El Punto en la Montaña, Inc.
Calle Pino 2D 33 Urb. Villa del Rey
Caguas, Puerto Rico 00725

NACCHO-AEHRO Summary Report
February-July 2024

El Punto en la Montaña, Inc., (EPM) received the *Advancing Equitable Harm Reduction Outreach* (AEHRO) grant from the National Association of County and City Health Officials (NACCHO) for the period of February 1st, 2024, to July 31st, 2024. During these six months we had the opportunity to support our participants in different ways. In this Summary Report we would like to present who we are, what we proposed, the expected outcomes, our successes and challenges, and our perspective in how to provide service and meaningful engaged Puerto Rican People who Inject Drugs (PWID), living in rural Puerto Rico, in harm reduction organizations.

EPM is a community-based organization founded by three Puerto Rican harm reduction activists on World AIDS Day, December 1st, 2007. We provide services in 27 rural and peri-urban communities through 7 municipalities using two mobile units. One of the mobile units is used to provide our key intervention, the syringe exchange program. During this activity our team provides education about HIV, HCV, and overdose prevention strategies. We also inform our communities about the risks posed by fentanyl and xylazine-laced heroin, syringe and cooker sharing, reusing syringes, having unprotected sex, decriminalization and how it relates to the rights of PWID in Puerto Rico, how to respond to an opioid overdose, and other educational needs or interests of our enrolment. We distribute syringes, cookers, other injection equipment, wound care materials, condoms with lubricants, Naloxone/NARCAN, drug tests for fentanyl, xylazine, and benzodiazepines, hygiene kits, emergency kits for the hurricane season preparation, and food according to the service provided (i.e. snacks, non-perishable, water).

This outreach intervention also gives us the opportunity to provide nurse care services, secondary exchange service by community leaders (peers), HIV rapid testing, case management services, and participant navigation. Our second mobile unit is used to provide navigation as part of a pilot project to somewhat support the participants because most of our enrollment do not have their own transportation and public transportation is scarce at best. This situation is one of the challenges that our participants experience because they live in rural areas and in a region with less available services. Puerto Rico has a particularly large PWID population (~28,000) considering its size, and the services available are mostly concentrated in the metropolitan area. In addition, the services that are available in our region often have waiting lists or have long waiting times each day. These are only some of the challenges our participants face, and the context in which our proposed outcomes are based.

Our team understands this context and provides humane treatment to our deeply marginalized participants. Over 2,100 PWID have received all or part of these services. Upon enrollment, around 89.6% had never heard of harm reduction prior to EPM. All participants are Puerto Ricans living in poverty, with 90.6% self-identifying as cisgender male, 8.8% as cisgender female, and .6% or 13 individuals mentioned other gender experience. About one in 3 of our participants are homeless and around 50% are unstably housed. It is estimated that around 10% of our enrollment lives with HIV, and ~80% with HCV. Actual prevalence rates may be higher since access to HIV and HCV testing in this area is scant. Moreover, HIV and HCV confirmatory testing is very difficult to access, and treatment needs to be advocated for because providing this

service to our participants is considered a waste of money by many healthcare professionals. The stigma and violence faced by PWID in our island is regretfully normalized.

Considering this environment, we proposed the following activities. They are summarized for brevity. We proposed as our first objective: "Provide 11 harm reduction-focused outreach routes monthly", and we have provided 12 outreach routes monthly by the end of the grant period. For our second objective we proposed: "Provide case management services to at least 5 participants in 6 months", and we have provided this service to 20 unique participants. As part of these objectives, we also proposed activities that would guide the expected outcomes.

The expected outcome of the first objective was to maintain our harm reduction service to support our participants in their journey to achieve their goals for HIV, HCV and overdose prevention. We provide education in every syringe exchange intervention to achieve this result. Since overdose events could be fatal, our team also supported our enrollment to confront the risk of opioid overdoses by educating our participants on the presence of fentanyl and xylazine laced heroin with the distribution of test strips, and how to prevent and respond to an opioid overdose with the distribution of NARCAN. Our team provided in total: 527 harm reduction kits with xylazine test strips, 755 harm reduction kits with fentanyl test strips, and 678 harm reduction kits with NARCAN for a total of 1,356 doses. Considering this intervention, our participants reported only 26 overdose incidences in 6 months, one of them fatal. This is a reduction of previous years when we could see around 150 overdoses a year. To complement this intervention, our team also provided 367 specific syringe cleaning training, 6,602 condoms with lubricants, and 50 new participants were enrolled, 50 individuals that now have access to these services.

