VIRTUAL: Prevention Committee
Meeting Minutes of
Wednesday, February 22, 2023
2:30 p.m. – 4:30 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: Keith Carter, David Gana, Gus Grannan, Diamond Jack, Lorett Matus (Co-Chair), Client Steib (Co-Chair), Desiree Surplus, Kim Thomas, Adam Williams

Guests: Emily McNamara (DHH), William Pearson (DHH)

Staff: Tiffany Dominique, Sofia Moletteri, Kevin Trinh, Mari Ross-Russell, Beth Celeste

Call to Order/Introductions: L. Matus called the meeting to order at 2:33 p.m and asked everyone to introduce themselves.

Approval of Agenda:

L. Matus referred to the February 2023 Prevention Committee agenda and asked for a motion to approve. **Motion:** K. Carter motioned; D. Gana seconded to approve the February Prevention Committee agenda. **Motion passed:** 8 in favor 1 abstaining. The February 2023 agenda was approved.

Approval of Minutes (*January 25th, 2022*):

L. Matus referred to the January 2023 Prevention Committee minutes. C. Steib noted that his name was misspelled in the minutes. K. Carter asked if he would be included in the minutes as excused. The decision to include excused as a part of committee meeting minutes was tabled to the Executive Committee meeting. **Motion:** K. Carter motioned; A. Williams seconded to approve the amended January 2023 Prevention Committee meeting minutes and agenda via a Zoom poll. **Motion passed:** 6 in favor, 2 abstaining. The amended January 2023 Minutes were approved.

Report of Co-chairs

No report.

Report of Staff

No report.

Discussion Item:

-Available Opioid Data-

T. Dominque began the presentation by welcoming the committee members to offer their expertise. Though T. Dominque had created the presentation, she acknowledged that the committee members were experts in their fields and could offer information in this collaborative effort to understand the opioid epidemic.

She highlighted the number of people who inject drugs (PWID) and the concurrent cases of HIV from 2017-2021. She noted that the number of new HIV per year cases had decreased once syringe exchange had been introduced. The numbers had since increased again and the presentation was created to discuss this phenomenon. In the span of two years from 2017 to 2018, the number of HIV cases that were not diagnosed with AIDS within 90 days increased from 34 to 53 cases per year.

In 2019, the number of new cases per year increased from 53 to 69 cases. In 2020-2021, the number of new cases decreased to 23 and 37. It was assumed the number of cases had been underreported due to the COVID-19 pandemic.

T. Dominique noted that other demographics had lower cases of HIV diagnoses as time went on. She acknowledged that this was one reason the Prevention Committee wanted to investigate the linkages between the opioid epidemic and HIV transmission.

Certain years on the chart had "*" marked as the number of cases diagnosed that year, and T. Dominique explained that the numbers of cases reported in those years were small enough that the individuals may be identified. The "*" symbol was used to protect their identities.

In 2017 and 2018, the opioid epidemic was declared an emergency and funding from other sectors contributed to addressing the issue. T. Dominque said the other reason the committee had wanted this presentation was to view the effectiveness of the increased funding.

G. Grannan inquired about the range of testing in 2020 and 2021 in comparison. He wanted to know if the range of testing had caused underreporting of cases. T. Dominque elaborated on her previous explanation that COVID-19 had caused underreporting of HIV cases. During this period, many were unwilling to leave their homes due to the pandemic lockdown and were testing from home if they were testing at all. T. Dominique added that COVID-19 had become the dominant public health issue and had shifted attention away from HIV.

G. Grannan said that testing availability had decreased during the pandemic because the testing centers had closed down. He asked if testing availability in 2020 and 2021 had an impact in comparison to 2017 and 2018. T. Dominque said she could not give a definite answer and turned to W. Pearson and E. McNamara, who were representatives from the Department of HIV Health (DHH). W. Pearson said he could not give information on the 2022 data because they were still working on processing it. He said the last closed year that they could pull data from was 2021.

W. Pearson asked T. Dominique if the information on the chart represented the entire city or just the people who had gone to the Department of Health's funded sites. T. Dominque said she had

obtained this information from DHH's surveillance report. W. Pearson said the DHH surveillance report had surveyed the entire city including the Department of Health's funded sites. He asked which particular report T. Dominque used. T. Dominque said she had used the information from DHH's data slide. She had chosen to use this information because the chart highlighted the increased number of new HIV cases over time. W. Pearson replied that they had two sets of data. One set of data only includes the sites by DHH and the other includes the entire city including health clinics not funded by DHH. W. Pearson wanted to know which dataset was used. M. Ross-Russell answered that since the information had come from the surveillance report, the information would represent the entire Philadelphia area.

