Health & Human Services and Public Safety Committee

Tuesday, October 13, 2020, 5:30 PM
Remote Meeting

Councilor Belinda Ray, District 1, Chair
Councilor Tae Chong, District 3
Councilor Pious Ali, At-Large

1. Announcements

   a. You are invited to a Zoom webinar.
   When: Oct 13, 2020 05:30 PM Eastern Time (US and Canada)
   Topic: Remote HHS and Public Safety Meeting

   Please click the link below to join the webinar:
   https://zoom.us/j/96068278336
   Or iPhone one-tap :
   US: +19292056099,,96068278336# or +13017158592,,96068278336#
   Or Telephone:
   Dial(for higher quality, dial a number based on your current location):
   US: +1 929 205 6099 or +1 301 715 8592 or +1 312 626 6799 or +1 669 900 6833 or +1 253 215 8782 or +1 346 248 7799
   Webinar ID: 960 6827 8336
   International numbers available: https://zoom.us/u/aqdbqlWxM

2. Review and Approval of Minutes from September 8, 2020

   a. September 8, 2020 draft meeting minutes.

3. Updates

   a. Update on City's new Homeless Services Center

4. Mental Health

   a. Health and Human Services Director Kristen Dow and Public Health Director Bob Fowler will discuss mental health challenges facing the City and the City's approach to addressing mental health issues in the community

5. Overdose Prevention Sites

   a. Public Health staff to present updated Public Health Review document.

   b. Potential Executive Session, pursuant to 1 M.R.S. section 405(6)(E), to consult with the City's attorney regarding the City's rights and duties with respect to safe injection sites and related State and Federal laws.

   c. Please Note: The committee anticipates holding a public hearing on OPS at their November 10th meeting, although the agenda for that meeting has not yet been confirmed. Please check the agenda center in advance of that meeting for details.

6. Next Meeting: November 10, 2020

NOTE: Since there are no action items on the agenda, there will be no opportunity for public comment at this meeting. Please feel free to send comments to members of the committee on any issue at any time via email. Councilors email addresses are available on the city website: www.portlandmaine.gov

The meeting can be watched online via livestream: www.portlandmaine.gov/livestream

Keep up to date with the new shelter design and planning process at the City's website

www.portlandmaine.gov/shelterplanning

Health & Human Services and Public Safety Committee Minutes

Tuesday, September 8, 2020, 5:30pm, Remote Meeting

Committee Attendance:

Belinda Ray, Chair (District 1), Tae Chong (District 3), Pious Ali (At-Large).

Councilors in Attendance:

City Staff:

Kristen Dow, Director of Health and Human Services; Jennifer Thompson, Associate Corporation Counsel; Christine Grimando, Director of Planning and Urban Development; Adam Harr, Executive Assistant for Social Services.

Meeting called to order at 5:32 PM.

AGENDA ITEM 1 – Announcements

- Jesse Harvey, an advocate for safe injection sites passed away. The committee took a moment of silence.
- Possible executive session on federal and state law in relation to the city and Safe Injection Sites/Overdose Prevention Sites. Chair Ray does not think it is likely to go into executive session and will likely just be a part of the work plan discussion after an update from a case the committee is following.

AGENDA ITEM 2 – Approval of Minutes

- Councilor Ali moved to approve the minutes, Councilor Chong seconded and the minutes were approved unanimously.

AGENDA ITEM 3 – Updates

- Kristen Dow, Director of Health and Human Services gave an update on the Oxford Street Shelter including Expo and Family shelter numbers
    - Current Shelter Numbers:
        - Family Shelter
            - 28 families for 80 individuals in the shelter.
            - 18 families for 55 individuals in hotels.
                - Families were moved out of the shelter in March to make room for PUI and respite shelter; hotels are currently used for overflow.
        - Oxford Street Shelter:
            - 59 individuals at OSS and
            - 41 at the Expo.
    - 187 individuals assisted with hotels over the past two weeks.

- Expo: Originally thought we would need to be out of the Expo by September 30 but we now have until October 25th
    - Still looking for alternative space.
- Social Services Provider Group that convened to talk about people in Deering Oaks is still meeting.
    - Alternative space is discussed at these meetings.
- Still looking at the Riverside location around funding plans to have a more detailed plan at the October meeting.
- Councilor Chong asked if Preble Street has worked with us on mailboxes and storage as well as day spaces as discussed at the last meeting.
    - Preble Street is part of the provider meetings.
    - Mail boxes does not appear to be going away in the immediate future.
    - Focus of conversations with providers has been to collaborate on finding day space.
- Councilor Chong asked about the 187 GA hotels and where they are coming from if they are new.
    - They are not necessarily new, but are experiencing homelessness without having stayed at OSS in the previous 6 months.
    - Director Dow is not sure why people are
        - GA staff to get a list of why people are experiencing homelessness and accessing GA.
    - Hotels are being phased out to some people as space becomes available at the shelter and as people are not banned from hotels.
- Councilor Chong asked if there is an increase in renters needed GA or other assistance? Are people talking to use before homelessness; the $1,000 of state aid does not seem to be enough.
    - Director Dow is not able to speak to this and will ask Social Services staff to bring an update at a future meeting. Including an update on recently approached rapid rehousing funds from Maine Housing that will finds new housing counselor positions.
        - Councilor Chong asked if there is a consortium of housing counselors which will be answered by Social Services Staff.
- Councilor Ray thinks the Housing Committee's work is linked with this and should be coordinated.
- Councilor Ali would like updates from Mary Davis on how to access the $1,000.
- Mayor Snyder asked if it is at all possible to remain in the Expo past October 25th.
    - It may be a polling place and to Director Dow's knowledge it is a hard-cutoff date.
    - There will be a plan at the October 13th meeting.
    - Mayor Snyder asked if there would need to be Council Involvement.
        - It depends on the solution (if a location needs Council approval for example.)
- Mayor Snyder confirmed there will be an update on the new shelter at Riverside.
- Mayor Snyder asked about bathrooms and if there is news.
    - Needle exchange staff are mapping out open public restrooms.

        - Porta potties were purchased by Portland Downtown and they were pulled and where they will be deployed will depend on the map.
        - Keep ME Healthy funding will be used to purchase hand washing stations to collocate with porta potties.
        - Cleaning public restrooms and porta potties has been an issue.
    - Mayor Snyder asked if the mobile meal delivery model will change as we go to the colder weather.
        - Director Dow believes Preble Street intends to continue the mobile meals through the Winter.
    - Councilor Chong asked how much shelter bed usage goes up during Winter.
        - City anticipates around 200-225 in the colder months.
        - Councilor Chong asked if we have the capacity for those numbers socially distanced.
            - The 75 beds used at PSRC is no longer available.
            - Hotels are currently reimbursed because of the 70% GA reimbursement and the remaining 30% is being payed through emergency Covid funding.
                - Hotels are a temporary solution depending in funding availability.
        - How would Director Dow change GA?
            - More flexibility on how we spend it and lean to the expert recommendations
            - We can include the recommendations in a GA update.
        - Councilor Chong would like the recommendations before the infrastructure committee meets.
    - Councilor Ray thinks the Cross-Insurance Arena is still a viable option.
        - The trustees have a recommendation to do so which will be given that a commissioners meeting on the September 14th.
        - Would this location be good?
            - Public Health would need to asses the space for where bathrooms are located and what staffing would look like for such a large space.
        - Councilor Ray is interested in the space and encourages the commissioners to have that conversation with the City. She asked if the committee would like to send a letter to the County Commissioners before their meeting.
            - Councilors Ali agrees and asked if there is City representation at the County Commission meetings?
                - In the past, there may currently be.
                - The Mayor is appropriate to speak for the City.
            - Councilor Chong agrees.
        - The Committee will draft a letter and then decide next steps for getting the letter to the county commission.
        - Mayor Snyder is happy to work with the City Manager on reaching out to the County Commission.

- There is an opportunity to sit on the County Finance Committee coming up.

AGENDA ITEM 4 – Overdose Prevention Sites

- United States v. Safehouse
  - The federal government filed a declaratory judgement against a nonprofit contemplating opening a safe injection site; safehouse countersued allowing them to look at the legal question: does the "crack house" statute truly prevent creating a safe injection site.
  - February, 2020 trial court made a final decision that the federal criminal statute des not apply to safe injection sites as the statute criminalizes the rental providing space for the purpose of engaging in unlawful drug use.
    - Court said it does not violate the statute.
    - Federal Gov. asked for a stay in that decision as they appeal.
      - Until the appeal is decided by the circuit, there is no final say on the legality.
  - Councilor Ray said that because of Covid and outcry from the community, the process was delayed.
    - The standard to issue a stay requires acknowledging the possibility that the gov could win on appeal but understood that there could be public harm.
      - While no public harm without a stay, there could be too much public work done to get ready an impacted by Covid.
  - Jen reminded decisions from different circuits affect their jurisdictions and may get adopted in other circuits.
    - Safehouse is in the 3rd circuit
    - We are in the 1st circuit.
  - Councilor Chong asked if there are municipalities that are seeking to operate a safe injection site or just this non-profit.
    - No government entities to Corporation Council's knowledge.
    - Councilor Ray said people are racing to be second.

AGENDA ITEM 5 – Small Shelter Zoning

- At the last meeting planning presented the history of the smaller shelter zoning
  - Shelters allowed:
  - Shelters possible:
- Planning Board last saw small shelter zoning in 2017.
- Two tiers of proposed shelter zoning capping at 40 and capping at 20.
- Of the existing shelters, only one is in a zone where shelters are allowed.
- Small Shelter Zoning would look at:
  - All shelters subject to Planning Board review.
  - Greater predictability for B-2 and IS-FBC
  - Specific Conditional Use standards.
  - Site & building design needs to be fleshed out.
  - Relationship to other ruses.
    - Relation with density and uses.
  - Licensing

        - Lodging houses may inform this conversation.
    - Outreach
- Residential zones are not the only zones that would be expanded but may be more controversial.
    - Uses permitted in residential zones are included in the packet.
- Many uses and how they fit together is being looked at.
    - Recode phase one is making some changes to definitions to help sync uses in terms of scale.
- Recode is looking at Lodging Houses.
    - Safety.
    - Licensing standards.

Committee Questions and Discussion

- Councilor Chong asked about the concentration of shelters on the peninsula and if there is a condition that new shelters must be "X" feet apart.
    - There is no spacing requirement or proximity requirement in current zoning.
    - There is a requirement for distance to transit: quarter mile or half mile. `
    - Licensing is more equipped to handle this and planning board wanted to see such information as they looked at this. (such as catchment areas).
        - Buffer zones and asking for spacing requirements has been part of the process and requested.
        - The shelter zoning expansion started from providers saying they would create shelters but none are.
    - We currently have an application for shelter in the B3.
        - It is part of the comp plan to spread out the responsibility of shelters.
        - Councilor Ray asked if applications before them would consider that aspect of the comp plan before zoning changes?
            - A board would likely not deny an application based on that part of the comp plan if the application meets the rest of the zoning requirements.
            - Comprehensive Plan analysis is would be central to zoning change discussions.
        - Councilor Chong is in favor of smaller shelters blended into neighborhoods. There were concerns about the number of visitors going into neighborhood developments; is managing number of visitor's part of licensing?
            - There is a requirement for a management plan that include plans for staff and congestion for safety reasons.
            - Use of a space would address this more than volume. Capping beds is possible but visitors are difficult.
            - People don't usually have visitors in shelter; only guests are allowed in the City shelters.
- Chair Ray asked how quickly can we get more specificity in small shelter zoning and move forward?

- Director Grimando would like to loop back on the lodging house speak to see how much that can be a frame work for small shelters to efficiently move forward in parallel.
- Housing Committee is looking at lodging houses in October.
- Recode framework will help accommodate this work.
- New zoning changes should start in the new code.
- This could be a late 2020 action, fitting in a new land-use code.

Chair Ray opened up a public hearing at 6:57 PM.

- Jim Hall 47, Cedar Street: While drafting better rules around Portland's response to homelessness please keep in mind failed partner that created an open-air drug market. Preble Street doesn't align with the City's goals. They recently bought city owned property with the state purpose of breaking the land's covenant. While the City staff do what they can with the facility they have, all actors must meet standards before creating new shelters.
- Sarah Michniewicz 47 Cedar Street: It is a timely and important topic and was a huge leap forward when worked on in 2017. The City has finalized the plan for a homeless services center and the State is revamping shelters by 2021. It is stunning that licensing for shelters doesn't exist like it does for other high impact uses. Not having licenses has given no incentive to be a good actor which is seen in Bayside. Setting limits on shelter beds, strong and detailed regulations n neighborhood impact with enforcement should be included. Sheltering people well is the priority and that includes mitigating community impact. She encouraged the committee to prioritizing licensing going forward and not to allow new shelters without it.
- Carolyn Meegan 32 Melon Street: She urged the Council to consider licensing hand in hand with zoning. It is important to consider impact on community. There are a lot of other similar uses in the neighborhood including two of the eight houses on Mechanic street being sober homes. Bayside carries a lot and she thinks if what is happening in Deering Oaks, happened in a different neighborhood, the response would look different. Licensing and zoning need to be looked at hand in hand.
- Jess Falero. When we talk about homelessness we act and speak as if homelessness is a moral failing, not a systemic failure. People in homelessness experience housing instability for years with histories of trauma. People experiencing homelessness sustain themselves and add value to our communities. The shelter system is failing us; it is a larger issue and cannot be handled by just the City. People experiencing homelessness are not a burden and need to be talked about like humans. As a member of the unhoused community, Jess has experienced losses and the people who passed away due to lack of resources were not burdens, they were losses. The conversations do not take into account the hardships people experience. The tone of conversation can be more productive with unhoused people in the room.
- Peter Mcloughlin of Peaks Island asked about the public comment period and said it was unclear which item had public comment; he wanted to speak on overdose prevention sites. He echoed Jess Falero and said zoning issues are not siloed issues. He said while working on the zoning issues should consider the systemic solutions that are low cost or no cost. He said the committee and City leadership should treat people with humanity.

