

**Remote HHS and Public Safety  
Meeting Agenda**  
June 9, 2026 at 5:30 PM  
**Remote Meeting**



**MEMBERS**  
Councilor Anna Bullett, District 4, Chair  
Councilor April Fournier, At-Large  
Councilor Sarah Michniewicz, District 1  
Councilor Wesley Pelletier, District 2

To submit written public comment on an agenda item, email [HHSPS@portlandmaine.gov](mailto:HHSPS@portlandmaine.gov). Submissions must be received by 12:00 pm the day before the Health & Human Services and Public Safety meeting to guarantee their inclusion in the agenda packet. All submissions must include the commenter's name and legal address. To help ensure your comment is submitted for the correct item, please include the name of the agenda item (see below).

The Health & Human Services and Public Safety Committee will conduct this meeting remotely via Zoom pursuant to the Remote Meeting Policy adopted by the Portland City Council. Allow your computer to install the free Zoom app to get the best meeting experience. If you are not able to attend live either in person or via Zoom, a recording will be available in the [Agenda Center](#) following the meeting.

You are invited to a Zoom webinar!

When: Jun 9, 2026 05:30 PM Eastern Time (US and Canada)

Topic: Remote HHS and Public Safety Meeting

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1. Announcements
  - a. August City Council Workshop: Family Shelter Relocation
2. Review and Approval of Minutes from May 12, 2026
  - a. Draft minutes.
3. Overdose Prevention Centers (Mary Christie, Associate Corporation Counsel)  
*Corporation Counsel to give an update on the legal landscape as it pertains to Overdose Prevention Centers.*
  - a. Memorandum: Legal Landscape of Overdose Prevention Centers
4. Syringe Redemption Update (Bridget Rauscher, Director of Public Health)  
*An update on the progress and ongoing operations of the Harm Reduction Services' Syringe Redemption Program.*
  - a. Memorandum: Update on Syringe Redemption Program
5. Public Safety Update (Mark Dubois, Police Chief)  
*A standing public safety update that alternates each month between the Police and Fire departments.*
  - a. Presentation: Traffic Update
6. Next Meeting: July 14, 2026

## Health & Human Services and Public Safety Committee

May 12, 2026 5:30 PM Remote Meeting

Committee Attendance:

Anna Bullett, Chair (District 4), Sarah Michniewicz (District 1), Wesley Pelletier (District 2), Councilor April Fournier (At-Large)

Councilor Attendance:

City Staff:

Adam Harr, Executive Assistant; Greg Jordan, Assistant City Manager; Mark Dubois, Police Chief; Maggie McLoughlin, Director of HHS; Dena Libner, Assistant City Manager; Management Coordinator; Nicole Albert, Associate Corporation Counsel.

### 1. Announcements

- The Day Space agenda item is postponed.

### 2. Review and Approval of Minutes from April 14, 2026

- Councilor Michniewicz moved to approve the minutes; seconded by Councilor Pelletier. The minutes were approved unanimously 3-0 with Councilor Fournier not in attendance.

### 3. Overdose Prevention Centers

Chair Bullett gave background information about this harm reduction model that she learned of last year from a panel discussion on emerging strategies to combat overdose deaths with Gordon Smith, Maine Director of Opioid Response. She noted an overdose prevention center opened in Rhode Island for supervised, safe injection and wrap around services. With the circumstances that people are using drugs in public which is dangerous for the users and disturbs the public, the Chair checked with the committee if they support exploring this model by first asking Corporation Counsel to research the legal landscape as Rhode Island's center required change state laws in order to operate legally.

Councilor Michniewicz is open to it the model within the legal landscape and wants data to know what to expect for impacts to its neighbors and program outcomes, stating they do not increase crime but also do not decrease crime. If a goal is to move drug use from public to private spaces, will there be associated changes in acceptance of public drug use to compel people to change where they use drugs?

Councilor Pelletier thinks bringing people into a safe space that can make connections to treatment makes sense.

### 4. Cruise Ship Infectious Disease

Public Health Director, Bridget Rauscher reviewed the memo attached in the packet which details how outbreaks on cruise ships managed through established federal and state public health protocols as well as

operational decisions the Portland Public Health Division can make to support the public in mitigating infectious disease risk, including website communications and prevention campaigns.

Councilor Pelletier asked about the distinction between international and domestic cruise and if Public Health has considered using the text alert system. Director, Bridget Rauscher explained that ships with an international itinerary report to the Vessel Sanitation Program whereas ships with a domestic-only itinerary report to the CDC through other mechanisms. She continued that Public Health had not previously considered using the text alert system due to cruise ships having a mechanism to isolate symptomatic people and as not to incite unnecessary fear. Director Rauscher noted the opt-in text alert is a possibility and flagged that the Division is focused on prevention campaigns though can continue to explore this.

