

This snapshot summarizes narrative findings from learning sessions held with key regional stakeholders identified by the Public Health Networks and community agencies. Data sources are listed under corresponding infographic.

During the data collection period, Makin' It Happen (the Public Health Network) was engaged in strategic planning for harm reduction and 1:1's with agencies were seen as duplicative. To complement these efforts, we interviewed 25 syringe service participants to capture the experiences of people who use drugs to assist both projects.

INVOLVE PEOPLE WITH LIVED EXPERIENCE IN PLANNING & EVALUATION

Many key leaders identified as people in recovery and majority of recovery workers are people with lived experience.

PROVIDING NON-STIGMATIZING SERVICES

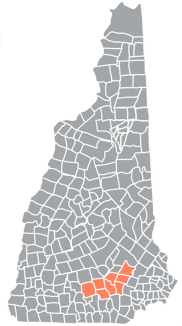
Some expressed that stigma continues to be a barrier when seeking services and they avoid seeking care for infections and mental health. Supportive services included the Mental Health Center of Greater Manchester (MHCGM), Healthcare for the Homeless, and Urgent Care. Lots of opportunities for further education on compassionate support of people who use drugs.

COLLABORATION ACROSS THE CONTINUUM OF CARE

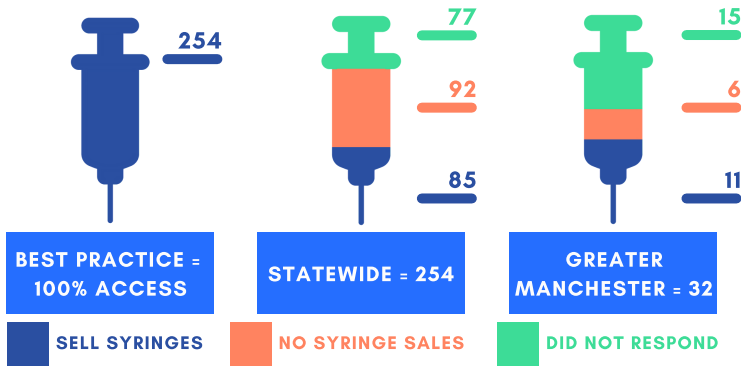
Strong engagement with city agencies. Multiple providers collaborating on outreach, outreach services unavailable beyond city limits. Coordination among agencies is strong within the region, Substance Use Disorder (SUD) Collaborative convened by Public Health Network (PHN).

INFECTION PREVENTION

Syringe services have addressed a critical need but availability is very limited (only 2 hours once per week), ideally there would be more availability and more privacy. High utilization of ER to address acute and chronic wounds. Low barrier outreach services available including new Horizons/ Healthcare for the Homeless, Manchester Community Health or MHCGM.



PHARMACY SYRINGE ACCESS



SOURCE: SURVEY OF ALL NH RETAIL PHARMACIES CONDUCTED BY UNH IN 2020 (N= 174; TOTAL NH RETAIL PHARMACIES = 254; RESPONSE RATE 68.5%)