- Zach Berowitz of Hunter Street He has been reading the color of law which describes government actions and zoning used as legal means of segregation. He is suspicious that similar actions wouldn't be taken against the homeless and bureaucratizing the issue away from a solution. The City code doesn't need a scalpel but a meat axe; the recode communities should take up shelter zoning.
- Riley lives in the Westend. They think the language we are using is not helpful as it others and is ineffective. Instead of saying those affected communities, it is our communities; not us and them. Coming from a place of humanity and bringing people with experience in is helpful. The systemic issues in shelter that lead to abuse need to be talked about. They reiterated the importance of changing our language.
- George Rhault of Hanover Street. He identified himself as a downtowner, saying bayside was created as a term by a Racist planning consultant named Arthur Comey in 1943. He named it such when he put it up for demolition. He lives in west bayside which is not a neighborhood but a geography term. He echoed Mr. Berowitz where bureaucracy gets in the way showing how sill the zoning conversation is. He said that they are not making it way to make small scale shelters in the city and even if the committee was heling, the shelters would be hamstrung by costs. If the committee was serious about neighborhood problems, He said the worst actor in the neighborhood is a convenience store in his neighborhood selling cigarettes, snacks and physically destructive alcohol to homeless people. They are who are hurting homeless people in his neighborhood. He said that that bad actors aren't looked at because the goal is to keep well off affluent home owners away from poor people. He said that the city decided to stop talking making small shelters it until Covid forced it.

Public Comment period ended at 7:26 PM.

- Chair Ray noted questions and statements in public comment
    - Language us important and will continue to try and be respectful of our communities,
    - We always try and think holistically even if in meetings we talk about things narrowly.
    - Sarah M. said with the state revamping their system, we may not want to do zoning now and suggested moving forward with a licensing piece.
        - Is it possible to move forward with just licensing as a buffer zone would ease some concerns of neighborhoods?
        - It could be applied to the current rubric even as the current rubric is expanded.
        - Director Grimando spoke on the recode and that some of this work is consistent with recode. licensing isn't expressly a recode item. The recode committee/public process would not look at licensing.
            - Nothing discussed tonight precludes recode or licensing efforts.
            - There will be more public discussion with Planning.
- Next steps
    - Continue this process.
    - New code: wait and be part of recode.
    - Licensing

        - Who drives licensing?
            - Jessica Hanscomb
            - Christine Grimando
            - Corporation Council
            - Kristen Dow
    - The committee agreed to move forward and come back to finish in late 2020.
    - Possible update in October with a possible vote in November.

AGENDA ITEM 6 – Committee Workplan

- Chair Ray listed the four items discussed tonight to determine the rest if the calendar year.
    - Safe injection Sites
    - Mental health is slated to talk about in October
    - Updates on Riverside facility.
    - General Assistance.
- Councilor Chong agreed and thinks GA is important and would like to hear from Bob Fowler on mental health and substance use. Councilor Chong would like more flexibility with GA for services other than rental assistance.
    - Nothing can be done with safe injection sires until there is a legal update.
    - Councilor Chong would like to prioritize Mental Health and General Assistance Reform.
- Councilor Ali would like the work plan to stay as it is in October and continue the conversation on safe injection sites; he would like to create a pathway for a nonprofit interested starting one.
- Chair Ray said since Councilors Chong is able to advocate for general assistance that Genera Assistance to receive a memo or time at a future meeting for him to advocate.
    - Wants to make a pathway for non-profits to open their own safe injection sites.
    - Councilor Chong would like to hear what the city can and cannot offer before taking public comment on safe injection sites.
    - Public Hearing on Safe Injection Sites in November.
- Chair Ray will draft a letter to the County Commissioners and get feedback from the committee and Mayor to be ready to send Friday

AGENDA ITEM 5 – Next Steps

- The next meeting is October 13, 2020.
    - Mental Health
    - Safe Injection/Overdose Prevention Sites
        - Executive Session.
        - Public Health Document Updated.
    - Update on Riverside Facility.

- The meeting adjourned unanimously at approximately 7:48 PM.

The state of mental health and substance use in Portland

...

Bob Fowler
Director, Portland Public Health

10/13/20

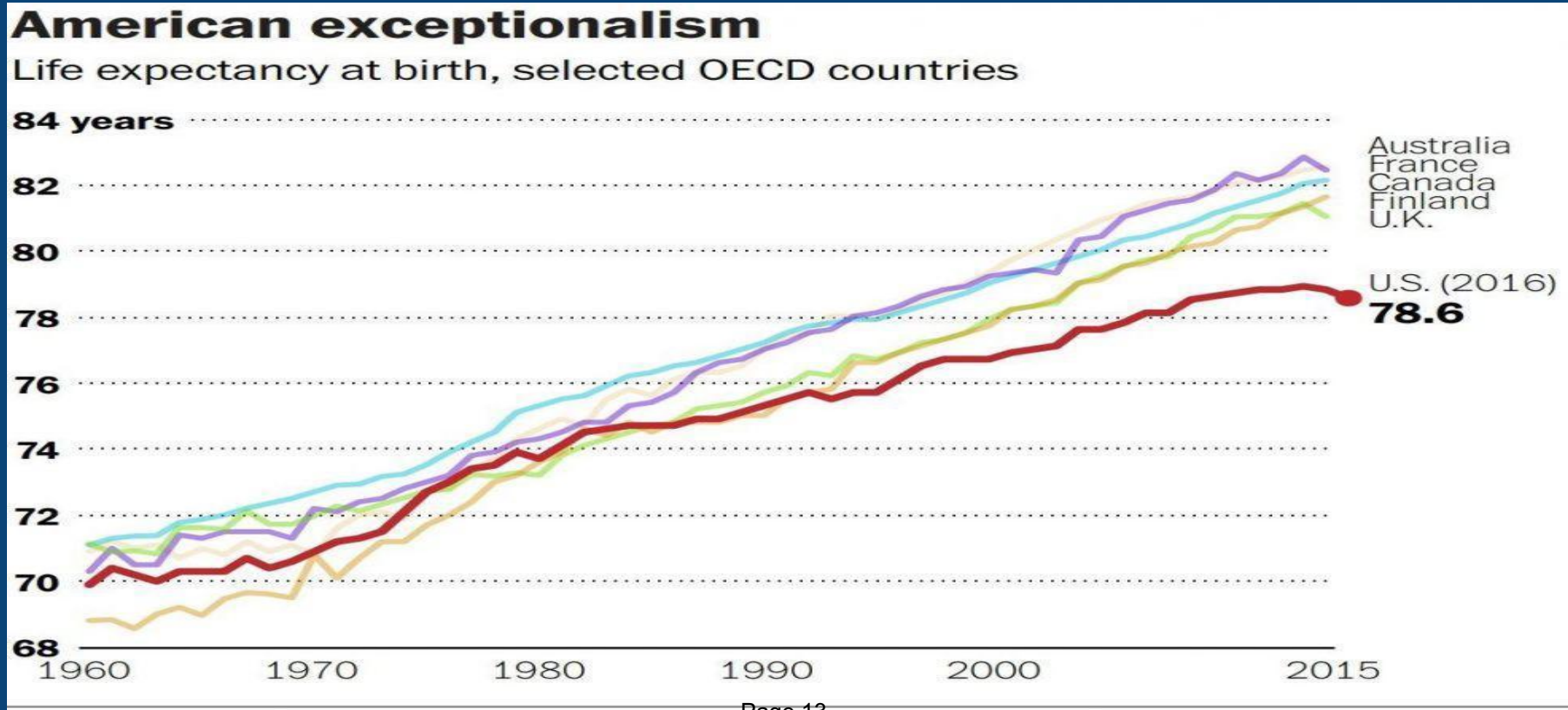
The national picture

Mental health & substance use trends moving in wrong direction

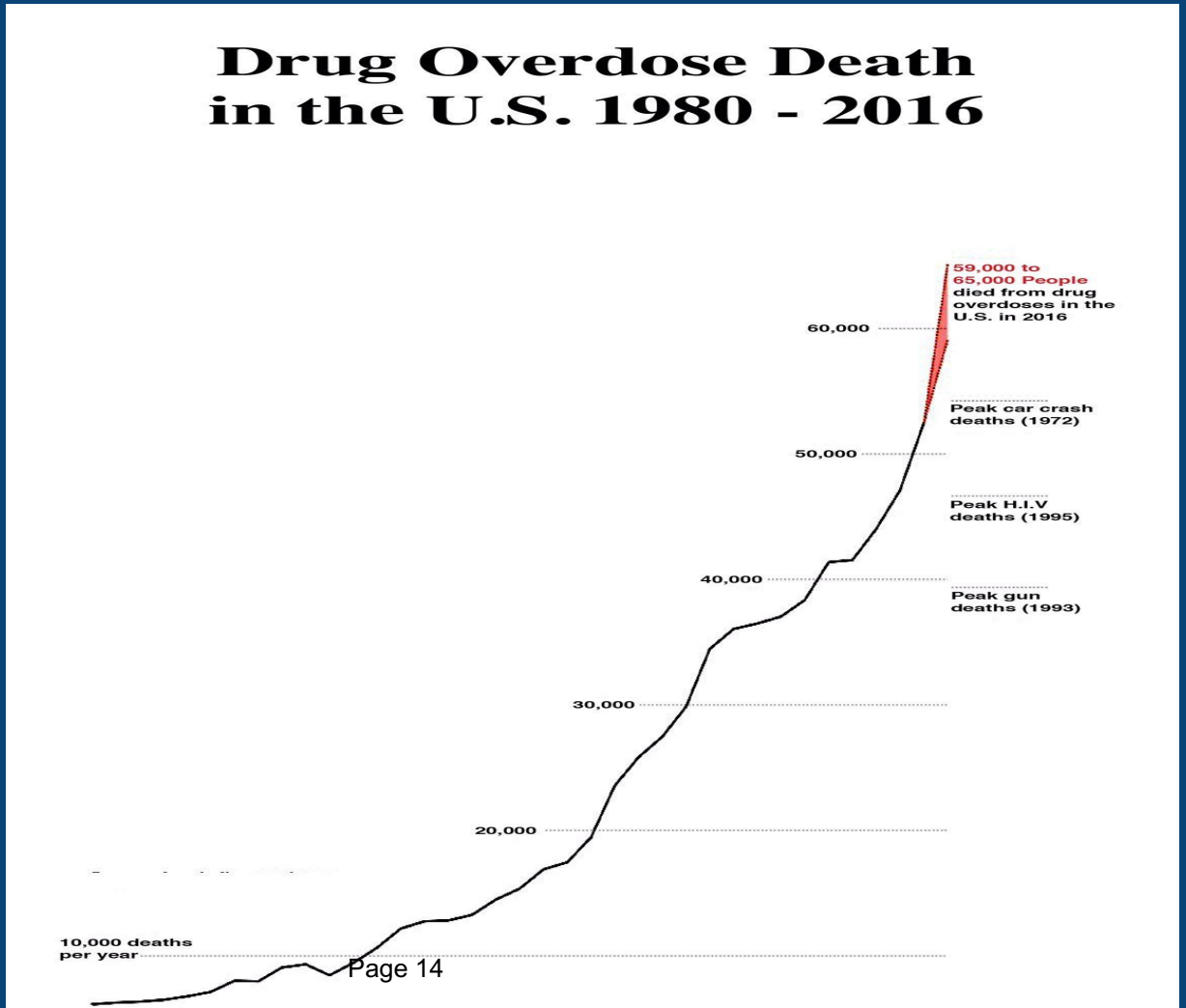
- 48,000 suicides (highest since World War II)
- 88,000 alcohol-related deaths (3rd leading cause preventable death)
- 72,000 drug-related deaths (exceeds deaths from guns, car accidents)