Councilor Bullett said that the business community should be included before decisions are made or action is taken and asked if there are hand sanitation/washing stations when disembarking. Director Rauscher replied they are present and it is possible to expand.

Councilor Michniewicz sees merit for and against alerts, but thinks that information will spread from other sources; an opt-in alert from the City would be factually accurate and succinct.

#### **5. Public Safety Update; Fire**

Chief Johnston provided an [update on calls for service and staffing levels](#).

Councilor Bullet asked what C9 and Technical rescues are. Chief Johnston explained that C9 is the Paramedic Lieutenant who operates out of Central and provides operational assistance to the ambulances and firetrucks on the road; technical rescues are out of the norm and low in volume, but often specialized skills and equipment, for example: rope rescue, extrication (rescuing someone stuck in a well or mangled vehicle, water rescues, etc.).

#### **6. Next meeting is June 9, 2026.**

Councilor Michniewicz moved to adjourn, and was seconded by Councilor Pelletier. The motion passed unanimously 3-0 with Councilor Fournier absent; the meeting adjourned 6:19PM.

**Office of Corporation Counsel**

Michael Goldman, *Corporation Counsel*

Amy R. McNally, *Associate Corporation Counsel*

Nicole M. Albert, *Associate Corporation Counsel*

Rachel L. Millette, *Associate Corporation Counsel*

Avery A. Dandreta, *Associate Corporation Counsel*

Mary C. Christie, *Associate Corporation Counsel*



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## MEMORANDUM

**To:** Health & Human Services and Public Safety Committee

**From:** Mary Christie, Associate Corporation Counsel

**Date:** June 9, 2026

**Subject:** Legal Landscape of Overdose Prevention Centers

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This memo was prepared at the request of the Portland City Council’s Health and Human Services and Public Safety Committee (the “Committee”), in order to inform the Committee’s exploration of overdose prevention centers (OPCs), also known as safe injection sites or harm reduction centers among other names.

### Federal Law

The primary legal obstacle at the federal level to opening or operating an OPC is the Controlled Substances Act (CSA), specifically 21 U.S.C. § 856, commonly known as the “Crack House Statute” and in particular section (a):

§856. Maintaining drug-involved premises

(a) Unlawful acts

Except as authorized by this subchapter, it shall be unlawful to-

(1) knowingly open, lease, rent, use, or maintain any place, whether permanently or temporarily, for the purpose of manufacturing, distributing, or using any controlled substance;

(2) manage or control any place, whether permanently or temporarily, either as an owner, lessee, agent, employee, occupant, or mortgagee, and knowingly and intentionally rent, lease, profit from, or make available for use, with or without compensation, the place for the purpose of unlawfully manufacturing, storing, distributing, or using a controlled substance.

Prior to its passage, it was difficult to shut down so-called crack houses—properties, often abandoned, where people gathered to buy, sell, use, or manufacture drugs—leading police and prosecutors to go after the owners under

conspiracy and distribution charges.<sup>1</sup> Thus, the purpose of §856 was specifically to provide a tool for prosecutors “to arrest and convict otherwise criminal behavior.”<sup>2</sup>

There is limited case law applying §856 to OPCs. Current federal precedent comes from the United States Court of Appeals for the Third Circuit in a case entitled *United States v. Safehouse*. In this case, the United States Department of Justice (DOJ) sought a declaratory judgment and injunction against Safehouse, a non-profit organization attempting to open an OPC in the City of Philadelphia, contending that the OPC would violate the CSA. The court held that because the site’s explicit purpose was to provide a space where users could consume illicit drugs, it satisfied the criminal intent requirement of §856 and thus explicitly violated federal law, despite Safehouse’s public health motivations for opening the space.<sup>3</sup> Safehouse appealed the ruling to the Supreme Court, which denied certiorari, leaving this precedent standing.

## State Legislation

Despite the federal obstacles, some states and municipalities have moved forward to open OPCs. Thus far, two approaches have been taken: (1) via state-authorized pilot (Rhode Island) and (2) under municipal non-enforcement (New York City).

