Philadelphia HIV Integrated Planning Council
Positive Committee
Meeting Minutes
June 12, 2017
12:00-2:00p.m.
Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia, PA 19107

Present: PH (15), PA (2)

Staff: Antonio Boone, Jennifer Hayes

Call to Order/Moment of Silence/Introductions: K. Carter called the meeting to order at 12:02p.m. He read the mission statement.[1] A moment of silence followed. Those present then introduced themselves and participated in an icebreaker activity.

Approval of Agenda: K. Carter presented the agenda for approval. **Motion:** D.G moved, J.W. seconded to approve the agenda. **Motion passed**: All in favor.

Approval of Minutes (*May 8, 2017*): K. Carter presented the minutes for approval. **Motion**: J.W. moved, J.M. seconded to approve the minutes. **Motion passed**: All in favor.

Report of Chair: K. Carter noted that June was AIDS Education Month. He said that there were many events being held for AIDS Education Month. He stated that the Prison Summit would be held on June 28th. He said an event would also be held for the ballroom community. A community member asked where the ball would take place. M.W. said it was being held at the Ethical Society.

K. Carter stated that the Positive Committee would be asked to give feedback on a new medical case management model, which would begin implementation on March 1st, 2018.

Report of Staff: A Boone said that, this Thursday, the Needs Assessment and Comprehensive Planning Committees would be meeting to complete priority setting. He noted that priority setting ranked HIV services in the region in terms of need. He encouraged all to attend to have their voices heard. He noted that only Planning Council members could vote on priority setting, but attending the meeting would allow the community to get a deeper understanding of the priority setting process.

A. Boone noted that the Prevention Committee of the Planning Council would be meeting June 21st. He said that the group would be looking at the goals and objectives from the Integrated HIV Prevention and Care plan to determine their future activities. K. Carter noted that the Prevention Committee was a new committee. A. Boone stated that the HIV Prevention Planning Group (HPG) had been incorporated with the Planning Council during the recent integration process, and the Prevention Committee was formed to address prevention activities.

A. Boone thanked everyone in the group who came by the Prevention Summit table. He stated that new Positive Committee brochures had been developed with the input from the Positive Committee

[1] Mission statement: The Positive Committee supports and enhances the role of people living with HIV/AIDS to empower their participation in the decision-making process of the Ryan White Part A Planning Council and the HIV Prevention Planning Group.

and passed out at the summit. K. Carter said a Positive Committee newsletter was also being developed.

M. Coleman noted that there were many young people of color at various organizations in the city. He asked if the Positive Committee could get in touch with these organizations and hear young peoples' perspectives on PrEP. A. Boone stated that a representative from COLOURS may attend a meeting in the future. He added that the OHP had held focus groups with young men who had sex with men (YMSM) in the last few years, and information about them was posted on the OHP website and social media pages.

Discussion Items:

- **Opioid Task Force Report**

A. Boone said he'd review slides regarding the recent report from the Mayor's Task Force to Combat the Opioid Epidemic in Philadelphia. He welcomed questions or comments during the presentation. He encouraged the group to review the task force report, which was available online. He said the report was relevant to people living with HIV (PLWHA) who were also people who inject drugs (PWID).

A. Boone said he'd review what was happening with the epidemic, the impact, the Mayor's Task Force, and recommendations. He said he'd also discuss PA Act 139.

A. Boone stated that prescription opioid medications had fueled the current opioid crisis. He noted that the drug fentanyl, a synthetic opioid, had also increased the number of overdoses recently.

A. Boone said that healthcare providers prescribed large quantities of pain medication, and the amount of prescriptions were not closely monitored. He said that prescription opioid sales grew sharply from 2001 to 2011, though there had been a slight decline in the last few years. He said that many doctors needed to be educated on pain management and opioid use disorders.

G.T. stated that many former or current drug users were being prescribed opioid medications. She said that many people also sold their prescriptions. A. Boone said that some people who didn't need the drugs were using them. He noted that the Opioid Task Force held community listening sessions, and many community members had similar feedback.

A. Boone said that there was a spike in fentanyl-related overdose deaths, which was particularly high in 2016. He noted that 90% of people who were prescribed opioids did not transition to heroin use. However, he said that many people who used opioids continued to take opioid medications. He explained that the transition to heroin often occurred in Philadelphia and Camden due to high purity and low cost of heroin.

A. Boone stated that there had been many overdose deaths in one weekend last December. He said that 907 people died from drug overdose in Philadelphia during 2016, which exceeded deaths from homicide. He reported that fentanyl was found in 412 overdose deaths. He explained that Act 139 included an order that enabled people in PA to obtain naloxone from a pharmacy without a prescription. He said that a recent news story featured a librarian who administered naloxone to a person who overdosed near the library. K. Carter said that naloxone was expensive. A. Boone stated that some programs were providing naloxone for free. G.T. said that the medication should be free, because it saved lives. A. Boone noted that some hospitals and other organizations were providing

the medication at trainings. K. Carter stated that, in the PA suburbs, people had to pay for naloxone themselves.

