

# Evaluating Alternative Strategies to Prevent Overdose Deaths and New HIV Infections in CT

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# Purpose

- Epidemic of overdose deaths in CT and U.S.
  - 44% OENDs have problems with obtaining naloxone due to costs or supply chain
- Value also important for mitigating harm from other injection-related diseases
  - HIV and Hepatitis C
- Objective: Compare the value of distributing Naloxone to alternative strategies
  - Identify the cost of Naloxone at which distribution has favorable value over alternative strategies

# Methods

## Model Structure

Develop a dynamic Excel based Markov Model that is sufficiently complex (yet manageable) to reflect the processes, outcomes, and cost of the 5 competing strategies.

## Parameterize Model

Use data from Connecticut DOH, literature, and if necessary an informed/expert guess

## Internal Validation and Debugging

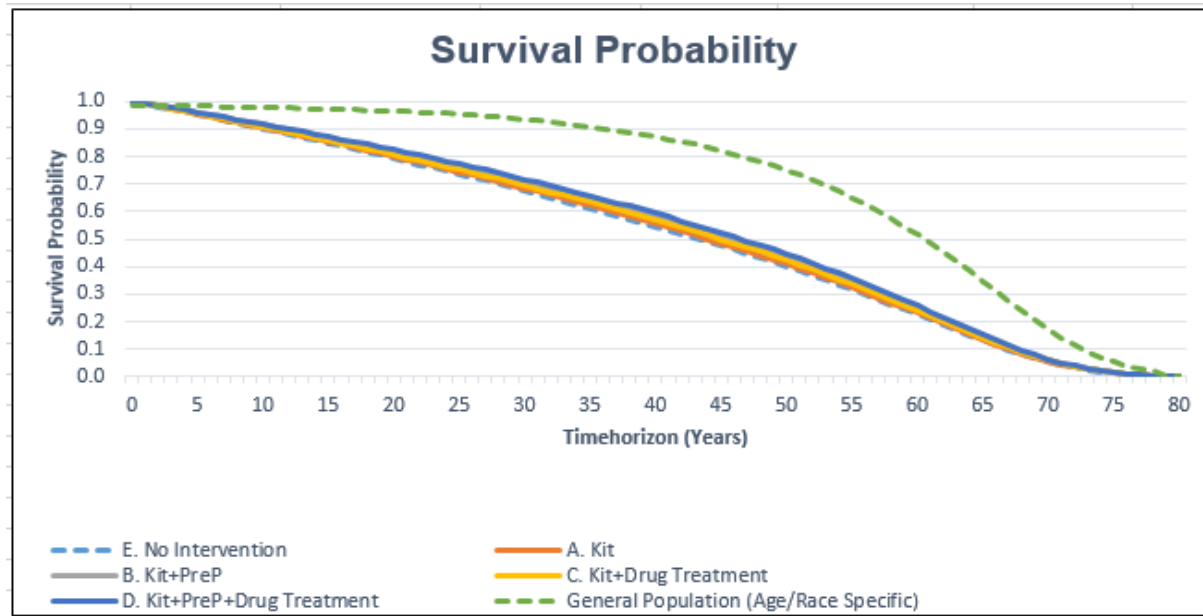
Test the internal structure, logic, and formulas to ensure no errors and model behaves as expected.

## External Validation and Calibration

Test model output against observed data and calibrate if necessary to ensure predictions reflect reality.

## Conduct Analysis to Meet Objectives

# Progress to Date



Entering Cohort = 3000	Lives Saved @ 5 Years	Lives Saved @ 20 Years
No Intervention	Reference	Reference
Naloxone + PreP + Drug Treatment	25	94
Naloxone + PreP	24	78
Naloxone + Drug Treatment	9	42
Naloxone	8	23

# How did we build this collaboration?

- Grew organically out of prior collaboration
  - Estimate value of HIV prevention strategies in CT
  - Determine cost savings from contracting organizations
- Funding from CIRA and CDC

# Lessons for the Network

- Researchers co-formulate aims and deliverables with stakeholders
- Short concrete project with well defined deliverables before more ambitious project
- Research deliverables might come after other project deliverables
- CIRA/other seed funding is effective catalyst

# Next Steps and Plans for Growth

- RO1 application to NIDA
  - Reducing morbidity and mortality from overdose, HIV, and hepatitis C in opioid-using persons