➔ Life expectancy in U.S. dropping three years running

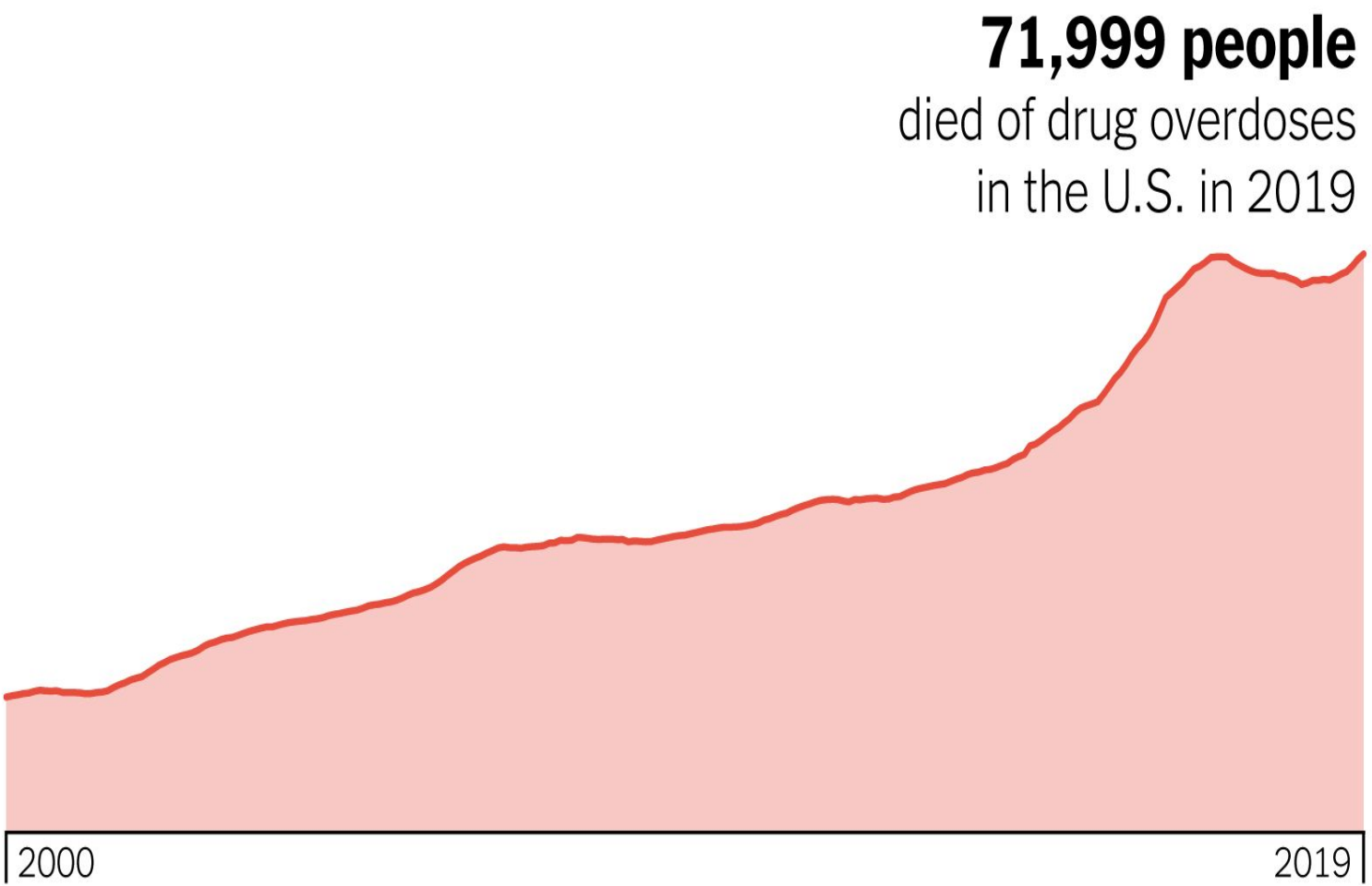
Life expectancy dropping



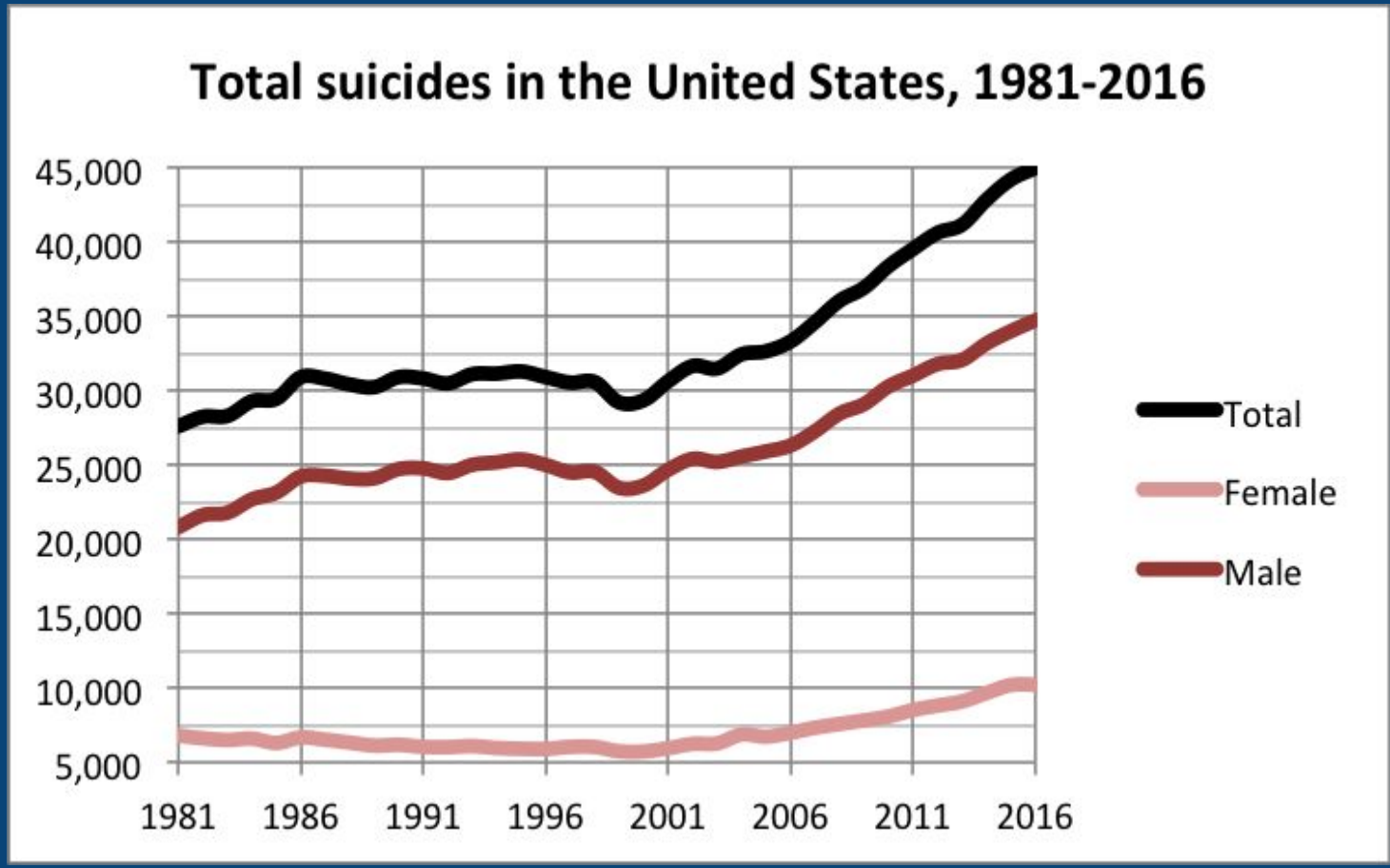
Drug deaths exceed peak gun deaths, death by car accident, or HIV



72,000 Americans lost to drug deaths 2019



Suicide rates increased by 35% (1999-2018)



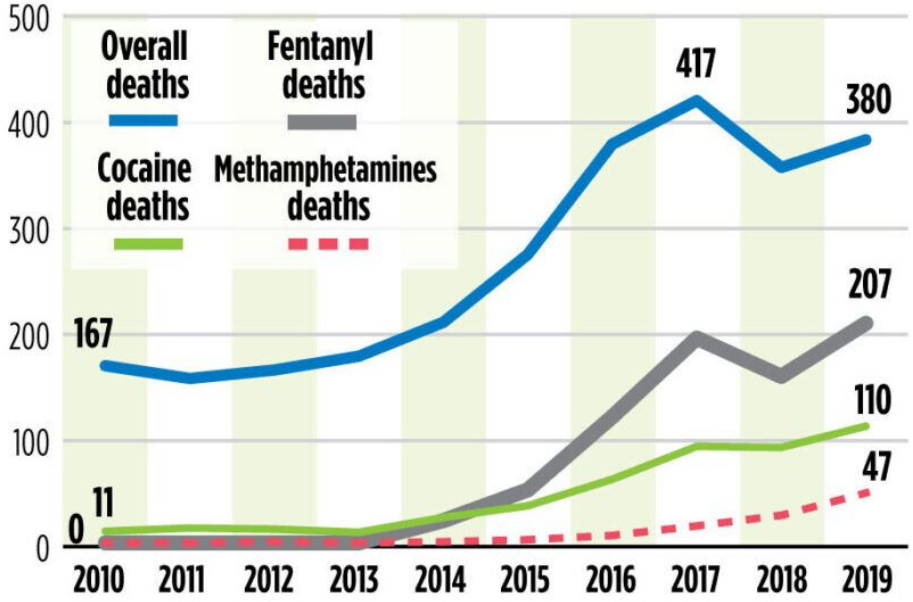
Maine Drug Death Report (Jan-Mar 2020)

- *Drug fatalities up 23%* in 1st quarter 2020 versus prior quarter (127 vs 103)
  - Opioid involvement in 82% of cases
  - Cocaine/crack in 30%
  - Methamphetamine in 16%
  - Non-pharmaceutical in 71%

Maine: Overdose rates increase in 2019, reversing 2018 decline

Drug deaths in Maine

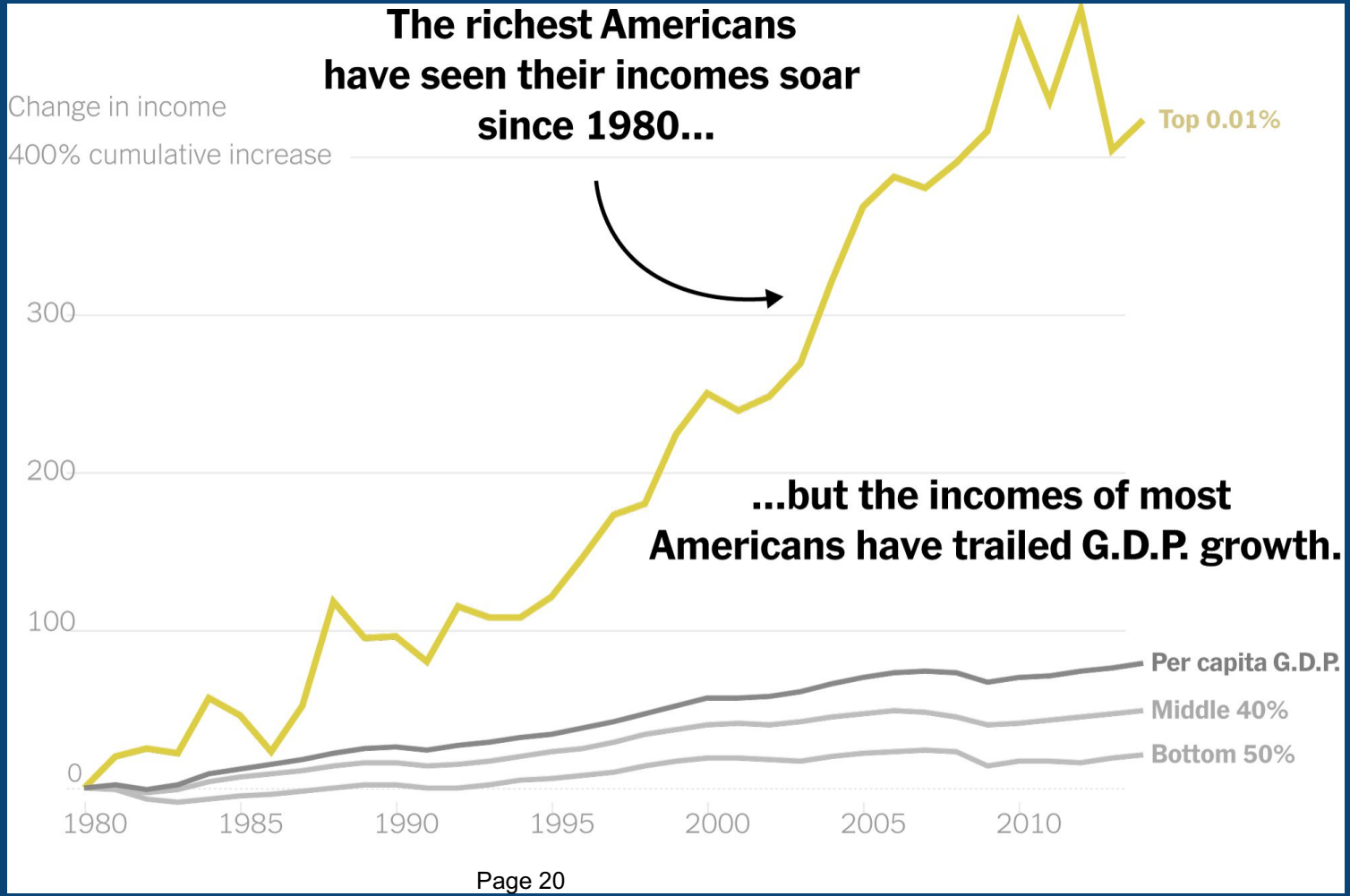
Drug overdose deaths in Maine increased again in 2019 after declining the year before – the first year-over-year decline in seven years. The powerful synthetic opioid fentanyl remains the deadliest drug (68 percent of deaths involved fentanyl), but there also have been steep increases in deaths attributable to cocaine and methamphetamine, alone or in combination with other drugs.