### State-Authorized Pilot

In 2021, Rhode Island passed a law to establish OPCs, allowing a two-year pilot program, which was reauthorized in 2023.<sup>4</sup> Under the state law, upon municipal authorization, organizations may open and operate OPCs, which are regulated and overseen by the Rhode Island Department of Health. As a result, in January 2025, Project Weber/RENEW, a peer-led organization providing harm reduction and recovery support services, opened the first state-sanctioned overdose prevention center following municipal authorization by the City of Providence. Though the state law allows organizations and municipalities to operate OPCs legally in the state without local police interference, they remain fully vulnerable to federal prosecution. So far, however, there has been no federal action taken against the OPC operating in Rhode Island. Like Rhode Island, Vermont and Minnesota have enacted legislation authorizing OPCs, but to date, no sites have been opened in either state.<sup>5</sup>

### Municipal Non-Enforcement

New York City, in the absence of state legislation authorizing OPCs, has taken the approach of municipal non-enforcement, operating with city knowledge and cooperation. In November 2021, OnPoint NYC, a nonprofit organization, opened OPCs at two existing syringe service programs (SSPs).<sup>6</sup> Following a feasibility study led by the

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<sup>1</sup> *United States v. Safehouse*, 985 F.3d 225 (3d Cir. 2021).

<sup>2</sup> Jeff Sherman, Note, *United States v. Safehouse: The Future of Supervised Consumption Sites in Maine and Beyond*, 74 Me. L. Rev. 303, 313 (2022).

<sup>3</sup> *Safehouse*, 985 F.3d at 229.

<sup>4</sup> R.I. Gen. Laws Chapter 23-12.10 Harm Reduction Center Advisory Committee and Program.

<sup>5</sup> Working Group to Study Methods of Preventing Opioid Overdose Deaths by Authorizing Harm Reduction Health Centers, Report to the 132nd Maine Legislature Joint Standing Committee on Criminal Justice & Public Safety (2025).

<sup>6</sup> Rebecca E. Giglio et al., *The Nation’s First Publicly Recognized Overdose Prevention Centers: Lessons Learned in New York City*, 100 J. Urban Health 245 (2023).

NYC Department of Health and Mental Hygiene (“NYC Department”), former Mayor Bill de Blasio announced support for OPCs. As part of the study, the NYC Department looked at the then-current legal and political climate. Ultimately, “the study concluded that state authorization through administrative or legislative action was the most politically feasible and protective against legal challenges.”<sup>7</sup>

While the New York State legislature has introduced legislation regarding OPCs, that has since stalled. Instead, in order to bring the OPCs into operation in NYC, NYC took the approach of political engagement of key local stakeholders, including the New York Police Department, elected officials, and district attorneys, to “mitigate risks of local enforcement against OPC operators” and “ensure successful service provision” and ultimately “secure support for or, at minimum, neutrality toward OPCs.”<sup>8</sup> So, while two OPCs successfully operate in NYC without local interference, they do so without support or legal authorization from the state or federal government, thus facing perpetual exposure to state or federal enforcement.

### **Maine Legislation**

In Maine, three bills have been introduced since 2017 regarding authorization of OPCs:

- 128<sup>th</sup> Maine Legislature (2017) LD 1375: “An Act to Prevent Overdose Deaths and Infectious Disease by Establishing Safer Drug Use Facilities” – Directed the Department of Health and Human Services to certify up to two overdose prevention centers but ultimately failed to pass.
- 131<sup>st</sup> Maine Legislature (2023) LD 1159: “An Act to Establish a Pilot Project Regarding Harm Reduction Health Centers” – Directed the Department of Health and Human Services to create a 2-year OPC pilot project but never received a vote in the House or the Senate.
- 131<sup>st</sup> Maine Legislature (2023) LD 1364: “An Act to Prevent Opioid Overdose Deaths by Establishing Safe Consumption Site”

LD 1364 began as a bill to “authorize municipalities to approve overdose prevention centers for individuals to self-administer previously obtained drugs,” establish site requirements, and provide “immunity from arrest or prosecution for participants and staff members acting in accordance with the provisions of the bill,” similar to the legislation passed in Rhode Island.<sup>9</sup> The final version of the bill instead established the Working Group to Study Methods of Preventing Opioid Overdose Deaths by Authorizing Harm Reduction Health Centers. The Working Group presented its Report to the 132<sup>nd</sup> Maine Legislature Joint Standing Committee on Criminal Justice & Public Safety on February 28, 2025. Its findings and recommendations included legal recommendations, emphasizing the State’s ability to create statutory authority for one or more OPCs but warning of the impact federal political shifts may have over time.<sup>10</sup>

### **Conclusion**

Ultimately, the legal landscape around OPCs remains relatively dynamic and unsettled, varying by state and continuing to evolve at the federal level. The legal risk to the city or operator, if the city chose to permit or operate

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<sup>7</sup> *Id.* at 246.

