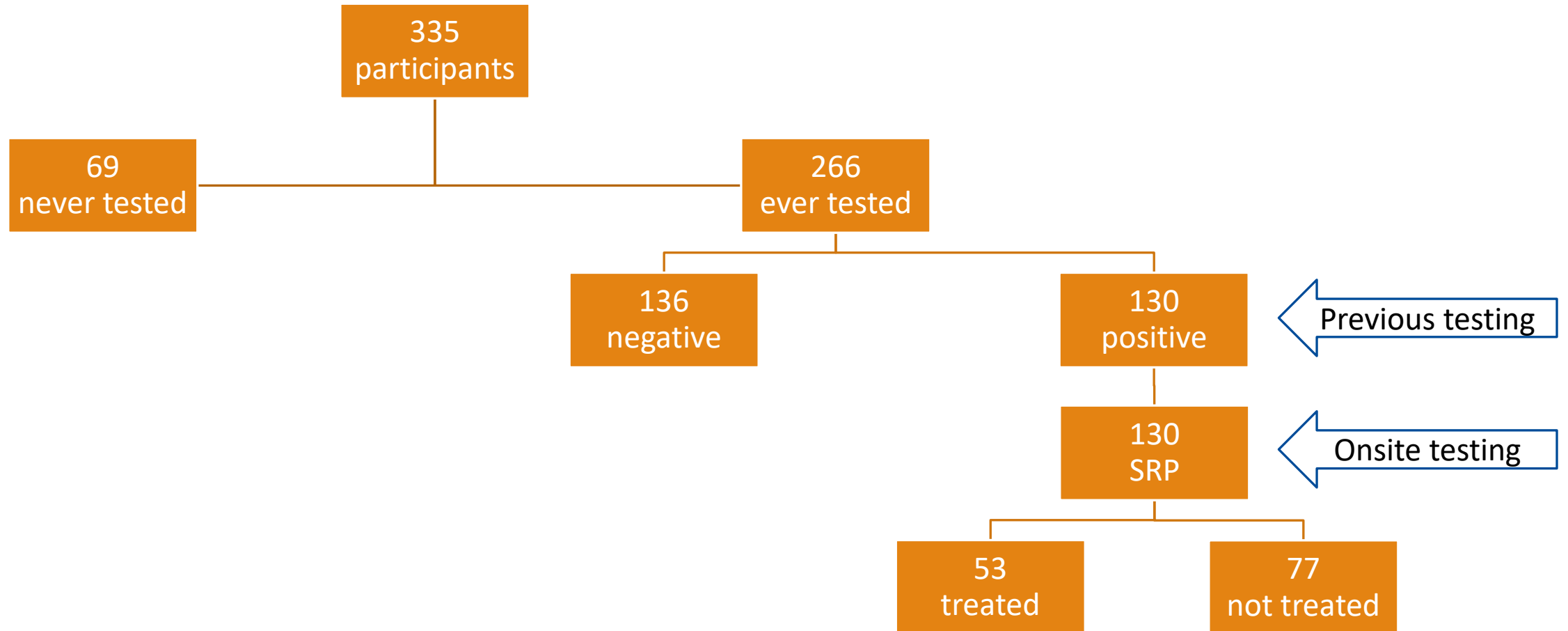
5% tested positive for Syphilis

 from 1% in 2018!

