Philadelphia EMA HIV Integrated Planning Council
Prevention Committee
Meeting Minutes
Wednesday, November 15, 2017
2:30-4:30pm

Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia, PA 19107

Present: Mark Coleman, Tiffany Dominque, Dave Gana, Gus Grannan, Lorett Matus, Joseph Roderick, Gail Thomas, Leroy Way

Excused: Clint Steib

Absent: None

Guests: Caitlyn Conyngham, Maurice Pearsall

Staff: Briana Morgan, Nicole Johns, Stephen Budhu

Call to Order/Moment of Silence/Introductions: L. Matus called the meeting to order at 2:37 pm. Those present introduced themselves and participated in an ice breaker activity.

Approval of Agenda: L. Matus presented the agenda for approval. N. Johns stated the agenda needed to be reordered and that G. Grannan's presentation should be before the discussion items. L. Matus presented the updated agenda to the committee. **Motion:** L. Way moved, D Gana seconded to approve the agenda as amended. **Motion passed:** All in favor.

Approval of Minutes *(October 25, 2017)***:** L. Matus presented the October 25, 2017 minutes for approval. **Motion:** L. Way moved, J. Roderick seconded to approve the minutes. **Motion passed:** All in favor.

Report of Chair: None

Report of Staff: N. Johns stated B. Morgan is updating the OHP website to reflect the integration of the two planning bodies. She informed the committee the website launch date is the December 1, 2017 to coincide with World AIDS Day. She notified the committee the new website will have new social determinants of health maps.

- **Special Presentation ─** Safer Consumption Sites[1] — G. Grannan, *Project SAFE*

G. Grannan notified the committee that he gave a presentation about safer consumption sites (SCS) a few months ago. In reference to his earlier presentation he noted the first SCS was established in Frankfurt, Germany in 2003, and today there are 98 SCS in 66 cities globally. He explained SCS are not sanctioned in the U.S. at this time; however, he stated the new District Attorney of Philadelphia, Larry Krasner, has a favorable stance on SCSs.

From his last presentation he explained he reviewed research from Kral and Davidson that composed data from an unnamed SCS in the United States. He stated the overdose rate from that unnamed facility was 1 out of every 1278 injections, which is about where overdose death rates were before the fentanyl era. He reminded the committee the SCS site was unnamed because SCSs are not sanctioned in the United States, and

1. Safer Consumption Sites are supervised injection drug use facilities that permit smoking on the premises. http://www.abell.org/publications/safe-consumption-spaces-strategy-baltimore

anyone who was observed at a SCS would be subject to criminal charges. He continued, even though SCS have not yet made it to the U.S.A., there were some in Canada. He stated there was a large one in Vancouver called Insight that has been widely viewed as a success. He explained aside from Insight in Vancouver, many of the SCS in Canada were smaller organizations that were outdoors. He noted the SCS in Toronto was comprised of outdoor tents. He added the changes in season make it difficult for an outdoor SCS to run efficiently.

G. Grannan explained to the committee SCS have become a mainstream conversation for public health officials because SCS create a clean safe environment that allow injection drug use to be monitored. He noted that in the 15-year history of SCS there have approximately 8 million injection-events with no record of death from overdose. He reminded the committee SCS are not sites where people are treated or provided services but rather sites where injection drug use is sanctioned and people can use injection drugs in the presence/supervision of other peers and medical professionals. He stated SCS staff provide sterile injection equipment to users and can administer naloxone to users who have overdosed. He explained the main purpose of SCS is to prevent mortalities from overdose events. He stated communities that were interested in the institution of SCS should focus on training personnel to administer naloxone safely, and focus on having sterile equipment readily available instead of placing focus on deterring injection drug use.

G. Grannan mentioned in the past Kensington has made efforts to fight deaths from overdose. He explained that injection drug-users congregated in the same areas. These areas were coined user sites. G. Grannan explained agencies would provide naloxone and sterile equipment at user sites. He stated user sites were almost like impromptu SCS, that were not sanctioned of course so these sites only lasted as long as law enforcement allowed them to. G. Grannan shared some of his experiences administering naloxone and providing sterile injection equipment.