SOURCE: Maine Attorney General's Office STAFF GRAPHIC | MICHAEL FISHER

Economic trends impacting mental health and substance use in U.S. and Maine

Widening economic disparity

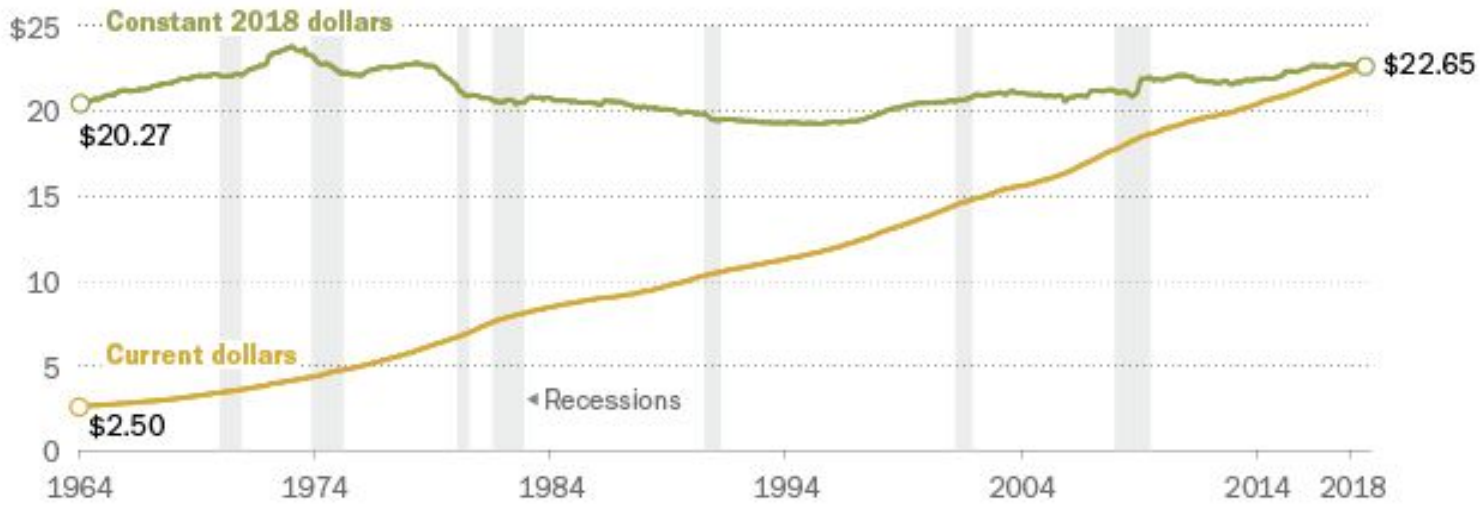


Worker wages stagnant

(lower than in 1973)

Americans' paychecks are bigger than 40 years ago, but their purchasing power has hardly budged

Average hourly wages in the U.S., seasonally adjusted



Note: Data for wages of production and non-supervisory employees on private non-farm payrolls. "Constant 2018 dollars" describes wages adjusted for inflation. "Current dollars" describes wages reported in the value of the currency when received. "Purchasing power" refers to the amount of goods or services that can be bought per unit of currency.
Source: U.S. Bureau of Labor Statistics.

PEW RESEARCH CENTER

Other socio-economic changes impacting mental health:

- Loss of good jobs; union jobs
- Working class wages stagnant
- Reduction in sense of community
- Increasing sense of hopelessness and loss of opportunity

Societal malaise

Major depression on the rise am

nbcnews.com/health/health-news/major-depression-rise-among-everyone-new-data-shows-n873146

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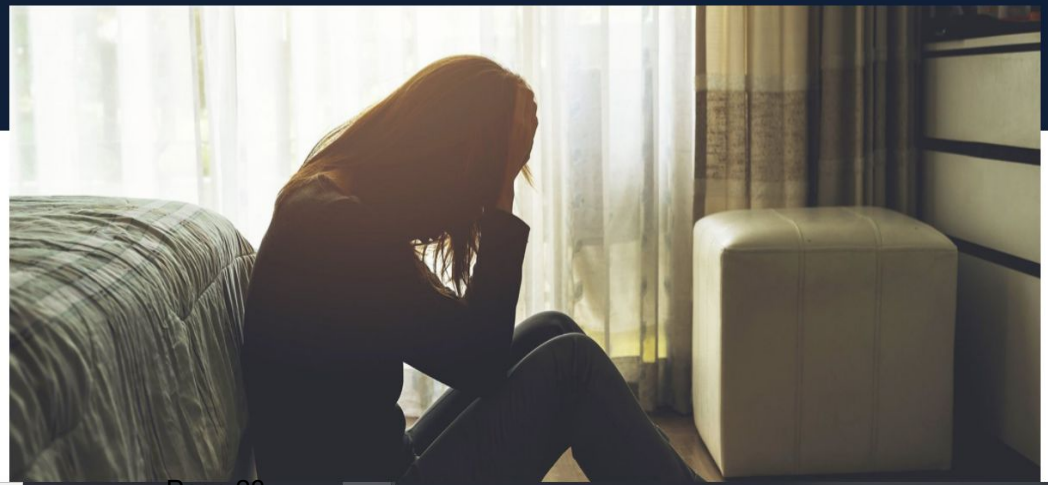
Major depression on the rise among everyone, new data shows

Biggest increase in diagnoses seen in teens



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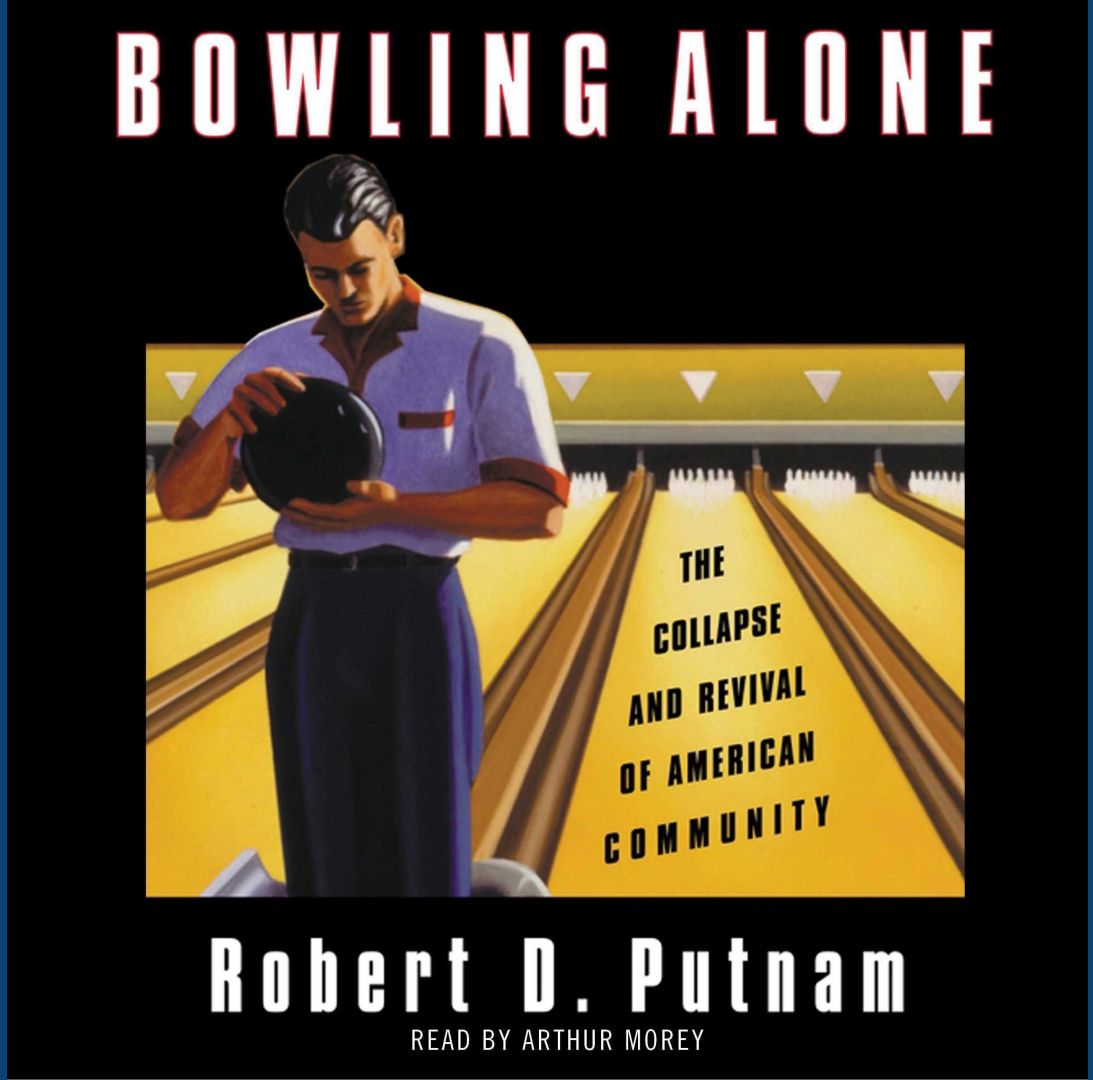
5:33 PM 10/12/20

Loss of community and increased social isolation

Loss of “social capital”

Reduced ability to:

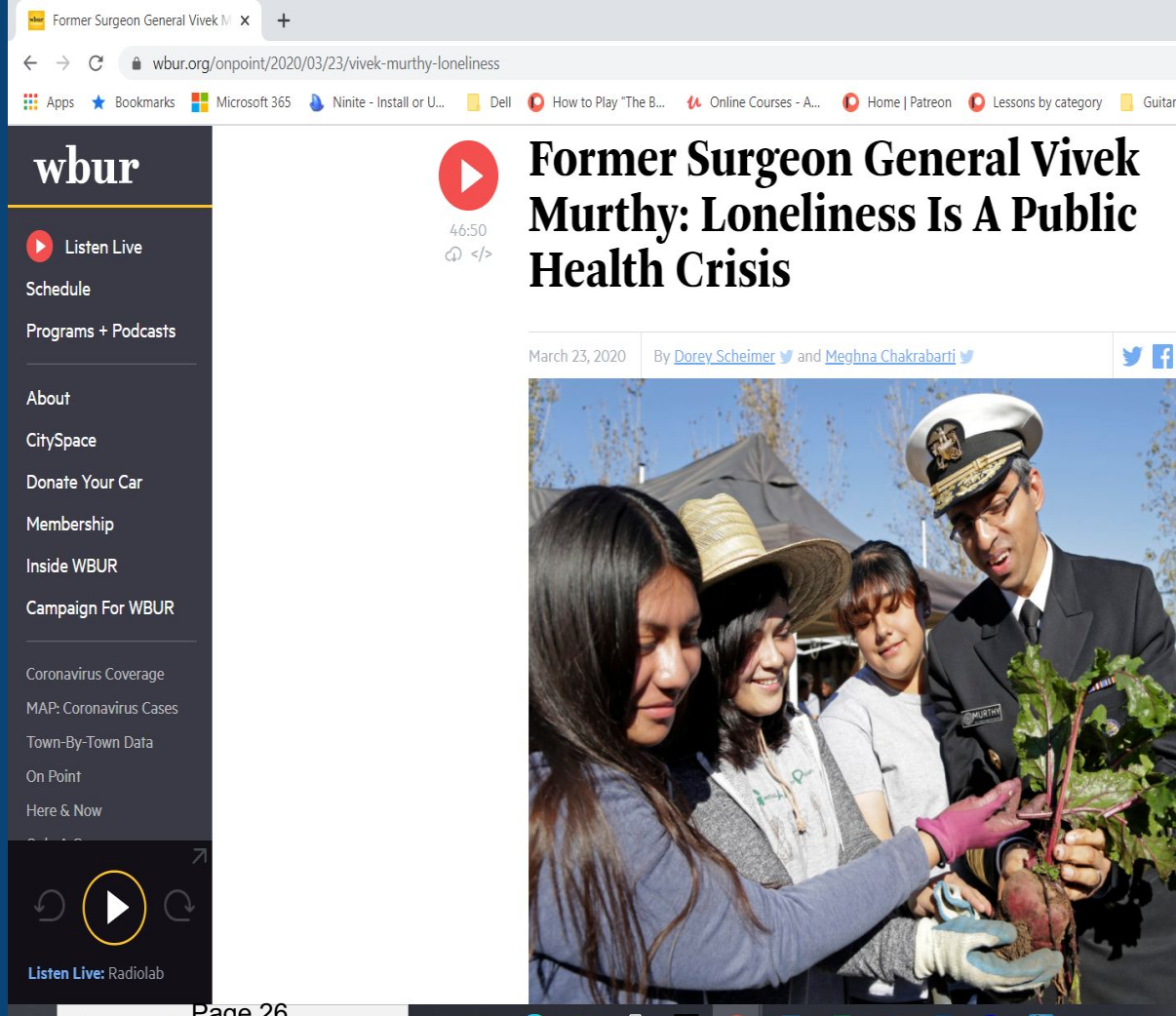
- Find a job
- Recover from illness
- Cope with stress