K. Carter asked if this chart had referenced only Philadelphia and not the Philadelphia Eligible Metropolitan Area (EMA). M. Ross-Russell confirmed this was correct. K. Carter then followed up with a question about if they knew of any areas with higher rates of PWID and HIV transmission. T. Dominque replied that they did not have cluster data on HIV transmission but they did have information on overdose deaths and injection drug use.

T. Dominique referred to the CHART: Unintentional Drug Overdose Fatalities in Philadelphia, 2021 document. The document was released on October 26, 2022. T. Dominque said there were three important main points to learn from the document. The first point was that in 2021, there were 1,276 deaths caused by unintentional drug overdose. This was the highest recorded number in Philadelphia. The second point was that most of the deaths recorded were from opioid use, but there was an increasing trend of stimulant use. About 67% of the deaths were from stimulants such as cocaine and methamphetamines. The third point was regarding health disparities among minorities. Most deaths were among non-Hispanic Black males. T. Dominique wanted to highlight that the number of unintentional deaths due to drug overdose among non-Hispanic Black females had increased by 29% from 2020.

T. Dominque said that the CHART report was released by the health commissioner every October. T. Dominique referred to a bar graph called "Number of Unintentional Drug Overdose Deaths by Drugs Involved, 2010-2021." She noted that the total number of deaths per year had increased until there were 1,217 overdose deaths in 2017. That total of deaths per year decreased in 2018 after the mayor created The Philadelphia Resilience Project, now known as The Opioid Response Unit, which created action plans to meet the challenges of the opioid epidemic. Despite their efforts, T. Dominique noted the number of overdose deaths continued to climb after a brief respite until hitting its current peak at 1,276 deaths in 2021.

K. Carter asked if these deaths had been underreported as well. T. Dominque said she believed they were. T. Dominque said the COVID-19 lockdown had increased the number of deaths. For example, during the lockdown, many injection users were not near anyone who could provide Narcan to save their lives. T. Dominque said that with the number of drugs in the community, the lockdown provided the perfect conditions to exacerbate an already perilous situation in the city.

S. Moletteri provided access to the CHART document to the Prevention Committee. Likewise, E. McNamara provided the link to the City of Philadelphia's annual report on HIV cases. The report was titled "HIV Surveillance Report 2021 Philadelphia." K. Carter said he would like to speak with G. Grannan after the meeting to get more information about this topic.

K. Carter reviewed the documents and had a question concerning the drug Xylazine, which was mentioned on page 7 in the CHART document. He asked if Xylazine was the same drug as Ketamine. G. Grannan said that Ketamine and Xylazine were not the same. The difference between Ketamine and Xylazine was that Ketamine was approved to be used with humans and did not cause soft tissue injuries.

G. Grannan said that Xylazine is a tranquilizer that was only approved for animals. He said it was unclear if Xylazine was the cause of the rise in deaths while Fentanyl was clearly a contributor to the number of deaths. T. Dominique thanked G. Grannan for his knowledge and said that the discussion was an appropriate forum to ask questions that could lead to finding the causes of the increase in overdose deaths.

T. Dominique showed the committee a line graph depicting the racial disparity in terms of overdose deaths. The graphs depicted data from 2018 to 2021. A. Williams said he sees a connection between party drugs and self-medication to drug overdoses since they are laced with fentanyl. He said he would be interested in seeing more available resources to address these issues such as drug interaction palm cards and increased access to fentanyl test strips.

T. Dominique returned to the presentation. T. Dominique said the number of overdose deaths was concentrated in the 19134 zip code area with 169 deaths. She said in 2021, the number of deaths had increased by 23% after declining 22% in the previous year. The other Philadelphia zip codes with the highest number of overdose deaths in 2021 were 19140 with 84 deaths, 19133 with 59 deaths, and 19132 with 55 deaths.

A. Williams said there was legislation passed in PA legalizing all drug testing strips. He said while legalization was important, access to these resources was just as important. A. Williams said they had to actively get the strips to where they are needed.

K. Carter said there should be a location where people could get their drugs tested. A. Williams had also said that during COVID-19, Septa use had decreased due to the lockdown. People were not as exposed to the Narcan and fentanyl strip advertising on the buses and trains. A. Williams said they needed to find other ways of engaging the community. T. Dominique said that because people are less aware of these resources, their utilization has decreased as well. She said this was important for both people who were or were not injecting drugs.