<sup>8</sup> *Id.* at 247-8.

<sup>9</sup> Working Group at 7.

<sup>10</sup> *Id.* At 10-11.

OPCs in the absence of federal or state authorization, will depend heavily on the political climate at both the state and federal level.

**City of Portland | Health and Human Services**

Maggie McLoughlin, *Director*



**To:** Health and Human Services & Public Safety Committee  
Councilor Anna Bullett, Chair

**From:** Bridget Rauscher, Director of Public Health

**Date:** June 3rd, 2026

**Re:** Update on Syringe Redemption Program

**MEETING DATE**

June 9, 2026

**AGENDA ITEM**

Agenda Item # 4 “Syringe Redemption Update”

**PURPOSE**

To update the Health and Human Services and Public Safety (HHS&PS) Committee on the progress and ongoing operations of the Harm Reduction Services’ Syringe Redemption Program.

**COMMITTEE WORK PLAN/CITY COUNCIL GOAL ALIGNMENT**

The HHS & PS Committee 2025 workplan includes the topic of “addressing the opioid epidemic” as its top priority for the year.

**BACKGROUND/ANALYSIS**

An increase in syringe litter led to the development of a syringe services operational improvement plan implemented in fall 2024. Simultaneously, Portland Public Health began exploring opportunities to utilize national opioid settlement funds allocated to Portland. The Syringe Redemption Pilot Project was approved in October, 2024 and implemented in January, 2025. One of only three documented programs in the United States, this program aimed to support individuals impacted by the opioid epidemic while reducing syringe litter. An update on progress was provided at the HHS&PS [Committee meeting](#) in October, 2025, at which time the Syringe Redemption Program received approval to continue operations.

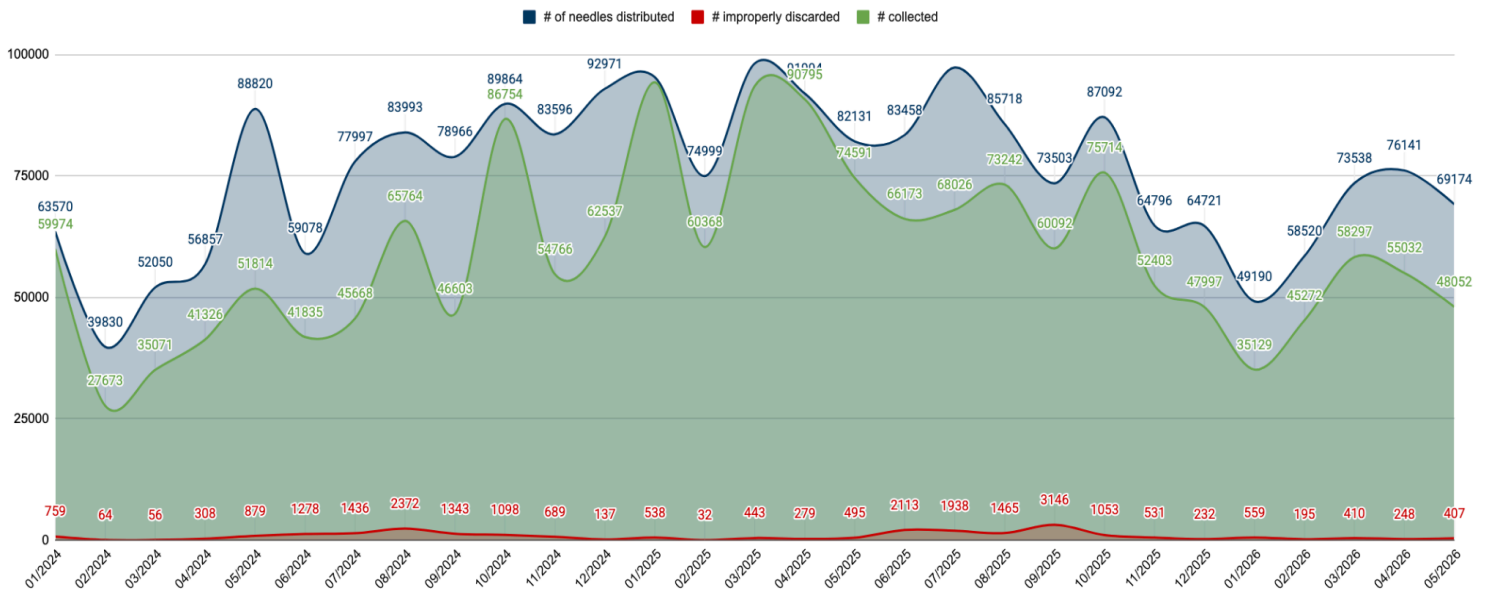
This memo serves as the second update on the implementation of the Syringe Redemption Program.

