

Philadelphia HIV Integrated Planning Council

Prevention Committee

Meeting Minutes of

Wednesday, August 23, 2017

2:30-4:30p.m.

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

Present: Mark Coleman, Tiffany Dominique, David Gana, Gus Grannan, Loretta Matus (Co-Chair), Joseph Roderick, Clint Steib (Co-Chair), Leroy Way, Melvin White.

Guests: Caitlin Conyngham, (AACO)

Staff: Antonio Boone, Mari Ross-Russell, Briana Morgan, Stephen Budhu

Call to Order: L. Matus called the meeting to order at 2:36 p.m.

Welcome/Moment of Silence/Introductions: C. Steib welcomed the Prevention Committee members and guests. Those present introduced themselves. A moment of silence followed introductions.

Approval of Agenda: C. Steib presented the agenda for approval. **Motion:** L. Way moved, G. Grannan asked for a few changes to the agenda. M. Ross-Russell asked to change the order of the agenda. L. Matus presented the updated agenda for approval. L. Way moved, G. Grannan seconded to approve the updated agenda. **Motion passed:** All in favor.

Approval of Minutes: L. Matus presented the minutes for approval. **Motion:** G. Grannan moved L. Way seconded to approve the minutes. Motion passed: All in favor.

Report of Co-Chair: C. Steib stated AACO contacted the committee about forming a community advisory board, under the Prevention committee. C. Steib specified the advisory board would function officially as a Pre-Exposure Prophylaxis (PrEP) subcommittee.

G. Grannan inquired how the demographics that were covered under grant funding compared to the demographics of the new subcommittee. L. Matus explained that the committee members were welcome to join this committee, but AACO would also be doing their own recruiting. C. Steib noted the new subcommittee would be using input from both clinical and community settings.

T. Dominique stated the committee should use information from past OHP focus groups with young men of color who have sex with men, which fit the target demographic. M. Ross-Russell explained the voice from clinicians differ from the voice of the community, and with input from both the committee would be able to gauge the needs of the target population better. L. Matus reminded the committee suggestions are welcome. M. Ross-Russell explained to the committee the proposed subcommittee is a PrEP community advisory board. C. Steib asked M. Ross-Russell if the committee should invite representatives from AACO to attend upcoming September committee meetings, to better explain the campaign goals and to answer questions from the committee. M. Ross-Russell replied the OHP would contact those representatives on behalf of the Prevention Committee. G. Grannan inquired about the timeline to institute the subcommittee, and C. Steib responded as soon as possible.

Report of Staff: M. Ross-Russell stated the OHP welcomed a new staff member S. Budhu

Special Presentation:

- Safer Injection Sites(SIS)¹ Research, — G. Grannan , *Project SAFE*

G. Grannan opened up with a personal story about a fatal overdose that could have been avoided under supervised injection.

G. Grannan stated the Mayor's Opioid Task Force issued a statement² that said the City of Philadelphia should explore the idea of implementing comprehensive user engagement sites, on a pilot basis to control overdose events.

G. Grannan noted the American Medical Association (AMA) issued a statement in favor of safer consumption sites (SCS).³ He explained the AMA was open to other public health strategies to combat the health and societal problems associated with injection drug use. He clarified the AMA was in favor of medically supervised injection sites due to the numerous studies that show these facilities decrease the number of drug-overdose deaths.

G. Grannan emphasized not all groups were in favor of safer injection sites (SIS). He stated a Philly Inquirer Article⁴ featured an excerpt from Jeremiah Daley, the Executive Director of the Philadelphia-Camden High Intensity Drug Trafficking Area Program. The included statements from Daley that were against SIS, which are best summarized by these 3 key points:

1. Heroin is illegal and has no medical use⁵
2. There is no place for these sites without redlining the neighborhood it's placed in
3. In Vancouver, where a site is located the neighborhood has not grown economically— it is at a dead stop.

G. Grannan mentioned Myron Patterson, Deputy Police Director, issued statements claiming he saw no good coming out of safer injection sites; even though Vancouver is doing it, and Seattle is looking into them, those cities are not representative of Philadelphia.