SYRINGE SERVICES PROGRAM ACCESS

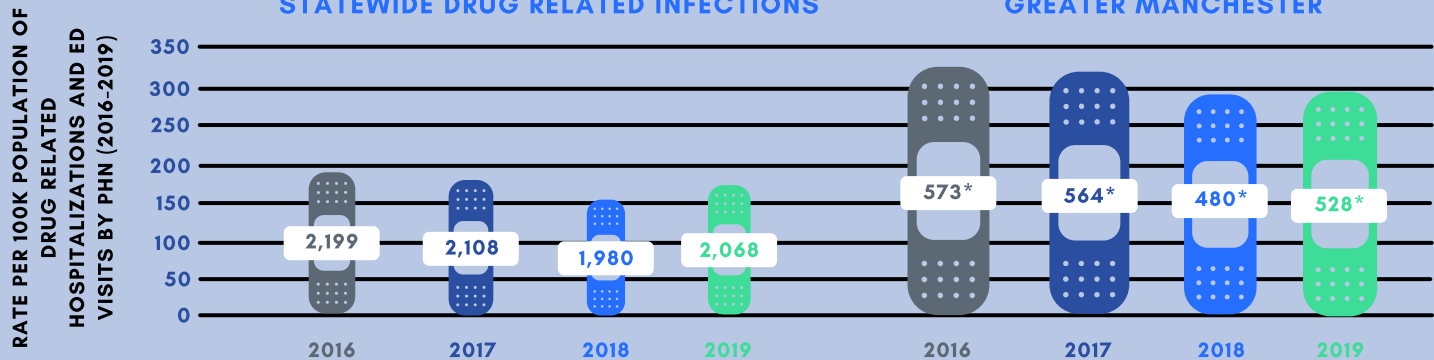


MANCHESTER
NHRC.ORG/QUEEN-CITY-EXCHANGE/

SOURCE: SYRINGE SERVICE PROGRAMS REGISTERED IN NH, VT, AND ME

HOSPITAL DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE[^]

STATEWIDE DRUG RELATED INFECTIONS GREATER MANCHESTER



[^]THE SIZE OF THE BANDAGE IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE BANDAGE REPRESENTS THE ACTUAL NUMBER OF ED AND INPATIENT DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE CODES. SOURCE: OFFICE OF HEALTH STATISTICS AND DATA MANAGEMENT, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS, NH DEPARTMENT OF HEALTH AND HUMAN SERVICES [^]INCLUDED CASES OF CELLULITIS, ABSCESS, SKIN INFECTION, BACTEREMIA, SEPTIC ARTHRITIS, OSTEOMYELITIS, OR ENDOCARDITIS AND OPIOID USE, OPIOID ABUSE, OPIOID DEPENDENCE, OPIOID POISONING, OR ADVERSE EFFECT OF OPIOID

ACCESS TO NALOXONE

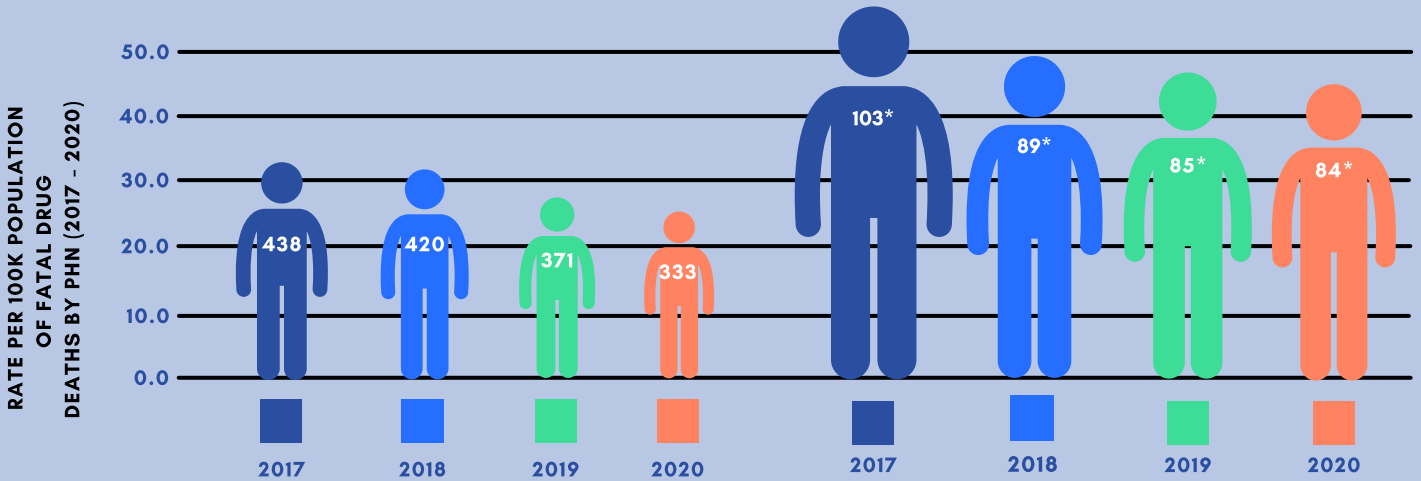
Naloxone distribution by a variety of agencies, managed through The Doorway. Some outreach workers are unable to distribute due to organizational liability.