2024/2025/2026 SYRINGE SERVICES PROGRAM YTD COMPARISON REPORT

	Jan 1 -Dec 31, 2024	Jan 1 - Dec 31, 2025	Jan 1-May 31, 2026*
Unique clients served	2,498	1,957	895
Total clients enrolled	277	301	105
Total syringe exchanges	8,620	8,393	2,779
# Syringes distributed	952,411	1,107,581	344,663
# Syringes collected	577,517	877,596	243,219
Return Rate (%)	61%	79%	71%

Syringe Distribution and Collection vs. Improperly Discarded Syringes, Portland Public Health, Jan 2024-May 2026

Improperly discarded = found and collected in parks/trails/green space; Collected = syringes returned to the clinic, to redemption program, or to sharps boxes



**SYRINGE REDEMPTION PROGRAM UPDATE**

January 14, 2025 - May 31, 2026

The Syringe Redemption Pilot Project was implemented with financial support from opioid settlement funds allocated by the City Council. As of May 31, 2026, \$53,154.50 has been distributed to 581 unique participants by the redemption program. Harm Reduction Services is developing a redemption program dashboard to be hosted on the city website to reflect near real-time program impacts. The current dashboard with program data from program inception (1/13/2025) to date (5/31/2026) is below:

# City of Portland Syringe Redemption Program Dashboard

Jan 1, 2025 - May 31, 2026

Dashboard updated on a monthly basis. Dashboard is accurate up to: June 1, 2026.

Total Syringes Collected

531,546

Total Redemption Encounters

2,865

# Encounters Where Syringes Primarily Cleaned From Ground

998

Total Funds Distributed to Participants (\$)

53,154.6

# naloxone kits distributed

554

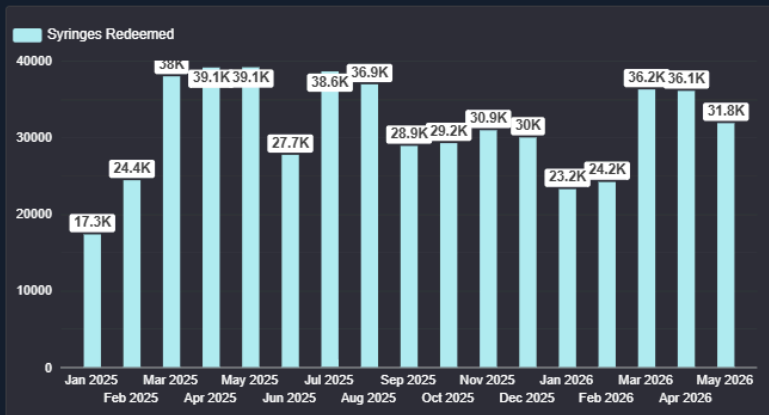
# wound care kits distributed

1,063

# clients provided basic needs (e.g. clothing, food, hygiene)

888

Syringes Redeemed in Redemption Program by Month



Notes: Data displayed in this dashboard are compiled from the City of Portland, Public Health Division, Harm Reduction Services' Syringe Redemption Program, funded through opioid settlement funds. Additional information regarding opioid settlement funding is available: <https://www.portlandmaine.gov/1820/Opioid-Settlement-Funds>. Data are updated quarterly and represent paid syringe redemption encounters only; syringe returns, harm reduction services, wound care, naloxone distribution, and other services provided during routine needle exchange encounters that did not involve redemption payments are not fully represented in this dashboard. For privacy and confidentiality purposes, all records are aggregated and displayed as occurring on the first day of each month. Dashboard data are interactive and dynamic; filtering or selecting chart elements will alter displayed values and summaries, so results should be interpreted accordingly. Counts and expenditures may be subject to revision as records are updated or reconciled.



In March 2026, four focus groups were held with 27 unique clients of Portland's SSP. The focus groups collected data regarding participant experiences with the Syringe Redemption Program, including broader effects of the program on life and community, feedback regarding program improvements, and current implementation processes. Through these conversations, the following themes were identified:

- The program is highly valued among participants
- Financial incentive is the primary participation driver
- There are clear and consistent community safety benefits
- Program capacity limits engagement
- Eligibility rules can be perceived as inequitable and stigmatizing
- Participation improves health and safety practices
- Redemption serves as a gateway to health services
- Supply gaps (grabbers, puncture proof gloves) limit potential
- Ending the program may rapidly reverse gains