G. Grannan stated SCS will not take that much structure but it will require the removal of stigmas. He explained law enforcement would have to stop targeting injection drug users, and injection drug use would have to be decriminalized. He explained Philadelphia officials would have to review drug policy, specifically how the criminalization of drug use has worked/is working. G. Grannan expressed his opposition to current legislature pertaining to injection drug users. He explained advocates have had discussions with the incoming District Attorney, Larry Krasner. M. Coleman inquired if it was possible to organize a group of medical professionals who will cooperate with active drug users. G. Grannan responded, in theory medical professionals could cooperate with injection drug-users; however, in his experience he noted medical professionals will be more likely to participate/cooperate in 12-step drug abstinence programs or a cold turkey abstinence program. As an aside G. Grannan stated the success rate for 12-step drug abstinence programs was around 5%. He added that abstinent treatment removes the protective prophylactic effect of opioid use. He emphasized to the committee he was not advocating for opiate use but to change the stigmas associated with it. G. Grannan added that if drug-use was decriminalized at user sites it would stop overdose deaths in public areas.

G. Grannan reminded the committee injection drug users were the only high-risk population which has substantially decreased the incidence of HIV. He stated from the use of sterile equipment and supervised injection, the spread of HIV has decreased in the injection drug community. He encouraged the committee not to punish drug-users but to take a holistic approach to drug use/addiction. He implored the committee to think about the traumatic aspects of drug-use and stigma. G. Grannan concluded his presentation by stating the American Medical Association has issued an unrestrained statement for SCS, and the committee should look at finding ways to get SCS implemented. G. Grannan thanked the committee for their time and opened the floor for questions. L. Matus inquired if there were any SCS in the United States.

G. Grannan replied there are no sanctioned SCS in the United States, but there are many underground organizations and user sites that offer supervised injection. N. Johns asked G. Grannan how the Prevention Committee or the HIPC can support SCS. G. Grannan replied he felt that it would be beneficial for the committee to draft a letter in favor of SCS and to get the Mayor of Philadelphia on record in favor of SCS. He stated there needs to be a comprehensive look at illicit opioid use and prescription opioid use. He stated many physicians are trying to limit the number of opioid prescriptions as a way to combat the epidemic. He explained this is detrimental to those who are in need of chronic pain management, and he added those who suffer from chronic pain will obtain opiates from the street, which are often laced with fentanyl. He explained to the committee it was much harder to overdose on prescription opioids compared to drugs bought on the street. G. Thomas asked if there was any record of users ceasing injection drug use through experiences at SCS. G. Grannan replied he does not have the data on hand, but it happens all the time, and it happens when people are ready to stop using. He explained people are more likely to stop using injection drugs when people develop a genuine relationship with the user that is stigma-free. G. Grannan shared a personal anecdote about when he worked at a needle exchange facility in Camden, New Jersey.

Action Items: None

Discussion Items:

- **Mayor's Task Force Recommendations and HIV systems brainstorming activity**

N. Johns distributed the Mayor's Task Force to Combat the Opioid Epidemic in Philadelphia Final Report and Recommendations. N. Johns stated in the last meeting the committee reviewed some of the Task Force recommendations specifically the ones the committee felt had an overlap with HIV prevention. She stated the committee reviewed the following recommendations:

1. Improve health care professional education
2. Establish insurance policies that support safer opioid prescribing and appropriate treatment
3. Increase the provision of medication-assisted treatment
4. Expand treatment access and capacity
5. Embed withdrawal management into all levels of care with an emphasis on recovery initiation
6. Implement "warm handoffs" to treatment after overdose
7. Provide safe housing, recovery, and vocational supports
8. Incentivize providers to enhance the quality of substance use disorder screening, treatment, and workforce
9. Expand naloxone availability
10. Further explore comprehensive user engagement site(s)
11. Establish a coordinated rapid response to "outbreaks"
12. Address homelessness among opioid users
13. Expand the court's capacity for diversion to treatment.

She explained the main takeaways from the last committee meeting were to have G. Grannan educate the committee on Safer Consumption sites, schedule a presentation about medication-assisted treatment, and schedule a Narcan training for the HIPC. She stated she was in the process of having Prevention Point come to talk about syringe access. She suggested the committee could brainstorm about 1 or 2 recommendations that were reviewed in the last committee meeting. N. Johns stated L. Matus recommended that HIV testing messages are included with all opioid misuse messages. N. Johns informed the committee that the M. Ross-Russell relayed L. Matus' idea to the Health Commissioner's Community Health Improvement Planning Comittee. L. Matus asked the committee if they were in favor of SCS, and if they were would they be interested in drafting a letter to recommend Philadelphia institutes SCS. G. Thomas replied she was in favor of SCS, and wanted to move forward with drafting the letter.

