

Provider Meeting: E&O Funded Agencies

Date: 08/22/2018

Agency Report Backs: Noted trends and emerging needs

### Victory Programs

Trends: really strong interest in the F2C condoms, but had problems finding them. Challenges with purchasing since prescription is needed. HepC, 80% individuals are reporting infection, even in people that have never IDU, an increase in this population.

Meth is becoming a very common trend, in outreach and so forth. Primarily in MSM, but starting to see it in women (emerging trend). Harm reduction, by providing safer smoking kits. Started testing 8 months ago, now seeing a stronger interest in wanting to get tested for HIV, STI, and HepC. Started to see more syphilis cases.

Q: what is in the smoking kit?

A: provide everything but not the pipe (illegal). Can email the details to folks afterwards.

Richard emailed the contents on 8/24:

2 rubber/vinyl mouth pieces (made from vinyl tubing) to cover pipes; Chapstick; Alcohol Swabs; BZK Pads; Wooden Push Sticks (2 @ 6 in. each); Sugar-free Gum; Chore Boy (two .5 in. balls); Condoms; Lube; Small Band-aids; Triple Antibiotic; Straws (for snorting and freebasing); Two 6x6 sheets of aluminum foil

Comment: Regarding the F2C, encourage to go to the site and purchase directly.

### ABCD: Sister 2 Sister program

Offer F2C in their family planning programs, also offer them in the sister2sister session.

Testing and getting women tested in the community is a real need. Currently no testing during the weekend. Also request for more education to young men. Started to include PrEP for women; also surveying adolescents to determine if there is a need in this group. Have been able to address vulnerability in young women, added to intake, food insecurity, housing, looking to get pregnant, mental status.

Noted: in the community, the difference between North and South Dorchester has come up.

With the prescription, the providers are not aware that there is a need for a prescription. Lack of communication.

## BMC

Increase in heterosexual men using meth, IDU. Younger population, started to using drugs, it is just meth. Also noted in young women. Started to make more PrEP and PEP referrals. Noticing active hepB infection going up. Active IDU, noticing a lot of movement. Moving due to the increase presence of police. Dollar days, cheaper option to find materials/products.

## East Boston

Able to achieve progress in the program. Celebration for hepatitis awareness day, were able to screen 22 people for HepC. Curriculum has been mainly offered in after school programs, thus invited people involved in these programs and they were actively assisting to educate the community. Were able to reach their goals. Reaching young people using marijuana, but not actively using IDU. They are exhibiting high risks for STI (sexual behavior while intoxicated). Trend: age range, need for HepC prevention at a different age group (?).

Highlight: because it is so hard to engage youths, they offered incentives to get tested, they scheduled screening field trips. Received an overview of the programs offered and food.

## Fenway AAC

MSM contract, noticed a lot of meth, molly, cocaine, crack and other drugs. People engaged in medical care, and using these substances, noticed over 300 MSM, but think this is number is actually higher. Trying to be more effective in reaching this population. Needle exchange has noticed, that people are changing from IDU to meth, or adding because of their fear of fentanyl. Trying to figure out how to address this issue, how to be able to talk about it with the community and provide education about the topic. Noticed the need for mental health access.

Trans program: increase homelessness, transportation and food insecurity. Drop-in, offering bus passes and feed clients whenever possible. Trying to start a job development project to hopefully help people with being more financially stable. Some (most) shelters are not equipped to accept transgenders.

Q: have you tried to develop a resource guide that indicates which places are transgender friendly

A: current project for interns

Q: is there a specific age served?

A: No, but started working with Glass to assist with the youth.

### Harbor Health

There has been a greater interest in resources for LGBTQ; more request for dental dams, and gloves in addition for F2C condoms. More health education request outside of their scope. E.G. 11-12 year olds request. Consent program is always in demand. Other programs, they serve older folks, and will refer them to these programs. Increase interest in chlamydia, gonorrhea and syphilis testing.

Comment: ABCD would like to connect

### JRI

Increase in homelessness and increase in meth, especially in newly diagnosed MSM

Had a hard time retaining HIV positive MSM, young people.

Testing in syphilis, gonorrhea and HIV. Working with the community doing SPOT interviews. Partnered with MGH to provide PrEP (coming in September) Also working with Fenway.

### MAC: WCAC

Housing continues to be an issue. Continuously increase in IDU. Started to see more Hispanic coming in, and they are bringing their partners, Noticing HepC, but are referring to treatment. More community residents, coming to dispose their needles in their kiosk. More positive syphilis tests this month, then last year. Shortage in beds for treatments (substance abuse). Last year, their numbers were high for chlamydia, and now we are seeing more syphilis.

Comment: BMC, the state changed the algorithms for syphilis testing, they are testing the AB, which has a higher rate of false positives.

Fenway, DPH told them to call with any positive cases. Refer to the field epidemiologists.

### Sociedad Latina

Gave description of the program.

### Whittier Health Center

Increase in meth in MSM. Looking for ways to provide intervention. Increase of code blues, up to once a week due to overdose. High increase in STI testing. Offering HepC treatment and HIV testing. Increase in condom use. Eighty percent of 15-29 year olds say they don't know about PrEP. More education sessions needed.

## YOFES

Noticing an increase, in use of marijuana. TPS programs, many of their clients, are using this program, and are worried about their future status, Many people have chosen to move to Canada. Those who have stayed started to go to Brockton. Food insecurity is also an issue. Request from older folks to participate in this program. There is stigma for Haitians to look for shelters, therefore they are choosing to live in one bedroom apartments. Youths have reported to feel an identity confusion. Lack of communication between parents and children, (due to social media). Some people are getting in trouble with the law.

Risk assessment: have seen a decrease in chlamydia and increase in use of condoms. Due to cultural background, many people felt uncomfortable talking about their sexual history, including sexual identity; There will be a need to provide support to this group.