**IMPROPER DISPOSAL REPORTS**

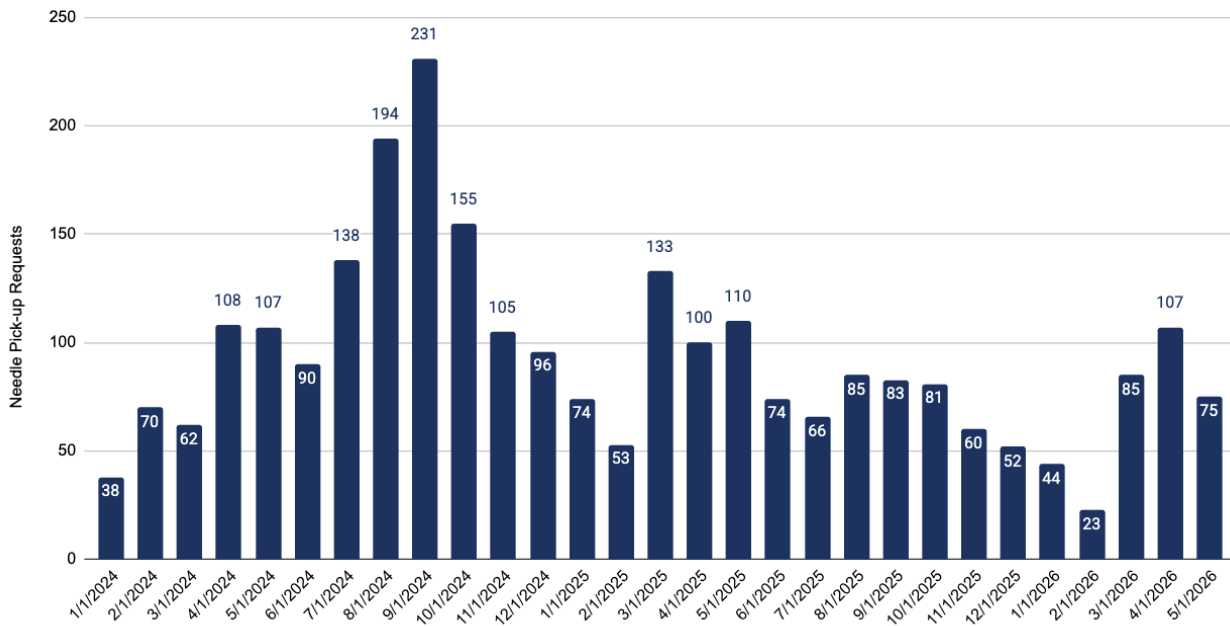
Since the redemption program launched in January 2025, SeeClickFix requests for needle pick ups have remained consistently lower than the summer 2024 peak (which reached 194-231 requests per month), ranging between 44-133 requests per month. In 2024, reports averaged 116 per month, compared to 81 per month in 2025 and 67 per month (January - May) in 2026.

**City of Portland SeeClickFix Sharps Collection Reports, Jan-May 2024-2026**

Period	Parks/Trails	Sharps Containers	Other	Total
Jan - May, 2024	2066	18,530	573	21,169
Jan - May, 2025	1787	2,317	4,109	8,213
Jan - May, 2026	1,819	1,622	1,527	4,968

*Note: Parks, Recreation, and Facilities maintains the city Survey 123 form that both their department and the Public Health Division use to report collections of syringes from public spaces. Public Works responds to the majority of SeeClickFix requests for needle pick-up (usually small quantity) and does not report to the Survey123 form.*

SeeClickFix Reports for Needle Pick-up, Portland, Maine



**HARM REDUCTION AMBASSADORS**

From April 2025-January 2026, the Harm Reduction Services Program implemented a Harm Reduction Ambassador program, recruiting SSP participants who were paid to collect sharps from the community. This included from the ground in public/private spaces, folks using drugs in the community, and other sources. The spike in the "Other" category during Jan-May 2025 is substantially explained by ambassador-assisted collections, which account for approximately 3,300 of the 4,109 syringes collected.

## **FISCAL IMPACT**

The program is funded through the City's Opioid Settlement Funds, with an estimated \$75,000/year impact on the settlement fund balance.

## **CONCLUSION(S)**

At this time, Public Health staff are confident that the Syringe Redemption Program is both contributing to an overall reduction in the improper disposal of syringes in Portland and providing a valuable opportunity for SSP clients to directly receive Opioid Settlement Funds, as intended. In addition to the environmental and financial benefits of the program, as outlined in the themes from the focus groups, clients are utilizing prevention activities (HIV/HCV testing), accessing basic needs, and continuing to engage in

Interpreting syringe litter trends before and after program launch requires caution, because a simple pre/post comparison does not address what litter would have looked like had the program never started. The program launched during a period of significant and documented growth in the client population accessing Portland's SSP, which peaked at over 800 unique clients per month in late 2024 and early 2025, roughly triple the volume seen in 2022-2023.