A. Boone stated that opioid dependence had negative effects on families. He noted that the rate of neonatal abstinence syndrome (NAS), in which infants were born dependent on opioids, had increased from 2002 to 2015. He asked if any participants had heard of the ACE (adverse childhood experiences) survey. He noted that the study measured stressful and traumatic events that were relevant to future health problems. He said that 40% of respondents in a recent testing group experienced many negative experiences, including substance use in their household. He stated that traumatic events increased the likelihood of experiencing drug or alcohol problems at some point in life.

A. Boone said that incarceration was another major consequence of the opioid epidemic. He added that incarceration itself was a risk factor for developing substance use disorder. He noted that many people who were incarcerated had mental health issues, HIV, substance use disorders, or other comorbid conditions. He noted that one program offered for incarcerated people was called OPTIONS, which provided behavioral treatment, substance use counseling, and withdrawal management. A. Boone said that many incarcerated persons had not been adequately monitored during and after incarceration, so the task force recommendations proposed remedies to these issues. He noted that many major national organizations recommended medication management for incarcerated people with opioid use disorders. He said that assistance entering treatment facilities upon release was also recommended.

M. Coleman asked if the recommendations from the Opioid Task Force report could reduce the rate of recidivism. K. Carter said that a lack of jobs contributed to recidivism. A. Boone replied that several of the recommendations addressed recidivism.

M.W. asked if job placement was included among the Opioid Task Force recommendations. A. Boone said the group could reach out to local organizations that addressed recidivism to make a presentation. D. Gana stated that the AIDS Education Month Prison Summit on June 28th would be another good source of information. K. Carter said that the summit was free.

A. Boone said that Philadelphia courts could offer post-plea deals that delivered treatment and supportive services. He added that the Treatment Court offered special sentencing for people with substance use disorders. G.T. stated that someone she knew had attended an employment program that had not been thorough. A. Boone said that stories like this were important in the process of reforming the services available for people charged with crimes. Several participants agreed that services that were supposed to help divert or transition people from incarceration were often ineffective.

A. Boone stated that the Opioid Task Force was composed of experts, stakeholders, and community members. He explained that 5 subcommittees were formed for the group, and each was led by two co-chairs. He noted that the committees met five times for two hours each from January through March 2017. He added that the task force organized four community listening sessions over a two week period between January and February 2017. He said that sessions were held in many different areas of the city. He stated that many people attended the meetings from all over Philadelphia. He added that a majority of attendees had been directly impacted by the opioid epidemic.

J.W. stated that housing after incarceration remained an issue in Philadelphia. G.T. stated that many programs for previously incarcerated people were not adequate. M.W. stated that rehabilitation programs and prisons provided a very different environment. G.T. said that there was not enough help for people returning from incarceration. J.M. stated that some people were able to get jobs after incarceration without help.

A. Boone asked what the group thought would help people who were returning from incarceration. M.W. stated that assistance with physical and mental health after incarceration would be helpful. He said some organizations had case managers for reentry from incarceration. D.G. stated that PLWHA returning from incarceration were supposed to receive case management services to help them get medical care. M.W. stated that vocational training was also important, and some people returning from incarceration did not have a GED.

A. Boone reviewed common themes expressed at the four community listening sessions. He said they included opioid prescribing patterns, public education, increasing treatment access and availability, public safety, and government coordination and communication. He noted that one topic that had come up was recovering mothers, who hadn't gotten much attention in the past.

A. Boone stated that the task force recommended the city establish a substance use surveillance program. He said this program would help identify and monitor the opioid epidemic and barriers to treatment on a systems level. He stated the program would develop a set of core metrics to monitor progress on the opioid epidemic.

K. Carter asked if there was monitoring of doctors who prescribed opioids. A. Boone stated that the task force report recommended improving education for health care professionals. He said that all health care providers should be receiving training on pain, pain management, and substance use disorders. He stated that many doctors did not attend to the symptoms of opioid use disorder. He noted that the report recommended monitoring the number of opioid pills sold.

G.T. said that some opioid-based medications were used to curb cravings for opioids or heroin, including suboxone. M.W. stated that methadone was another maintenance medication.

A. Boone said that the report also recommended increasing the provision of medication-assisted treatment (MAT). He said that this was an evidence-based treatment. He stated that the report encouraged public insurers to cover MAT. He added that the report recommended providing safe housing, recovery, and vocational support. G.T. asked what help was available for people who weren't in these programs. A. Boone said that accessibility of these programs was another important conversation.

A. Boone stated that the expansion of substance use services could be useful for people who used drugs other than opioids or had comorbid conditions. He said that there was not enough recovery housing, vocational support, or recovery support services. He stated that NIMBY (not in my back yard) attitudes served as barriers to new treatment programs. He noted that a lack of supportive housing made it harder to achieve good health outcomes. He stated that the task force recommended tracking the number of individuals housed who had an opioid use disorder.

A. Boone said another recommendation was to expand treatment access and capacity. He stated that many Philadelphians were in need of substance use disorder treatment. He noted that some

committees of the Planning Council tried to identify barriers to needed services. He stated that many factors created barriers to treatment, including lack of sites offering substance use services, insufficient hours at the facilities, and lack of slots for special populations. He said that some people did not have identification needed to access treatment. He added that the report recommended creating a web-based database for the public and providers to identify treatment slots in real-time.