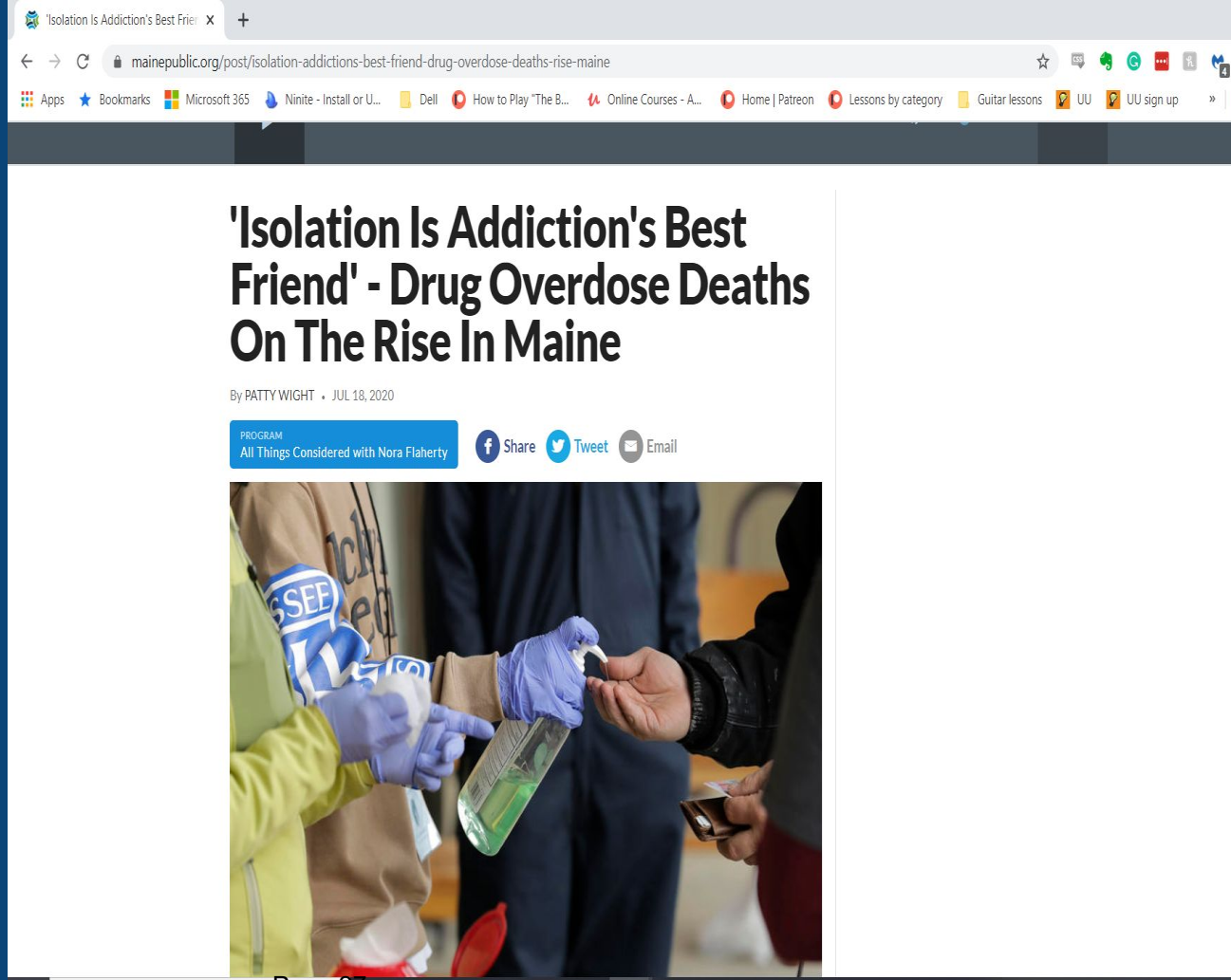
“An epidemic of loneliness”

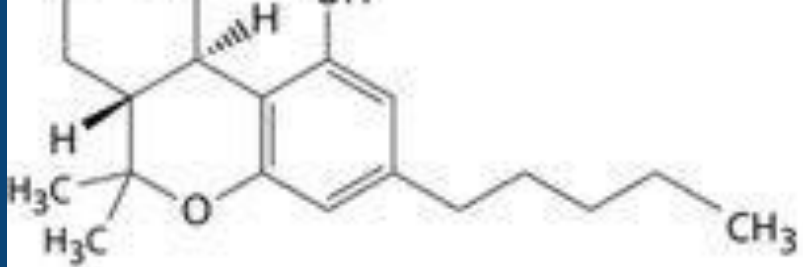
Health impacts of loneliness:

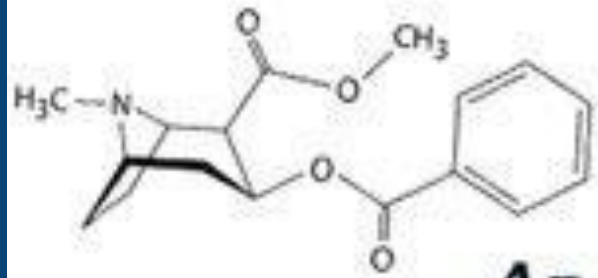
- Equivalent to smoking 15 cigarettes per day
- 29% increase coronary heart disease
- 32% increase in risk of stroke



Isolation as particularly problematic for people with mental health and substance use disorders