Portland's Syringe Redemption Program is historic as the third such program in the country following Boston and New York City. Boston's Community Syringe Redemption Program, which ran from 2020 to 2024 before a funding lapse, is the subject of the only published peer-reviewed evaluation of this model to date ([Le et al., Policy Studies Journal, 2025](#)). They found significant reductions in syringe complaints and publicly discarded syringes within a half-mile of the redemption site, but not beyond this radius, underscoring the difficulty with implying causation to evaluating these programs from basic counts.

Several additional confounders further complicate interpretation: the redemption program is not the only exchange operating in Portland; ambassador and outreach staffing capacity varied across the period; and there is considerable seasonal variation as the winter months limit syringe collection.

Taking all of these considerations in mind, a more rigorous epidemiological assessment would be needed to draw causal conclusions on the impact of the redemption program on syringe litter in Portland, and this is an evaluation the program could consider as it matures.

## **PRIOR COMMITTEE REVIEW**

HHS & PS Committee - March and October, 2025

## **PREPARED BY**

Bridget Rauscher  
Public Health Director  
Health and Human Services



# Health and Human Service / Public Safety Committee

*Public Safety  
Traffic Update  
Portland Police Department*

June 9, 2026

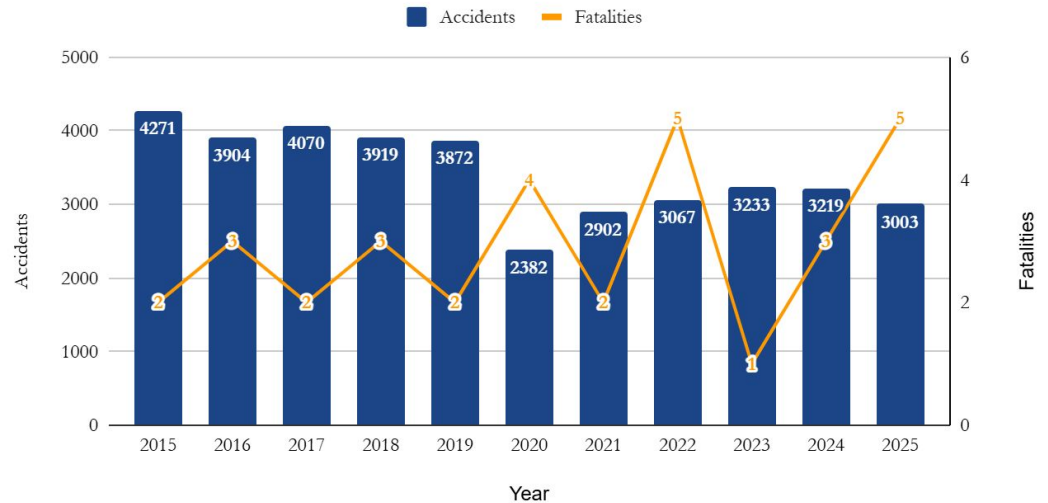
# Total Crashes: Year-to-Date Comparison

- The total number of crashes is down 14.5% through the first five months of 2026 compared to the same timeframe last year.
- May 2026 marked the 15th consecutive month with a year-over-year reduction in crashes.