G. Grannan noted that the first SIS was established in Frankfurt, Germany in 2003, and today there are 98 SISs in 66 cities globally. He explained SIS are not sanctioned in the U.S. at this

1. Safer Injection Sites are sites where injection drug use is medically supervised, and medical staff offers sterile equipment to participants. Often these sites do not have adequate ventilation therefore smoking is not permitted on premises.¹

2. This statement comes from a report on http://dbhids.org/wp-content/uploads/2017/05/OTF_Report.pdf ²

3. Safer consumption sites are supervised injection drug use facilities that permit smoking on the premises. ³

4. <http://www.philly.com/philly/health/addiction/Mayors-opioid-task-force-sees-huge-obstacles-to-safe-injection-sites-for-drug-addicts.html>⁴

5. In the U.S. heroin is defined as a class one substance with no medical use, however in other countries heroin is used medicinally. Heroin is an opioid and can be used as a pain killer in medical settings. ⁵

time; however, SIS are sanctioned in Germany, Switzerland, Netherlands, Norway, Australia, and Canada.

G. Grannan introduced research from Kral/Davidson, explaining that this new research illustrated the benefits of safer injection sites (SIS). G. Grannan explained the research was from an unsanctioned supervised safer injection site located in an unknown U.S. metropolitan area. He stated the supervised injection site had no exclusion criteria, and sterile injection supplies were provided by the agency. He mentioned the site had about 60 participants at a time, and sessions averaged from 10-20 minutes. He explained that all SIS staff were trained in naloxone and overdose recognition, and the site had an overdose rate of 1 per 1278 in the first two years with no fatalities. G. Grannan explained the research offered some reasoning behind the low overdose rates:

- Supervision of injection users
- Sterile setting and extra equipment
- Proper equipment disposal

He noted the Kral/Davidson research also found that over 90% of participants said they would have chosen public settings for their place of injection, if not for the safer injection site. G. Grannan explained three months of data from New Jersey shows public drug use is highest in streets or parks, and followed closely by public restrooms.

G. Grannan introduced a new term, “drug consumption room” (DCR) that encompassed both SIS and SCS. He stated that DCRs benefit both injection drug users and non-users⁶. He explained that DCRs help keep injections off the streets, reduce the spread of disease, reduce crime, and help integrate people into local economy. He noted the most important benefit of DCRs is lives saved. He proposed that if DCRs were sanctioned a greater number of people could be served and better services could be offered.

- **Love Your Brotha Campaign— Caitlin Conyngham, AACO**

C. Conyngham explained the Love Your Brotha campaign was launched in partnership with the Division of Disease Control. She noted that the Division of Disease Control was also in partnership with the Do You Philly campaign, of which Love Your Brotha is a subsidiary. She explained Love Your Brotha’s aim is to be sex positive, without coming across as over sexualized. She noted the campaign was launched in June, and the goal was to increase condom distribution and PrEP use in Philadelphia’s men who have sex with men (MSM) population. She explained the target audience was Black and Latino MSM aged 16-39 who had two or more sexual partners in the past 6 months, since this group represented the highest rate of HIV and secondary syphilis infections in Philadelphia.

C. Conyngham stated the campaign used community involvement and media outlets to reach the target audience. She explained the community involvement consisted of 4 focus groups that were made up of the campaign’s target audience. She noted the focus groups were unanimously in favor of the campaign initiative. She stated the media outlet consisted of 2 components:

- Out of home media
 - Bus shelters

6. Taken from <http://www.talkingdrugs.org/drug-consumption-rooms-benefit-people-who-dont-use-drugs>

- Digital Media
 - Native Cellular Phone Advertisement⁷
 - Social Networking Apps
 - Instagram
 - Facebook
 - Pandora
 - YouTube
 - Sex-seeking App
 - Grindr
- Radio

She noted the campaign was being advertised on many social media apps and Pandora voiceovers were the main radio outlet. She stated the campaign's performance was being tracked by click-throughs in Google Analytics, and that they were able to see the cost per click-through by vendor. She noted native cell phone advertising cost was about \$0.87 per click-through, and social media ranged from \$0.69-\$4.50 per click-through.