G.T. said that some people with IDs could not get them when they were entering substance use services because they were at home. A. Boone stated that Philly Restart was a service that helped people to obtain an ID. A community member stated that Broad Street Ministry would help pay for IDs. K. Carter asked how people without addresses could get an ID. H.B. said some people used Broad Street Ministry as their address. G.T. said that homeless advocates helped people get IDs, birth certificates, and other needed documents. K. Carter stated that some employers discriminated against applicants based on their address. G.T. said that Broad Street Ministry allowed people to use their address on their ID.

H.B. stated that some people were housed in places where other people were engaged in drug use or high-risk behaviors. He asserted that people needed to have jobs to improve their quality of life. A. Boone agreed that jobs improved quality of life among people with substance use disorders. He said that peer recovery specialists could provide support to individuals in their recovery through behavioral health and medical settings. H.B. stated that opioids were often sold by people who had obtained illegitimate prescriptions.

A. Boone stated that the report recommended expanding naloxone availability. He said naloxone helped prevent overdoses. He stated that naloxone should be available to everyone, particularly those in governmental agencies, harm reduction programs, take-home programs from hospital, prison, and opioid treatment discharge programs, and on request from pharmacies. He stated that naloxone distribution centers should also offer training on overdose recognition, naloxone administration, treatment service availability, and harm reduction messages. He noted that libraries provided this training.

G.T. said that some organizations did trainings and provided naloxone. A. Boone replied that naloxone availability and training was increasing.

A. Boone said that the report recommended the exploration of comprehensive user engagement sites (CUES). He stated that CUES were walk-in setting locations in which services were provided to reduce substance use and fatal overdoses. He noted that safe consumption facilities (SCF) had been operating in other countries for many years, and were shown to reduce adverse effects of opioid consumption. He stated that the programs would most likely be discussed more going forward. A. Boone said that at SCFs, people would be permitted to consume drugs safely without risk of arrest. He said individuals would receive care and referral at these sites as needed. He added that these facilities helped reduce the burden on emergency services.

H.B. asked if people could be arrested on the way to the SCF. A. Boone stated that people could be arrested if they were on the way to a SCF. However, he said they did not risk arrest in the SCF itself. K. Carter stated that some people did not want to call for help in the case of an overdose because they were afraid of being arrested.

A. Boone stated that another recommendation was addressing homelessness among opioid users. The report said that the city should expand outreach and specialized programs to meet the needs of people with opioid use disorders who were homeless. He noted the services included housing access for homeless individuals without restrictions involving substance use disorders. He stated that these programs had been successfully implemented in many countries and cities.

K. Carter stated that some people came from the suburbs and other states to obtain opioids in Philadelphia. A. Boone said that N. Johns was in the process of gathering more information about opioid use outside Philadelphia.

A. Boone stated that a recommendation for people who were incarcerated included substance use disorder assessment and treatment in the Philadelphia Department of Prisons. He said that treatment during incarceration had a positive impact on reducing recidivism and increasing abstinence. A participant asked if people were drug tested before being released from prisons. A. Boone replied that he was uncertain. G.T. stated that drug use in prisons was an issue.

A. Boone said that Act 139 provided limited immunity from prosecution for possession of drugs and paraphernalia for people who were experiencing drug overdose or those who reported overdoses. He stated that drug overdose rates in PA had increased in recent years. He said Act 139 was passed in 2014. He noted that immunity only applied to some drug possession-related crimes. He stated that Act 139 also had provisions for access to naloxone among first responders. He said it provided protections for people using naloxone. K. Carter suggested that the group could benefit from a naloxone training.

K. Carter asked if the group was interested in a naloxone training. Many participants replied that they were. A. Boone noted that the Prevention Committee had discussed bringing a naloxone training to the Planning Council. He encouraged members who wanted to advocate for a training to come to the Prevention Committee meeting on June 21st.

A. Boone reviewed the recommendations that could be addressed by city agencies, including provision of naloxone, support for drug treatment programs, and disruption of criminal networks distributing fentanyl. He stated that health care providers could reduce opioid prescriptions, distribute naloxone, and register for prescription drug monitoring programs. He said the PDPH could work with the task force to combat the opioid epidemic, distribute guidelines to physicians on prescriptions of opioids, and develop a media campaign to warn consumers about risks of opioids.

A. Boone stated that today's presentation would be available on SlideShare. He distributed cards with information about the OHP's website and social media accounts.

Old Business: None.

New Business: None.

Announcements: K. Carter stated that G.T. would be graduating with her high school diploma. The group congratulated her on the accomplishment. J.M. said she had begun to work with Philadelphia FIGHT.

D.G. said a bus would be traveling to New York Pride on June 25th. M.W. stated that ACT UP would be meeting tonight at 330 S 13th St.

Adjournment: The meeting was adjourned by general consensus at 1:40p.m.

Respectfully submitted by,

Jennifer Hayes, Staff

Handouts distributed at the meeting:

- Meeting Agenda
- May 8, 2017 Meeting Minutes
- OHP Calendar