# Total Crashes: Yearly Overview

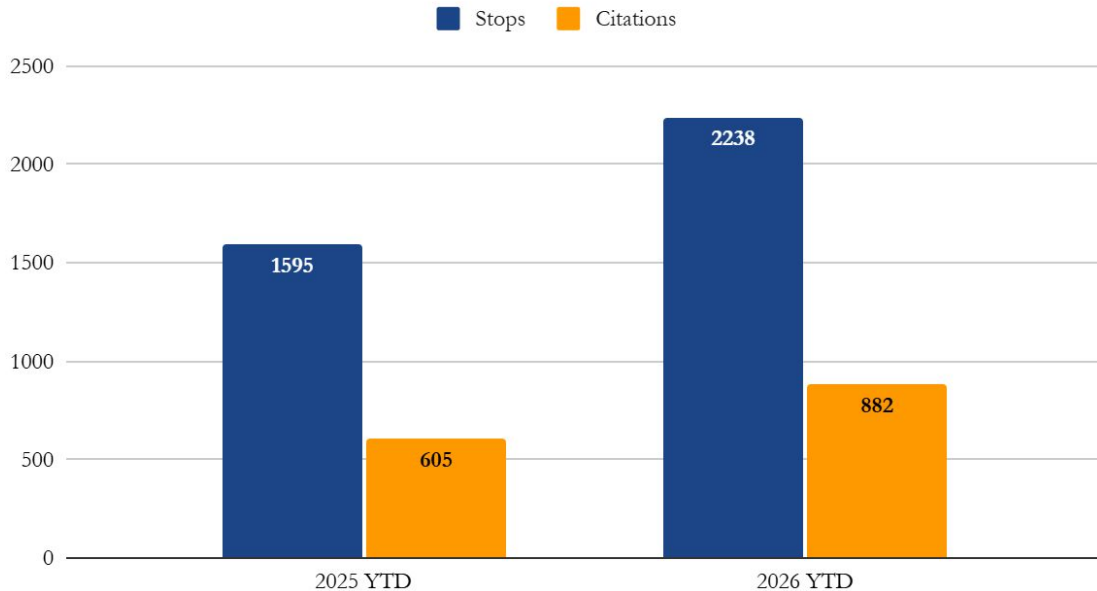
- Total crashes declined by 6.7% in 2025, falling from 3,219 in 2024 to 3,003.
- 2025 recorded the lowest number of crashes since 2021.
- Five traffic fatalities were recorded in 2025, compared to three in 2024.
- Traffic stops and citations increased significantly in 2025, while total crashes decreased by 6.7%.

Crashes and Fatalities by Year



# Stops and Citations: Year-to-Date Comparison

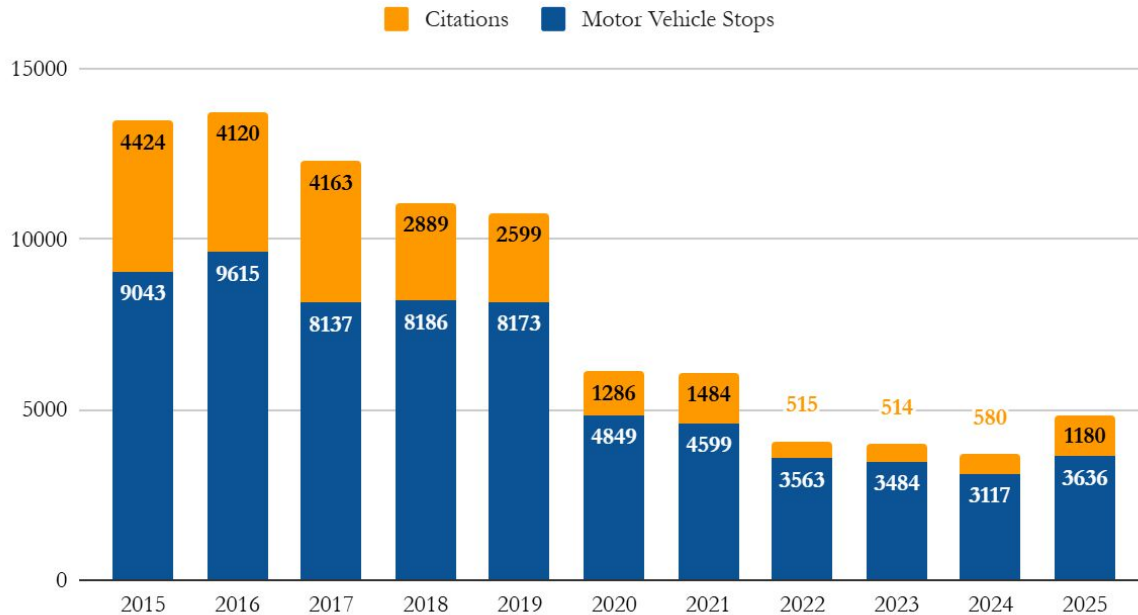
## Stops and Citations YTD Comparison



- Traffic enforcement activity has increased significantly, with 40% more traffic stops than during the same period last year.
- A 46% increase in citations issued compared to the same period in 2025.
- A total of 28 additional enforcement details have been completed in 2026 to date.

# Stops and Citations: Yearly Overview

## Motor Vehicle Stops and Citations by Year



- 3,636 motor vehicle stops conducted in 2025, a 17% increase from 2024.
- 1,180 citations issued in 2025, representing a 103% increase over 2024.
- Traffic enforcement activity continues to trend upward following several years of reduced activity.
- 2025 recorded the highest citation total in four years.



# Health and Human Service / Public Safety Committee

*Public Safety  
Traffic Update  
Portland Police Department*

June 9, 2026