K. Carter suggested providing Narcan and fentanyl educational material through a person's bills such as their cell phone bill or electric bill. T. Dominique said that the Register of Wills had placed information about tangled titles in people's water bills. She said they were allowed to do so because they did not have to pay for postage. She said that if they could reach out to the person who had sent the mail, they could likely reach out to the water department or other utility departments to distribute education materials. T. Dominique told K. Carter that he could make suggestions but he must recognize that there are limitations to what the Planning Council can do. She said that actions such as K. Carter's suggestions were being carried out through other organizations such as the Opioid Response Unit.

T. Dominique referred to the Philadelphia Opioid Response 2022 Action Plan. The plan was centered around 4 pillars: prevention, treatment, community support, and public safety. T. Dominique said that the plan focused on adding more police foot and bike patrols to target open-air drug use. She said much of the patrols were centered around the Kensington area. The Opioid Response Unit had also placed a tower near 60th and Market to patrol the area.

The Opioid Response Unit had also established the Kensington Community Resilience Fund (KCRF) which provided $10, 000 in grants to 20 community-based organizations. The Opioid Response Unit expanded its goals in 2020. The Opioid Response Unit set out to complete a 100-Day Challenge to connect unsheltered people in Kensington with substance use disorder to shelter and for treatment.

T. Dominique reviewed the Opioid Response Unit's community support strategies. The first was to develop holistic and trauma-informed engagement programs for families and individuals affected by opioid use. The Opioid Response Unit looked to foster further community engagement through counseling, peer support, and providing resources for COVID-19.

The Opioid Response Unit had aimed to fund scale housing in opioid hot spot neighborhoods. They also aimed to expand employment opportunities for adults and youth. In October 2022, the city reported that 377 people were connected to housing and/or behavioral health treatment services. 171 people were placed in housing opportunities. 282 people were enrolled in behavioral health treatment. Of those people, 84 people had also received wound care services. 141 additional housing opportunities came online as a result of the 100-Day Challenge including couples' housing. T. Dominique noted that the other activities such as the peer support groups and the counseling were to support the participant's ability to maintain housing.

The Opioid Response Unit's prevention goal was to reduce overdoses and increase harm reduction. Their 2022 goals were to expand harm reduction resources into hotspots of Kensington. They also wanted to ensure communication around harm reduction was culturally competent and met the needs of the individuals as well as offering supportive services to families.

In addition to placing a Naloxone tower at 60th and Market, the Opioid Response Unit has provided targeted substance abuse awareness training. The Philadelphia Department of Public Health's Substance Use, Prevention and Harm Reduction Division (SUPHR) had also launched a fentanyl test strip education campaign. They had also partnered with Kensington's businesses to inform the public about xylazine.

SUPHR aimed to increase the hours of operation for their Emergency Medical Services Response Unit. The Alternative Response Unit now operates 7 days a week from 9 a.m. to 6 p.m. They operate within Kensington but can travel to other locations in an RV. The Alternative Response Unit also provides follow-up services post-treatment for served individuals. K. Carter said that the hours did not meet the needs of the people who injected drugs. He felt that people generally injected drugs outside of a 9 a.m. to 5 p.m. schedule. T. Dominique replied that the Alternative Response Unit had worked with the Philadelphia Fire Department. Unlike the Alternative Response Unit, the fire department works longer hours. She had hoped that the

firefighters would learn the skills while they were working with the Alternative Response Unit and use them independently in their extended hours.

T. Dominique reviewed the public safety strategies of the Opioid Response Unit Plan. Their goals were to close drug corners, activate community spaces in hot spot neighborhoods, expand the operating hours of the Police-assisted Diversion (PAD) with co-responders, and improve coordinated narcotics strategy between local, state, and federal agencies. The Opioid Response Unit planned summer and fall programs to deter drug use such as PlayParks, Seven Literacy, and Playful Learning Playstreets.

T. Dominique continued to review the treatment strategies. The Opioid Response Unit's treatment strategies were to execute Medication First Policies, expand Medication Assisted Treatment provision, and expand access to treatment. They also sought to expand mobile medication-assisted treatment initiatives as well as the Warm Handoff Program involving incarceration. In 2022, the Opioid Response Unit licensed all 24 Department of Behavioral Health and Intellectual Disability Services (DBHIDS) contracted recovery houses. DBHIDS also issues proposals for physical plant upgrades to currently operating recovery houses in Philadelphia that were not contracted with DBHIDS.