T. Dominque inquired if the committee could draft a letter. N. Johns replied the committee was capable of drafting the letter, and she explained the committee could either draft a letter or recommend the HIPC review SCS, and if the HIPC was in agreement, they could draft a letter. T. Dominque replied she was in favor of either outcome.

L. Matus stated the committee would move forward with drafting a letter in favor SCS. M. Coleman stated there needs to be more addiction recovery houses in Philadelphia. He noted these recovery houses needed to address the needs of individuals in need of treatment. L. Matus replied reviewing treatment was only half the battle, while the other half was to review the accessibility to treatment, for example what barriers are preventing someone from accessing the services that they need? G. Grannan mentioned there is a harm reduction housing model that is in progress. In response, N. Johns referenced recommendations 10, "Further explore comprehensive user engagement site(s)" and 15, "Address homelessness among opioid users." She notified the committee the Comprehensive Planning Committee will be reviewing the feasibility of a housing first model with current Ryan White Part A funding. She stated housing-first models were being used in New York and New Jersey already and she suggested the committee could use ideas from New York and New Jersey to create a model that works for the EMA. N. Johns suggested the Prevention Committee could have joint meetings with the Comprehensive Planning Committee to review the housing model and feasibility. L. Matus recommended that the committees should have parallel conversations first and then have joint meetings to discuss ideas. G. Grannan proposed the committee could ask local pharmacies/pharmacists to draft a document that pertained to those who were on both antiretroviral medications and opiates/opioid-replacement therapy. T. Dominque asked G. Grannan to elaborate. G. Grannan explained the document could explore the effects opioids have on antiretroviral medications and what effect antiretroviral medications have on opioid metabolism.

L. Matus suggested the committee needs to think about what recommendations from the Mayor's Task Force Report they wanted to focus on. She stated the committee also needed to set outcome measures for the recommendations they were planning on reviewing. D. Gana reminded the committee as HIPC members they can only recommend protocol not implement.

- **PrEP Work Group debrief**

L. Matus informed the committee there was a great turn out for the PrEP Work Group that met before this meeting. C. Conyngham stated the meeting went well and she reviewed the PrEP Work Group agenda with the committee. She explained the work group began with a welcome and brief overview of Philadelphia HIV Integrated Planning Council and Prevention Committee, then the work group briefly discussed the timeline of past work on PrEP by the HIPC and Prevention Committee, what led to the formation of the work group, and finally a brainstorming activity. She elaborated the brainstorming activity consisted of the work group members formulating answers to the questions as follows:

1. What ideas do you have to improve access to PrEP in Philadelphia including insurance and medical coverage for labs and visits?
2. What ideas do you have to improve community outreach and education around PrEP?
3. What ideas do you have to improve provider awareness, education, and prescribing PrEP?
4. What messages would you want prioritized for education around PrEP?
5. What ideas do you have to improve HIV/STI screening and linkage to PrEP care in Philadelphia?
6. What ideas do you have to improve PrEP roll-out in Philadelphia?

C. Conyngham stated the work group was given 6 minutes for each question to think of answers. After the brainstorming activity she stated the group was given the opportunity to network. At the closing of the meeting, she stated the next meeting date of the work group was still to be determined.

She explained the next meeting date would be decided based off survey[2] responses from those who were present today. She informed the committee the survey was available online and asked members to share their availability.

Old Business: None

New Business: None

Research Updates: L. Matus stated she learned the University of Pennsylvania is in the process of interviewing women that at high risk for HIV. She explained the women did not have to be HIV+ or on PrEP. She stated she would provide the committee more information as it was available.

Announcement: N. Johns announced the Comprehensive Planning Committee will meet Thursday, November 16, 2017 from 2-4 pm. She stated the committee will be reviewing the housing first model, and barriers to retention in care. She noted the Comprehensive Planning Committee would be participating in a brainstorming activity. She invited all to attend.

Adjournment: **Motion:** L. Way moved, J. Murdock seconded to adjourn the meeting at 4:00pm.
Motion passed: All in favor.

Respectfully submitted by,

Stephen Budhu, Staff

Handouts distributed in the meeting

- Meeting Agenda
- Meeting Minutes
- OHP calendar
- Mayor's Task Force Final Report and Recommendations to Combat the Opioid Epidemic in Philadelphia

2. The PrEP working group survey is available here https://www.surveymonkey.com/r/PrEPwkgrp