C. Conyngham stated the campaign was expanding the digital media campaign, by incorporating more advertising in sex seeking apps. She explained the campaign would be using Jack'd as well as Grindr in the future to advertise, primarily because Grindr feedback was positive. She explained the advertising on Grindr had a high click-through rate as well as a low cost per click, therefore similar results could be expected with Jack'd. She noted the expanded social media campaign would be a 16-week experiment that alternated between advertising on the two apps. T. Dominique asked why they had selected Jack'd instead of Scruff or other apps. C. Conyngham explained, based on the focus groups they had determined the target population of the campaign primarily uses the Grindr and Jack'd. L. Matus asked the reasoning for alternating advertisement between the two apps, C. Conyngham responded for cost reasons, and also to better map out app traffic.

M. Ross- Russell asked if the campaign was able to track the increase in condom ordering or STD kits from the website. C. Conyngham responded the campaign is able to look at hits on the website in the last six weeks, and the traffic can be broken down by individual day of the week. She explained the Love Your Brotha site was nested in the home website doyouphilly.org, and they could track traffic into the site but not condom/STD kit orders.

B. Morgan asked if the campaign was running a full social media campaign, or if the social media only involved digital ad-buys. C. Conyngham replied the Love Your Brotha Campaign was using the social media pages from the Do You Philly campaign, and the pages would provide links to Love Your Brotha.

B. Morgan asked about the relationship between Do You Philly and Take Control Philly. C. Conyngham responded that Take Control Philly targets adolescents providing access to health information, and condom distribution. She noted Take Control Philly is not associated with any specific school, and Take Control Philly is not catered to any sexual orientation. She explained Do You Philly is targeted for the young MSM population, and is centered on condom distribution and STD kits. She noted both programs are run by Caitlin Hoffman at the Philadelphia Department of Public Health.

L. Matus asked if the proposed PrEP subcommittee would be affiliated with Club 1509, or if the subcommittee would function separately. L. Matus asked if the PrEP subcommittee's target

⁷.Native Cellular Phone Advertisement is a form of paid mobile media where the ad experience follows the form and function of its user⁷

audience would be youth, MSM of color or would the campaign be open to all. M. Ross-Russell clarified by asking C. Conyngham whether the subcommittee would be a derivative of the existing campaigns and what was the target audience. C. Conyngham replied the subcommittee would function more as a PrEP working group. L. Matus asked about the time frame that was needed to institute the committee and the meeting frequency. C. Conyngham replied the number of members would not have to be as large as a committee, and the aim was to have the subcommittee meet once a month

Discussion Items:

Old Business: None

New Business: None

Research Updates: T. Dominique stated a researcher from Children’s Hospital of Pennsylvania is conducting a study for 15-24-year olds who use PrEP. She noted the researcher is looking for young MSM or trans-women. T. Dominique stated there was another study that was seeking community input on PrEP marketing. She explained the study was looking for alternatives to the current marketing campaign for PrEP. She stated the study was looking for people who have used PrEP aged 18-35. T. Dominique informed the committee both studies were on www.pha.org for anyone seeking more information.

Announcements: T. Dominique said there is a Faith and HIV march in DC this Sunday 27th, as well as a meeting. Stated the Urban Coalition of HIV/AIDS Prevention Services (UCHAPS) announced its new executive director, Kevin Jones.

M. White stated Philadelphia Fight was holding a community BBQ, Saturday, August 26th, for AIDS education month. He explained the hours of the BBQ were 12p.m.-3p.m., and the location was at 33rd and Cecil B Moore Avenue, Philadelphia, PA 19121

G. Grannan said Thursday, August 31st is International Overdose Remembrance Day and a march was scheduled in Kensington.

Adjournment: Motion: L. Way moved, M. Coleman seconded to adjourn at 4:14p.m. **Motion passed:** All in favor.

Respectfully submitted by,

Stephen Budhu, OHP Staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes from July 26, 2017
- “Love Your Brotha” PowerPoint— C. Conyngham, *AACO*
- “Safer Consumption Spaces” PowerPoint— G. Grannan, *Project Safe*
- Health Care Workers for Supervised Consumption Spaces MEMO
- Over 200 Seattle healthcare professionals issue urgent call for supervised consumption spaces MEMO
- Kral/Davidson Research
- OHP Calendar