DBHIDS had launched a Mobile Methadone Maintenance Treatment. They also received a grant to connect individuals from the Philadelphia Department of Prisons to receive support from certified recovery specialists.

T. Dominique said they have not identified where all the Narcan and new injection equipment were located. T. Dominique said they were still trying to obtain this information. She said that on the city's website, there was information on the location of sharp disposal kiosks as part of the Philadelphia Resilience Project. The map on the website differentiates whether each location has a dropbox or a wall unit.

D. Surplus said that her organization was trying to increase access to substance use and recovery. She said her organization was offering 7-day-a-week appointments for injectable recovery medication such as Vivitrol injection. She forwarded her email address to the committee if they wanted more information. D. Surplus added that her organization provided Narcan without a prescription.

T. Dominique ended the presentation by posing a question to the committee–she asked who they had wanted to reach out to for more information. K. Carter asked if the End the HIV Epidemic (EHE) funding was going towards opioid prevention efforts. T. Dominique did not know the answer. She said the question reminded her that Philadelphia was going to get a $200 million settlement from the lawsuit versus the pharmaceutical companies. T. Dominique said that the city had planned to use the money for community support for at least the first two years.

K. Carter asked if they could provide training for business owners in hotspot neighborhoods to administer Narcan. He said places near businesses were where many overdoses were taking place and suggested business owners be equipped for any circumstance. A. Williams said that he had heard much about reducing overdoses and HIV caused by using syringes. He said that chemsex

and the use of party drugs were co-incidence with HIV and overdoses. He asked if there was an initiative to address the rapid increase in chemsex in Philadelphia. T. Dominique did not know.

A. Williams added that there was Narcan training for people in the city by the city government and non-profit groups. T. Dominique said she did not know if these trainings were targeted specifically at business owners like K. Carter had suggested. She said she gets a newsletter advertising Narcan training but she did not know if the surrounding businesses had also received the newsletter.

W. Pearson sent a link to the city surveillance report called "HIV Surveillance Report 2021 Philadelphia." He said the information was from DHH-funded sites and displayed the information regarding HIV testing from 2019-2021. He said data would show the effect of COVID-19 and the "stay-at-home" order on HIV testing. He said the report could be found on the city website under their media tab. He said the data could be found on page 12 of the report. A. Williams sent a link to the Narcan training page on the Philadelphia government website where the committee members could sign up for Narcan training.

K. Carter talked about a new type of Narcan. T. Dominique said she did not know how effective Narcan is. C. Steib asked if they could invite the Opioid Response Unit to speak with the committee. C. Steib also asked to invite the person who was overseeing the $200 million dollar grant money coming to the city. He wanted to ask how the money was going to be allocated. He also seconded A. Williams' suggestion to expand advertising about Narcan to other mediums besides the metro. D. Surplus said she would inquire about the effectiveness of the new Narcan type and promised to email the committee with her findings.

C. Steib asked a question about the data. He said he noticed that zip 19134 was mentioned and it was the location of his office (St. Chris). He said he did not see many overdoses or deaths in the area and wondered if the data were stratified by age. T. Dominique said that was a question that they could ask the health commissioner. A. Williams requested data regarding the types of venues where overdoses happened. He wanted to know if overdoses happened at businesses or residential places.

-Funded Prevention Activities-

T. Dominique said the next agenda item would be an open discussion. The Prevention Committee had previously wanted to add an item on the agenda called "funded prevention activities." T. Dominique wanted the committee to define what this meant.

L. Matus said the prevention activities throughout Philadelphia had changed with the funding. She said the committee was unclear about what activities were getting funded and who was funding the activities. L. Matus wanted an overview of the services being performed as well as gaps in services. C. Steib added that he wanted to see what activities were being performed in the collar counties surrounding Philadelphia.

K. Carter asked when they were going to provide information to providers about Pre-exposure prophylaxis (PrEP) since they were the persons who had the ability to prescribe PrEP to their

patients. C. Steib said there may have been a PrEP provider directory on the DHH website called PhillyKeepOnLoving.

K. Carter was concerned about how a person had to change their primary care provider to receive PrEP if their primary provider was unwilling to prescribe PrEP. He asked what they could do to change this situation. C. Steib said he did not know the answer to this question. He said he had heard that doctors were being trained to prescribe PrEP but he cannot say with certainty. K. Carter was concerned that the primary providers were unable to overcome their biases against antiretrovirals to prescribe PrEP.