As part of the second objective, the expected outcome was to maintain our case management services. This service has proven to be key to linking our participants with the services they need. It has also shone a light on the challenges PWID face in accessing healthcare and social services. The activities for this objective included the participation of the case manager in the outreach routes. This is key to contacting many of the participants since they do not have phones or ways to communicate with them outside of in person. During these interventions the case manager also identified participants interested in receiving his services and directly promoted them to 49 individuals that have not previously known of the availability of case management in our organization, 29 more than the proposed number. Of these contacted participants, 20 were formally enrolled in the case manager service during the grant period, 15 more than expected.

We consider that the interventions facilitated by this grant have been greatly successful. However, we do experienced challenges that exemplified how our participants must circumvent many barriers to access services. Related to our harm reduction program, the most prevalent challenge was accessing funding to support our participants. Our enrollment lives in poverty, they cannot cover all the syringes they need to reduce the chances of skin infections and HIV/HCV. In the last year our enrollment averaged 6 injections a day, and usually for every injection they reported needing two syringes. However, only counting 6 injections a day, our participants need around 42 syringes a week. We meet around 300 unique participants every year. If we were to cover every syringe need for these participants, an intervention proven to reduce the incidence of HIV and HCV and that support healthier skin, we would need to distribute 655,200 syringes a year. To date we only cover around 18%-20% of our enrollment needs, and

funds to cover syringes expenses are dwelling every year. If we stop providing services, our participants will have to increase the quantity of times they re-use their syringe and increase used syringe sharing.

In addition, our participants experience stigma by healthcare professionals and support personnel constantly. We lived this experience directly with one of our community leaders (peer educators). This is a story of success, but also illustrates the discrimination PWID faces in Puerto Rico. Our community leader has worked consistently in reducing her use to access buprenorphine treatment. She does not have a home or transportation, but lives in Caguas which greatly increases how feasible is for her to access treatment. This participant went many times on her own accord to access this service in one of the clinics in Caguas. Regretfully, her appointment was constantly changed. In the meantime, our case manager and participant navigator support her in accessing laboratories and visiting her doctor. Our case manager also went with her to get an appointment and, once again, when arriving to it with her, she was told that she did not have an appointment calendarized for that day. The case manager had to intervene to support the participant in this argument, and after much discussion she was seen by the doctor. The clinic refused to help this participant in accessing her record by helping her in procuring her ID, even after saying that they provided case management services. Having an ID was key because without it our team had to go to the pharmacy every week so the participant could have her treatment. After many interventions of the case manager, the community leader finally had the chance to access this treatment. After a month the participant shows adherence to treatment.

This experience is just a snippet of how difficult it is for PWID in Puerto Rico. Most of the PWID we serve cannot cover their basic needs. They also live in violent environments, often engaging in risk-filled jobs in the subterranean economy such as “look out” at drug selling points and sex work. They do not have the chance to experience stability, do not have access to mental health or support groups, and due to the lack of services available and stigma, are often placed on waiting lists or fully rejected by them. Even for the general population access to healthcare is a struggle. Puerto Rico does not have the capacity to provide service to all the people living here. Often PWID are the last group under consideration for these services. To provide services for PWID living in Puerto Rico one must consider the history of race and colonialism of the island, yes, but most importantly needs to be aware of how we are living in survival mode today.

Our participants need direct support to access services. They need company to advocate for their right to health, to be there as witnesses of the discrimination they face. We often encounter agencies, other organizations, and health clinics legitimate the needs of our participants when representatives of organizations like ours are present. This should not be this way. Nevertheless, is the reality of the experience of PWID. Access to transportation, housing, health insurance, treatments, and documentation are often unreachable dreams to our enrollment. Is key for these participants that small community base organizations that have the trust of these communities, and that provide linkage to care by meeting our participants where they are, started to expand their services offer to include case management, navigation, and other services that can directly support PWID engagement in their health process. Adherence to services and treatment of any kind will always be challenging but is most sinister when the person is abandoned by our society. El Punto en la Montaña’s team is deeply grateful for the support provided by NACCHO to deliver these services as part of the *Advancing Equitable Harm Reduction Outreach* grant.