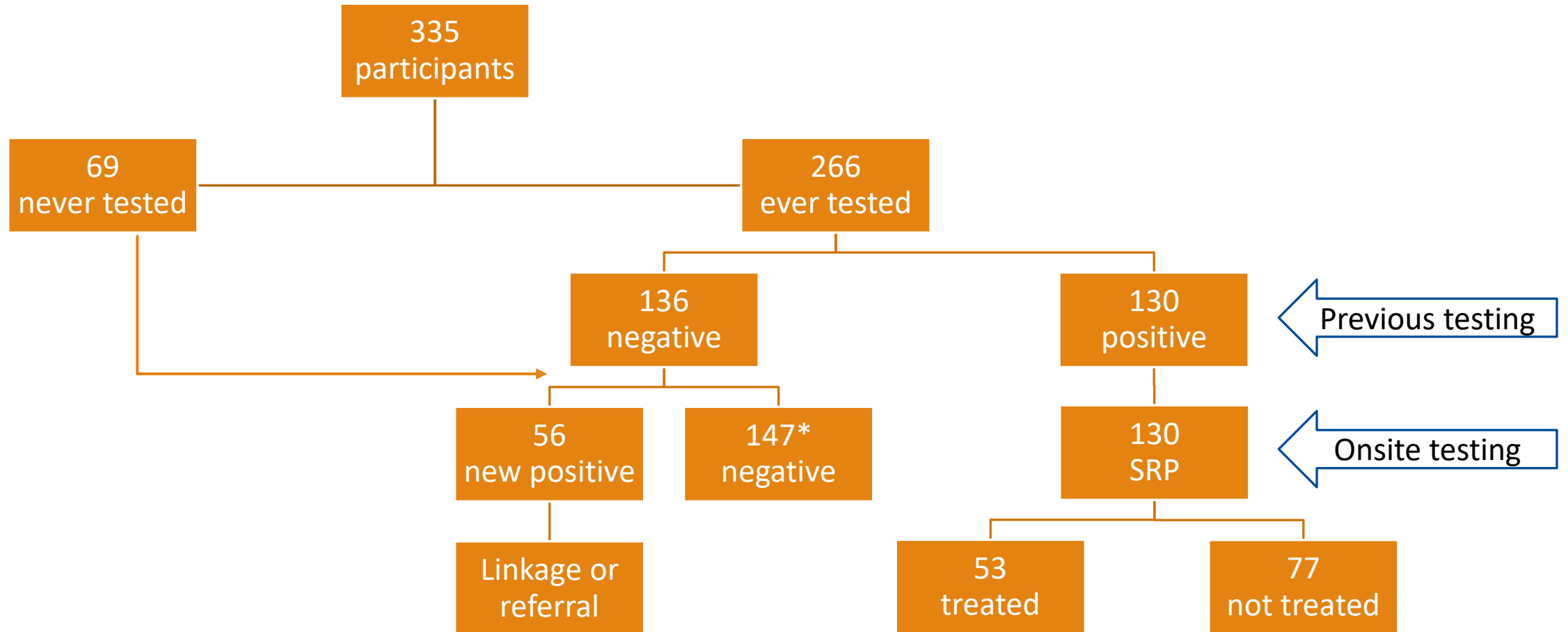
HCV testing was common among participants but treatment rates were low and onsite testing identified many new positives



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HCV testing was common among participants but treatment rates were low and onsite testing identified many new positives



Limitations

As always, Chime In data are subject to certain limitations in interpretation

- Our sample largely consisted of folks from Multnomah County
- We did not reach our sample goal of 500 participants
- We may not have had enough recruitment waves
- Comparisons between Chime In PWID participants in 2018 and 2022 are not true longitudinal trends

In summary

In summary

1. Preferred substances among PWID in Portland seem to be shifting and may be contributing to changes in injection behaviors
2. PWID are engaging in many harm reduction behaviors, but there are still opportunities to decrease risk of infections
3. All PWID should carry and be trained to use naloxone, and many of them are. Thank you SSPs!
4. Interest in and access to substance treatment seem to be lower and may require more attention

In summary

5. Sexual risk is relevant to PWID, including exchanging sex for things of value besides money and drugs
6. Pregnancy and abortion services are important
7. Disconnect between perceived HIV/STI risk and actual behaviors may indicate a need for further education and guidance
8. Injectable PrEP may be an effective and feasible option for PWID
9. Regular STI and HCV testing and treatment may require further support and resources

Thank you!



Tim Menza
Roberto Orellana
Doris Cordova
Brie Kennedy
Juan Michael Watkins
Haven Wheelock
Local Questions Workgroup
HST Section at OHA

And a special thank you to our
participants for sharing their time and
experiences with us.
We couldn't have done it without you.

Kimberly Matteson
Julian Adanaque-Bugarin
Doc Ramblings
Javier Huerta
Lisa Luna
Melba Heldart
Natalie Barry
Ruby Gary
Wendy Parra-Barrera

Break?

Questions?

**And if you're worried you're going to think of
a really good question later:**

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