T. Dominique thanked K. Carter for raising the topic. She said this discussion was a holdover from a discussion held in the February 16, 2023 Comprehensive Planning Committee (CPC) meeting. A. Williams said that part of the issue was addressing bias. He said doctors may be hesitant towards prescribing antiretrovirals because they were warded against it during their medical training.

A. Williams said educating medical providers could alleviate the issue, but it does not help the patient at the moment when their provider refuses to prescribe PrEP. A. Williams said not only was changing primary providers difficult, but the patients may not want to change their providers to avoid the hassle. Patients who do not want to switch providers may decide to accept that they cannot receive PrEP. A. Williams said he had wanted to challenge the CPC to find services for those who were refused PrEP.

C. Steib asked why the patient could not have a PrEP primary provider prescribe the PrEP, but still keep their regular primary provider. A. Williams clarified that the patient was required to change their primary care provider. He said that if someone asked him for PrEP, he would be required to ask them to change their primary care provider. C. Steib suggested that this might be agency-specific since his clinic did not require a person to change their primary care provider.

K. Carter said the health disparity surrounding PrEP was that minority populations were not able or willing to receive PrEP. K. Carter suggested educating minority populations to trust PrEP. K. Carter wanted the committee to ponder solutions to address the disparities. A. Williams said that many patients at Health Center 1 were minorities. He believed the way to close health disparities was to close the gap in access. K. Carter asked if he would receive service if he walked into Health Center 1. A. Williams said that he would. K. Carter asked why prescribing PrEP did not start at a place like Health Center 1. A. Williams said that the process to receive PrEP would start at the Health Center.

K. Carter said that the patient was held captive if their primary care provider did not accept the referral from the clinics to prescribe PrEP. C. Steib asked if it was an agency policy to require a primary care provider change or was an insurance policy stopping patients from being prescribed directly by the health clinic. C. Steib said that they should change this policy. A. Williams said he did not have an answer. He said if they had changed the agency policy, they could face funding issues.

M. Ross-Russell said the main issue was that an insured person would need to change their primary care provider to the location where they are receiving services. Patients need to have several tests and the health provider would need the ability to bill the insurance company.

T. Dominique thanked everyone for their input.

-Surveying HIPC for Prevention Concerns-

T. Dominique read the results of the Prevention Committee Concerns Survey. She said the purpose of the survey was to gauge what the Prevention Committee thought was important and to brainstorm ideas to move toward their goals.

The survey was sent the day before the meeting. The persons invited to take part in the survey were given three questions. The first question was "what are your prevention concerns in your community? Concerns could be about substance use, housing, food insecurity, sex work, etc." The second question was "What are your HIV prevention/service prevention concerns?" The Third question was "Are any of your concerns different for the city versus the suburbs?"

T. Dominique read some of the responses. Committee members were concerned about retention, mental healthcare, PrEP access, lack of insurance, and language barriers. One of the responses said that they were concerned about slum lords and trash in the environment. One response said that substance abuse services were only a temporary solution and it would not give them a new house or job.

K. Carter asked the committee what the response that listed slumlords and trash had to do about prevention. M. Ross-Russell gave her interpretation of the response. She believed the response said that if a person received help with their substance use, they would still return to the environment that produced the conditions for drug use.

T. Dominique said her interpretation of the response was that if they eliminated one problem, they still needed to address the other problems and social determinants of health. She said that if a person received substance use treatment, they still have not solved the root problem that contributed to their drug use. D. Gana said his interpretation was that changing the person's environment gave them a chance to heal. For example, a person who goes to a recovery house has the opportunity to recover their mental and physical health.

D. Jack said that drug use may be based on a person's amount of resources. They said that not everyone had the internal strength to improve themselves and there is no shame in accepting additional support such as therapy or better housing. A. Williams added that the responses to the survey were intended as a guideline.

L. Matus asked who was given the survey and how long was the survey going to be online. T. Dominique said the survey was only given to Prevention Committee members at this time so they could review the survey and decide if they wanted to invite other people to take the survey.

C. Steib suggested they bring the survey to the larger council before the next Prevention Committee meeting on 3/22/23. C. Steib requested to stop the survey on March 21st, 2023. D.

Gana and L. Matus agreed. T. Dominique asked if they needed to do a motion vote. M. Ross-Russell said they did not need to since it was their survey.

Any Other Business:

None.

Announcements:

None.

Adjournment:

C. Steib called for a motion to adjourn. **Motion:** D. Gana motioned, and K. Carter seconded to adjourn the Prevention Committee meeting. **Motion passed:** Meeting adjourned at 4:24 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- February 2023 Meeting Agenda
- January 2023 Minutes