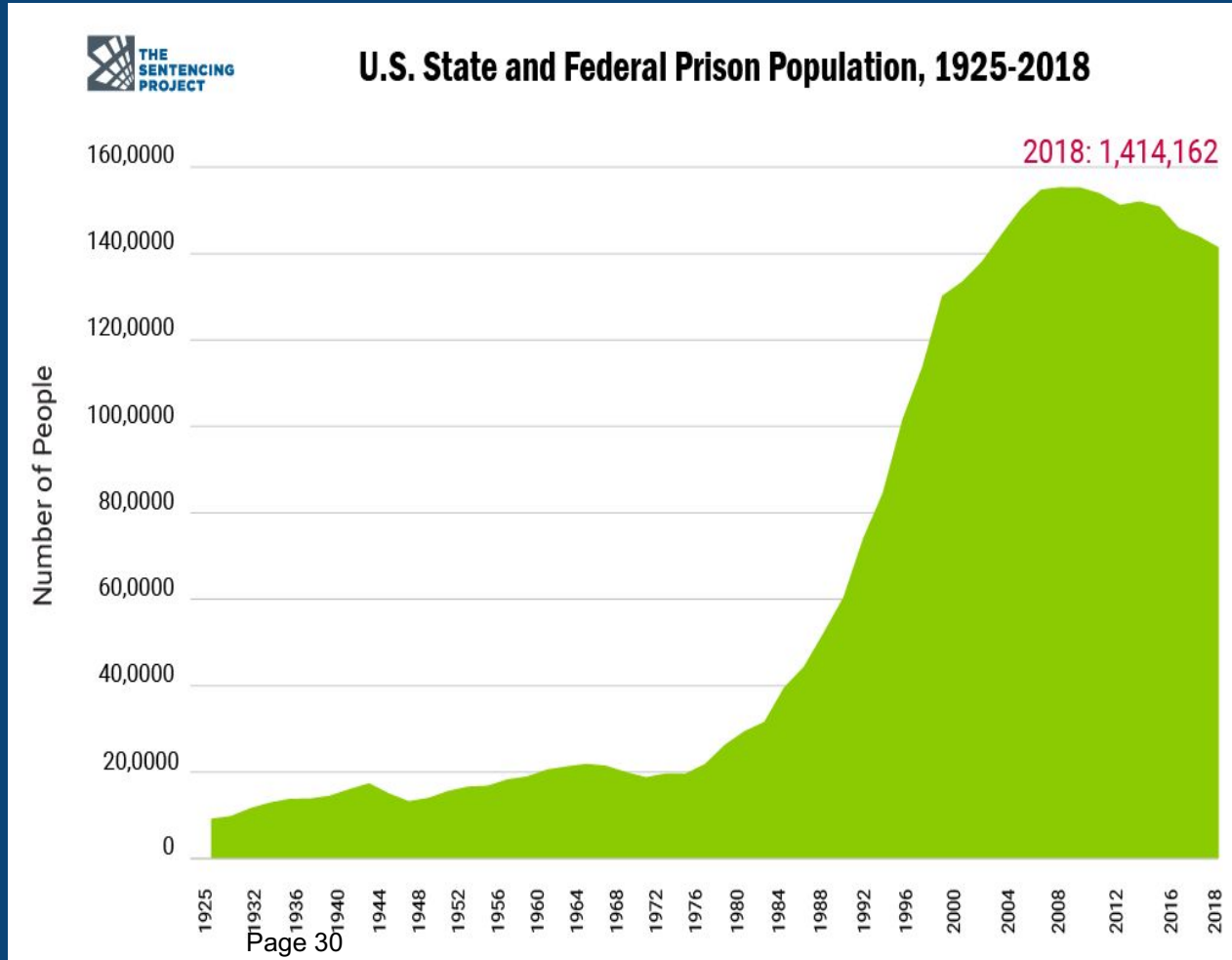


An Overview of the

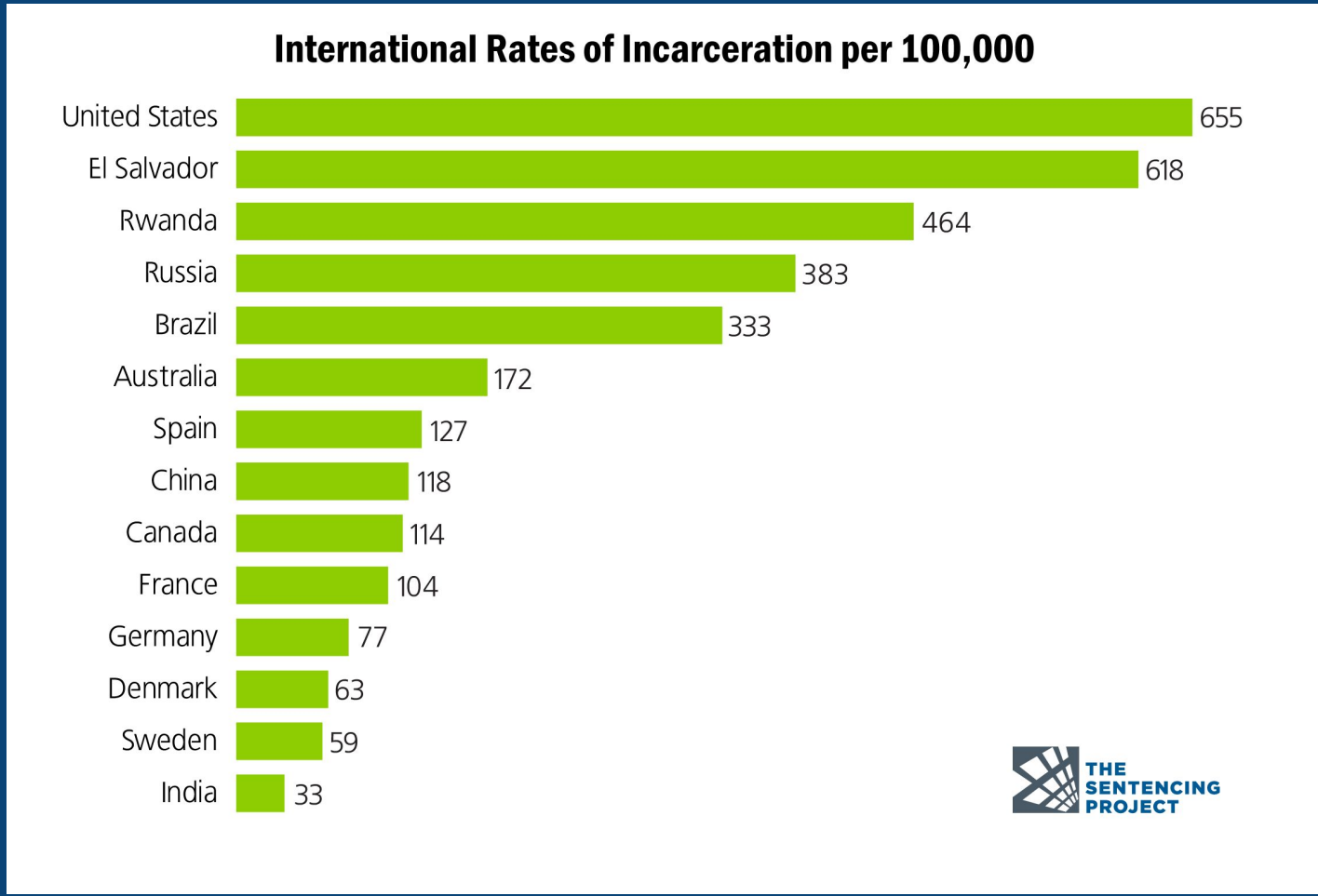
RAT PARK ADDICTION STUDY

Increase in incarceration rates impacting mental health in our communities

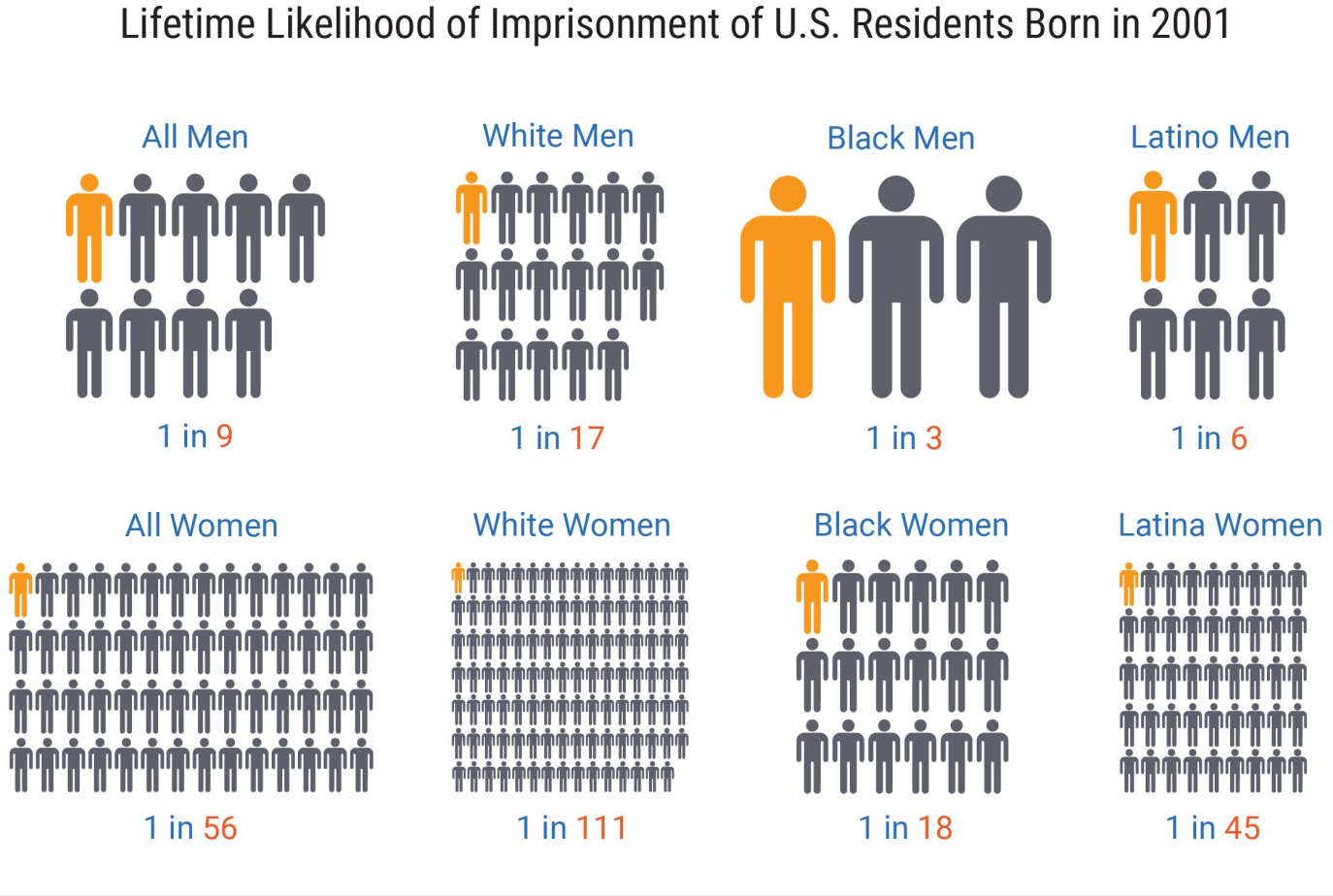
Rates of incarceration increase fivefold since 1970s



U.S. incarceration rates far exceed other developed countries



Disproportionate impact on people of color

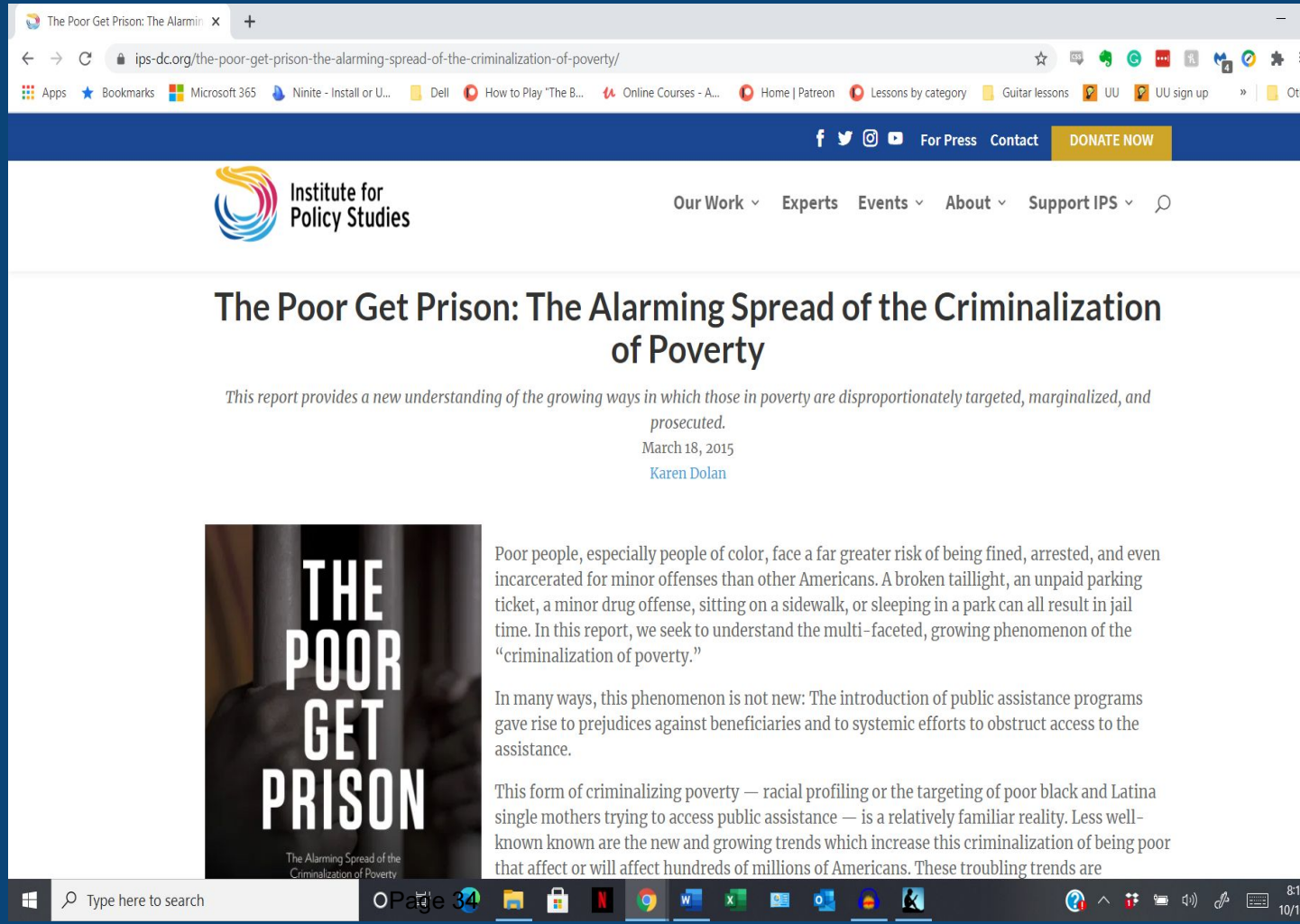


Source: Bonczar, T. (2003). *Prevalence of Imprisonment in the U.S. Population, 1974-2001*. Washington, D.C.: Bureau of Justice Statistics.

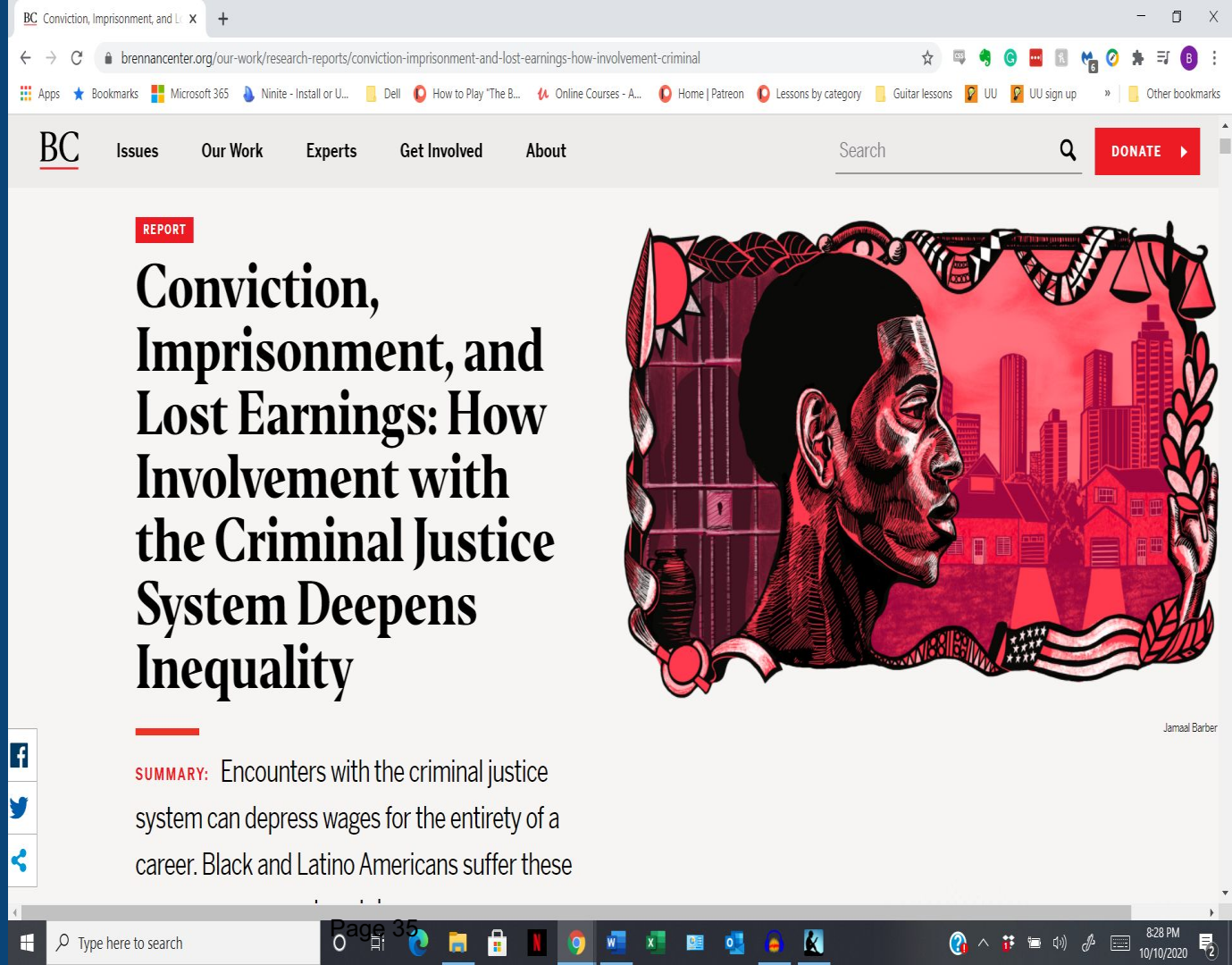
THE SENTENCING PROJECT

Criminalization of poverty

Poor people at greater risk of being fined, arrested, or incarcerated for minor offenses