REFERRAL TO SUD TREATMENT SERVICES

People who use drugs well aware of substance use treatment resources, majority reporting they would seek care at Farnum or Safe Stations, other mentions included 211, the Doorway, Healthcare for the Homeless, and Veteran's Affairs. Great support reported in-service connection and meetings at Hope for New Hampshire Recovery.

STATEWIDE OVERDOSE DEATH

GREATER MANCHESTER OVERDOSE DEATH



*THE SIZE OF THE PERSON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE PERSON IS THE ACTUAL NUMBER OF OVERDOSE DEATHS. SOURCE: OFFICE OF THE NH MEDICAL EXAMINER (2017-2020)

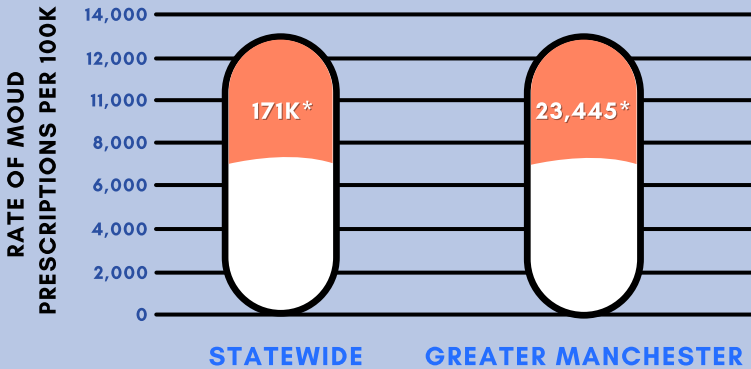
HOUSING

Insufficient affordable, low barrier, secure, long-term housing-worsened during the COVID-19 pandemic; long wait times for Section 8. Multiple short term and transitional options through Families in Transition, 1269 Café, Waypoint, and other agencies which provide case management, basic necessities, and support. Recurrent evictions of encampments disrupt health and safety.

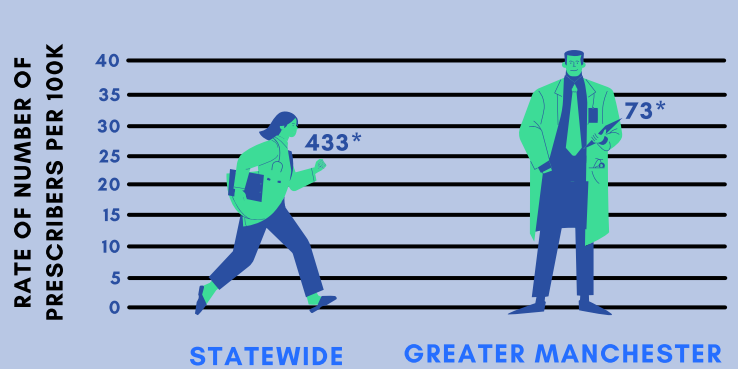
ACCESS TO MEDICATIONS FOR OPIOID USE DISORDER (MOUD*)

A variety of traditional and low-barrier healthcare providers with active Buprenorphine programs including Healthcare for the Homeless, MHCGM, and primary care practices (e.g. Catholic Medical Center, Elliot Health Systems, Dartmouth Hitchcock). Methadone services available through Habit OPCO and Manchester Metro. Majority of syringe service participants surveyed were knowledgeable of MOUD resources.

TOTAL RX MOUD PRESCRIPTIONS PER 100K PER YEAR 2020



NUMBER OF ACTIVE BUPRENORPHINE PRESCRIBERS PER 100K PER YEAR 2020



*THE SIZE OF THE ICON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE ICON IS THE ACTUAL NUMBER OF PRESCRIPTIONS OR PRESCRIBERS. SOURCE: THE NH PRESCRIPTION DRUG MONITORING PROGRAM (2020)

IMPACT OF COVID-19

Services had slowed down due to COVID, including welfare, community outreach services, DMV, and noted difficulty in accessing medical services. For housing insecure individuals, considerable difficulty finding public bathrooms/places to get warm, transportation, and accessing telehealth due to lack of internet connection. Challenges reporting finding a job or experienced a reduction in hours.