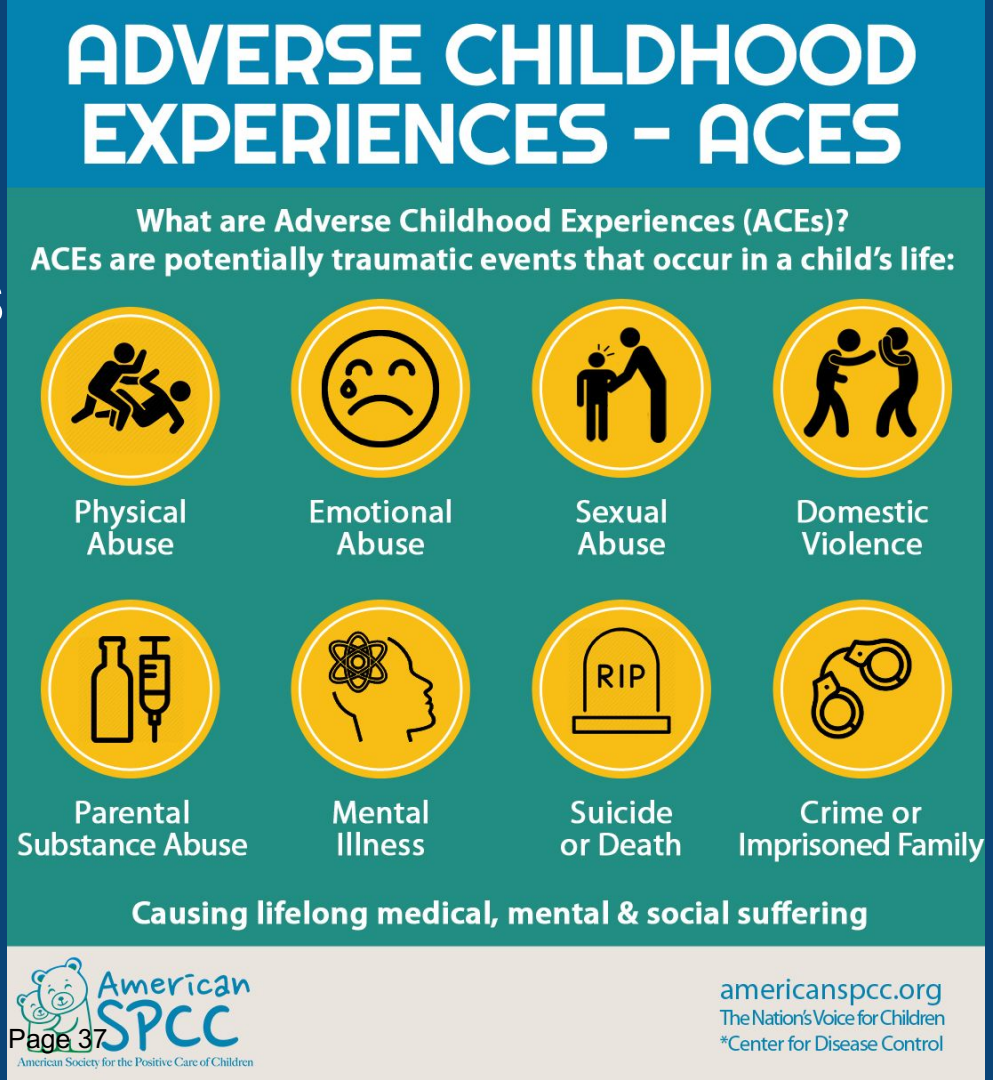


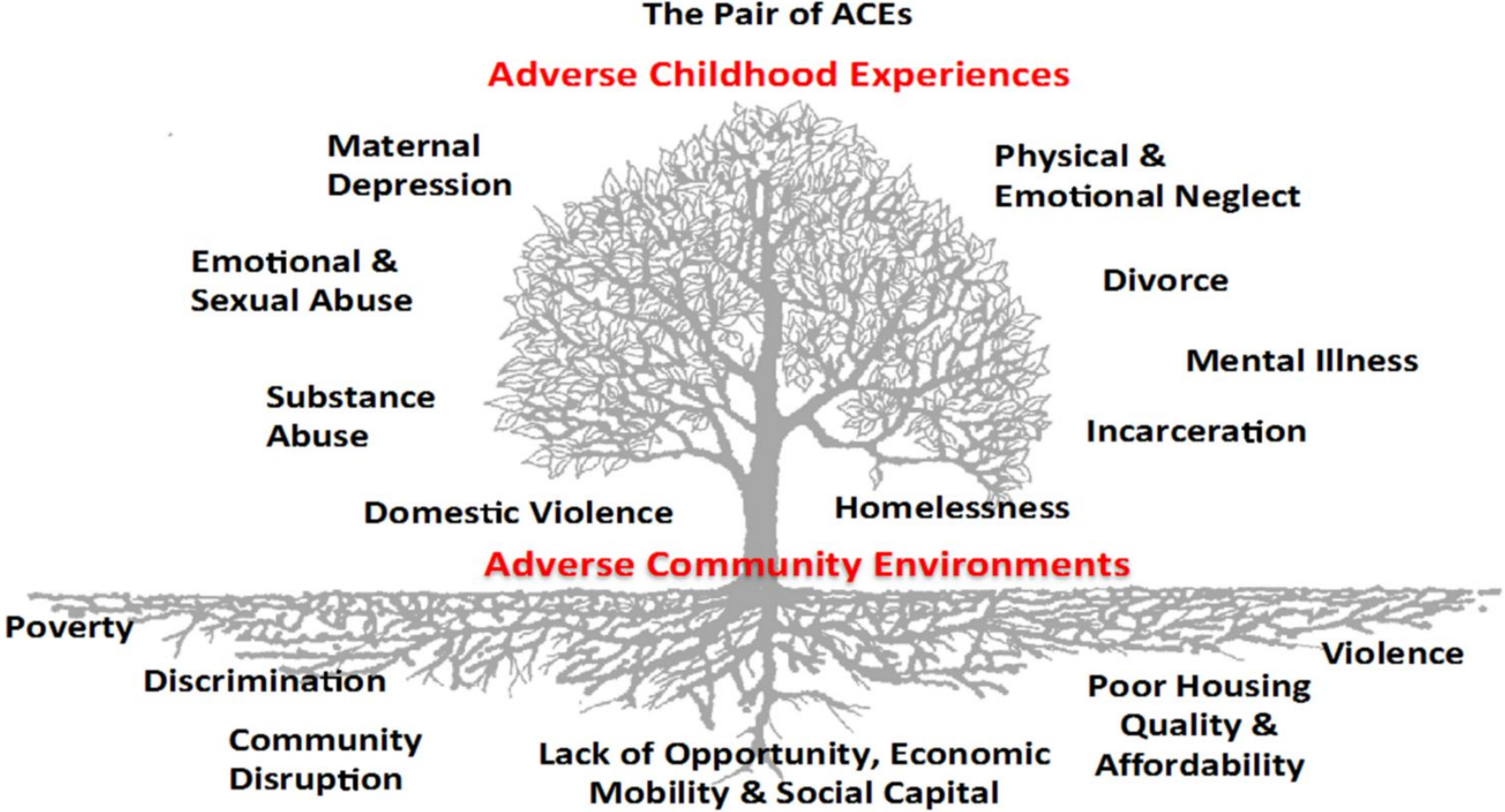
Impacts of criminal justice involvement can depress wages for entirety of a career



Adverse Childhood Experiences (ACEs)

ACEs are traumatic childhood events that can have lasting effects on health, behavior, and life potential





Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Social Determinants of Health

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes

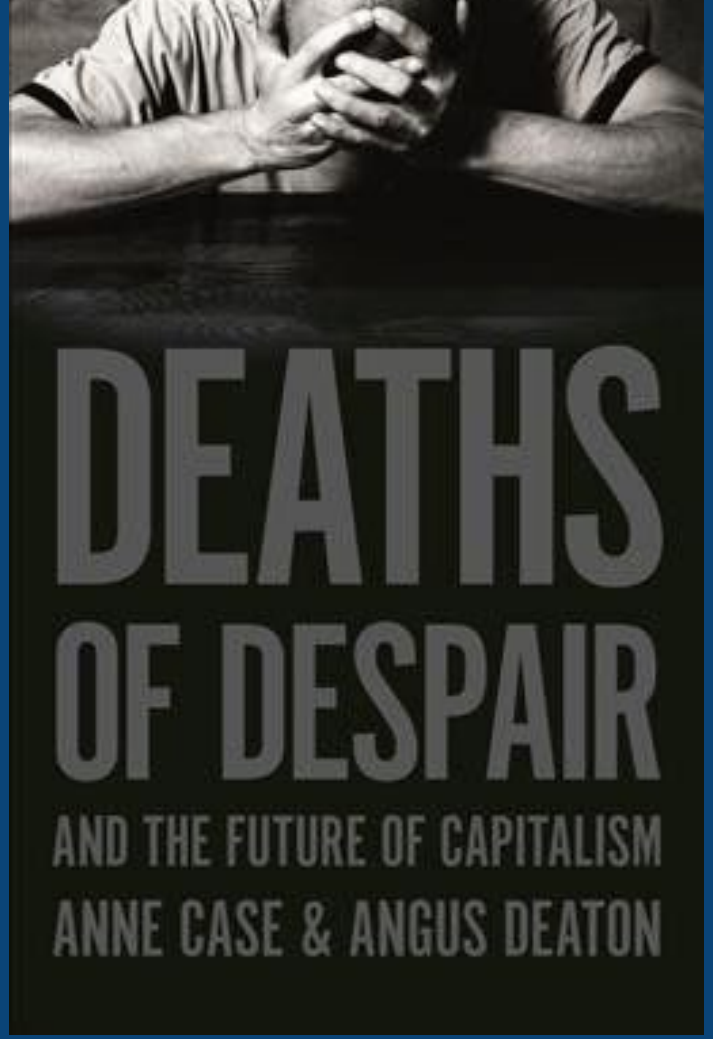
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Deaths of Despair

Deaths from drugs, alcohol, and suicide were termed “deaths of despair” by pair of Princeton economists.

Arose from

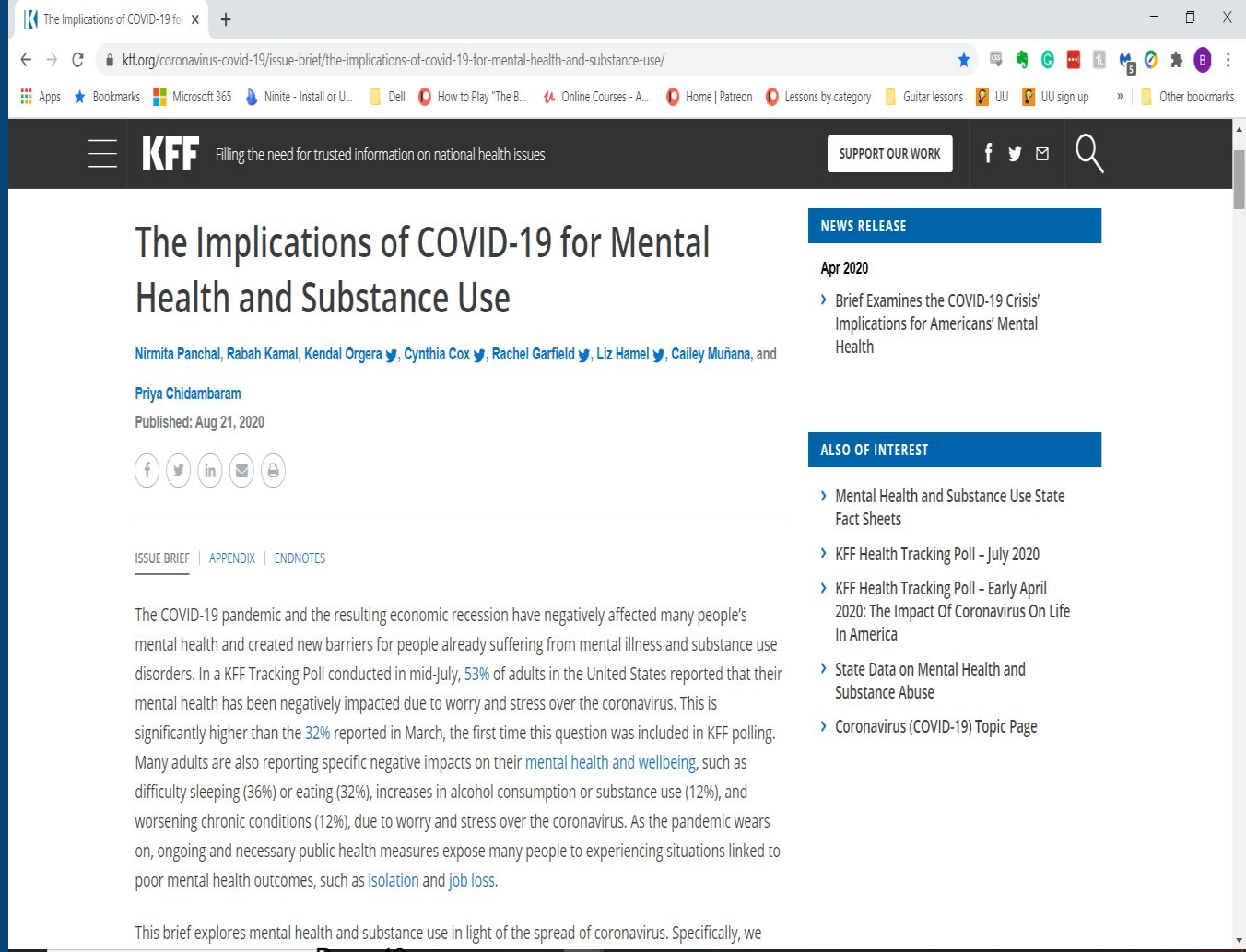
- Loss of status
- Loss of good jobs
- Loss of hope for one’s kids



Impacts of Covid on Mental Health and Substance Use

Widespread impacts

- 53% report mental health negatively impacted
- 36% losing sleep
- 32% disrupted eating
- 12% increased alcohol and substance use



Impacts are even harder on lower income Americans

Economic Fallout From COVID-19 Continues To Hit Lower-Income Americans the Hardest

Half of adults who say they lost a job due to the coronavirus outbreak are still unemployed

BY KIM PARKER, RACHEL MINKIN AND JESSE BENNETT

A banner against renters eviction reading no job, no rent is displayed on a controlled rent building in Washington, DC. (Eric Baradat/Getty Images)

How we did this

Complete Report PDF

Topline

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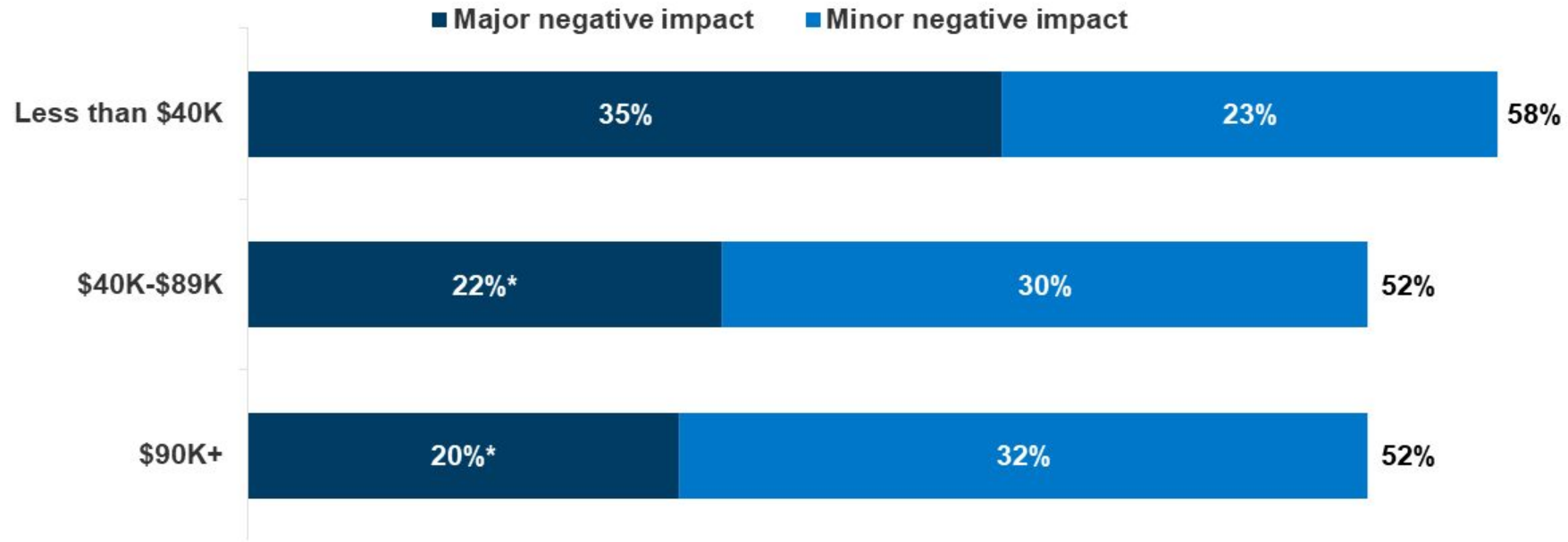
Figure 6

Percent of Adults Who Say Worry or Stress Related to the Coronavirus Has Had a Negative Impact on Their Mental Health, by Household Income



NOTES: *Indicates a statistically significant difference between those earning less than $40K at the p<0.05 level.
SOURCE: KFF Health Tracking Poll (conducted July 14-19, 2020).

How is this playing out in Portland?

Start with the good news:

- Strong community collaboration
- Much inter-departmental work within City
- Close working relations with state partners
- Maine has kept Covid-19 infection rates low
- Collaborating with other communities on best practice responses
- Health of Portland report provides good baseline information about the health of our community

Challenging times for people in Portland

- Covid-19 is disrupting the lives and challenging the mental health of all of us
  - No one is spared the impacts
  - Family lives disrupted
  - Increased isolation
  - Usual coping mechanisms unavailable
  - Sense of uncertainty about the future

For the most vulnerable among us, impacts are even greater:

- Increasing sense of desperation
  - Loss of day spaces
  - Challenges with bathroom access
  - Difficulty accessing food and water
- Disruptions of the “underground economy”

Where to go from here?

Difficult to foresee the long-term future. In short term:

1. Retain and build sense of community and mutual caring
2. Address basic safety net needs such as food and housing
3. Employ harm reduction approaches
4. Redouble efforts to outreach to our vulnerable neighbors

➡ Will resume longer-term planning work on comprehensive Community Health Improvement Plan when situation stabilizes

Thank you!

CITY OF PORTLAND
Health & Human Services Department
Kristen Dow, Director

Public Health Division
Bob Fowler, Director

MEMORANDUM

To: Health & Human Services and Public Safety Committee of City Council

From: Bridget Rauscher, Manager, Chronic Disease Prevention Program
Bob Fowler, Director, Public Health Division

Date: October 13, 2020

Re: Addendum to document - Safe Consumption and Observation Sites and Engagement Centers: Public Health Review

At the request of Health & Human Services and Public Safety Committee, public health division staff prepared this addendum and update to the document titled Safe Consumption and Observation Sites and Engagement Centers: Public Health Review which was first presented to the Committee on May 14, 2019 (copy attached):

Recent Updates from Around the United States: June, 2019 - Present[21-27]:

Safehouse – Philadelphia, Pennsylvania

October, 2019 – A US District judge ruled that Safehouse does not violate federal drug laws. Despite this ruling, there was an expectation that the federal government would appeal.

January, 2020 – Safehouse requests explicit approval to open a supervised injection site.

February, 2020 – In response to the January request by Safehouse, Pennsylvania US Attorney filed an initial action seeking a declaratory judgment that Safehouse was in violation of what is historically known as the "crack house" statute. The same US district judge affirmed his earlier ruling that the opening of Safehouse would not violate federal drug laws by providing a space for people to use drugs under medical supervision.

February, 2020 - Safehouse made the determination to halt its plans to open in South Philadelphia due to community opposition, but clarified that this was in an attempt to have an open dialogue with community members, not because it would violate federal law.

June, 2020 – US District judge who had previously ruled that Safehouse would not violate federal law puts a stay on his February, 2020 ruling in response to a request from the federal Justice Department. He states that "now is not the time for something new." This stay puts the legality of supervised injection sites up in the air until the appeal process is resolved.

July, 2020 – The Drug Policy Alliance submitted an amicus brief, signed onto by the American Medical Association, in support of Safehouse, in response to the appeal by the federal Justice Department.

San Francisco, California

February, 2020 – Legislation was introduced by the Mayor and Supervisor that would permit nonprofits to open safe injection sites where people can inject drugs under medical supervision.

June, 2020 – San Francisco Supervisors unanimously approved an ordinance creating an Overdose Prevention Program in an effort to prevent overdose deaths.

August, 2020 – Proposed bill failed to pass in the California legislature.

New England Journal of Medicine article

August, 2020 – New England Journal of Medicine (NEJM) published a report evaluating an unsanctioned safe consumption site in the United States. In 2014, an organization in an undisclosed US city opened an unsanctioned safe consumption site. Site staff entered data documenting each drug injection, type of drug used, opioid-involved overdose, and related death that occurred during injections at the site. Over the first five years of operation, there were 10,514 injections and 33 opioid-involved overdoses (all of which were reversed by naloxone administered by trained staff). No person who experienced an overdose was transferred to an outside medical institution and there were no deaths. The results of the data, according to the author of the study, suggest that implementing sanctioned safe consumption sites in the United States could reduce mortality from opioid-involved overdose.

Attachments:

l. Safe Consumption and Observation Sites and Engagement Centers: Public Health Review, 5/14/2019
2. OPS Review Sources document

CITY OF PORTLAND

Health & Human Services Department
Kristen Dow, Interim Director

Public Health Division
Kolawole Bankole, MD, MS, MBA, Director

Safe Consumption and Observation Sites and Engagement Centers: Public Health Review

Terms and Definitions[11]:
Safe Injection (or Consumption) Space (or Site or Facility) (abbreviated: SIS, SCS, SIF) or Overdose Prevention Site (OPS): A medically-supervised facility designed to reduce nuisance from public drug use and provide a hygienic and safe environment in which individuals are able to consume illicit drugs, often intravenously.
Comprehensive User Engagement Site: A medically-supervised facility, similar to an SIS/SCS/SIF, offering a variety of social services, case management and access to treatment of substance use disorder.
Harm Reduction: A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

Areas of Consideration:
Cost: Effective or Prohibitive?
Efficacy: Is this evidence-based?
Local and Federal law: What are the implications?
Community Input: Who does this impact and how?
An Overview of Current Models: Insite, Vancouver, Canada
Alternate Approach: Boston Public Health - Supportive Place for Observation and Treatment (SPOT) Program

Review of Findings:

Cost: Effective or Prohibitive?
The estimated economic costs and benefits of establishing a potential safe injection facility in San Francisco utilized mathematical models that combine local public health data with previous research on existing SIFs. Potential savings from five outcomes were examined: averted HIV and hepatitis C (HCV) infections, reduced skin and soft tissue infection, averted overdose deaths, and increased medication-assisted treatment (MAT) uptake. Findings show that each dollar spent on a SIF would generate US$2.33 in savings, for total annual net savings of US$3.5 million for a single 13-booth SIF.[3]

The annual costs of operating the SIF are used to measure the social costs of Insite. Presently, Insite is funded by Vancouver Coastal Health, one of six publicly funded healthcare regions within the Canadian Province of British Columbia. Through the use of conservative estimates, Insite (Vancouver, British Columbia), on average, prevents 35 new cases of HIV and almost 3 deaths each year. This provides a

societal benefit in excess of $6 million per year after the program costs are taken into account, translating into an average benefit-cost ratio of 5.12:1.[3]
Baltimore, Maryland has one of the highest overdose rates in the country. In 2016, a study was completed for the purpose of examining the health and financial costs of a hypothetical safe consumption site. Local health data and data on the impact of existing SCSs analyzed the following:

- HIV transmission
- Hepatitis C transmission
- Skin and soft tissue infection
- Overdose mortality
- Overdose-related medical care
- Increased medication assisted treatment (MAT) for opioid dependence

The study predicted that for an annual cost of $1.8 million, a single SCS would generate $7.8 million in healthcare savings, preventing: 3.7 HIV infections, 21 Hepatitis C infections, 374 days in the hospital for skin and soft tissue infections, 5.9 overdose deaths, 108 overdose-related ambulance calls, 78 emergency department visits and 27 hospitalizations, while bringing 121 additional individuals into treatment.[14]

Seattle, Washington's Human Services Department has estimated that a site would cost approximately $2.5 million/year, in addition to capital expenditures. Seattle's US Attorney has stated that, while the City Council has committed up to $1.5 million in one-time funding for the site, the lack of ongoing funding would be prohibitive in moving forward with the project.[17]

Efficacy: Is this evidence-based?[34,56]
Results of the evaluation of North America's first medically supervised consumption site have been closely examined and accepted by scientists from around the world. Insite, opened under the condition that it operate as a scientific pilot and be rigorously evaluated, due to limited peer- reviewed data specific to existing safe injection facilities in Europe, revealed that the facility was meeting its objectives: reducing public disorder, infectious disease transmission, and rates of overdose while successfully referring individuals to a range of social service and substance use disorder treatment program. Additionally, the outcomes indicated that Insite was not resulting in increases in crime or promoting initiation into injection drug use.[13]

A review of studies published in August, 2018 in the International Journal of Drug Policy, which was later retracted with the author's consent, due to methodological weaknesses, found that evidence for supervised injection is not as strong as previously thought. One addiction researcher and psychiatry professor at Stanford University believes a stronger evidence base is needed and that "nobody should be looking at this literature making confident conclusions in either direction." Particularly, it is noted that the current and limited studies reveal that evidence does not point to supervised injection as being harmful, it has not strongly demonstrated an overall reduction in overdose deaths over time.[16]

Local and Federal Law: What are the implications6[7, 15]
In 2003, the regional health authority in Vancouver, Canada successfully applied to the federal government for a legal operating exemption to pilot North America's first medically supervised injection facility (SIF) – Insite. The exemption was granted on the condition the program undergo rigorous scientific evaluation.

To the extent that they provide clean syringes, SIFs are required to comply with state laws which govern syringe exchange programs. Assessing the legality of a SIF requires a prediction about how

local, state, and federal officials will interpret varying state and federal laws on drug possession and the maintenance of grounds for illegal drug use. Whether the legality of a SIF would be challenged would depend on how law enforcement officials exercise their prosecutorial discretion.

On April 1, 2019, Roy McKinney, Director of the Maine Drug Enforcement Agency, under the Department of Public Safety led by Commissioner Michael Sauschuck, provided testimony urging the Joint Standing Committee on Health and Human Services to vote Ought Not To Pass on the proposed bill LD 949: An Act to Prevent Overdose Deaths. This testimony states that safe injection sites violate federal law and that legally sanctioned drug use facilities are not the right answer for Maine. McKinney's testimony also references 21 United States Code §856, which sets forth that it is unlawful to manage and maintain any place to manufacture, distribute, or use any controlled substance.[20]

A statement from the District of Vermont's Department of Justice in December, 2017 warned against the establishment of safe injection sites, stating "SIFs are counterproductive and dangerous as a matter of policy, and they would violate federal law." The statement goes on to say "the proposed SIFs would violate several federal criminal laws, including those prohibiting use of narcotics and maintaining a premises for the purpose of narcotics use. It is a crime, not only to use illicit narcotics, but to manage and maintain sites on which such drugs are used and distributed. Thus, exposure to criminal charges would arise for users and SIF workers and overseers. The properties that host SIFs would also be subject to federal forfeiture."[15]

Seattle was poised to spend $2 million on a Community Health Engagement Location in 2018. This CHEL is proposed to include: onsite post-consumption medical care, referrals to medical and social services, and peer support.[7]

In June of 2018, Seattle's efforts to find a location for its one and only supervised injection site had turned up nothing. At that time, the mayor's office proposed a fixed mobile option, stating that Seattle and King County would purchase a recreation vehicle and remodel it into a CHEL, parking either on the street or in a parking lot near a facility that would provide space for a reception area, a waiting area, restroom storage, and utility space.

Deputy US Attorney General Rod Rosenstein stated in August, 2018 that the federal government will not tolerate safe injection sites – which would violate federal drug laws – and that the Department of Justice will act against them if they open.

In April, 2019 the newly appointed US Attorney in Seattle stated that he will not allow a safe injection site for illicit drugs to open in the city. His statement included that that the site would violate federal law.

Philadelphia city officials gave the proposition of a Comprehensive User Engagement Site permission to move forward on January 23, 2018 after an in-depth investigation, which concluded the following: The Mayor's Task Force to Combat the Opioid Epidemic recommended Philadelphia consider a SIS structured as a CUES - with a specific focus of not only reducing deaths, but increasing the opportunity for engagement in treatment services. The expert report, commissioned by the City, estimates that a CUES could save as many as 75 lives per year.[4]
Despite these recommendations, Philadelphia officials and legal professionals remained concerned about potential legal barriers and implications.[5]

In February, 2019, the Justice Department filed a lawsuit against Safehouse, a supervised injection site nonprofit in Philadelphia, asking a judge to interpret the law and declare such a facility illegal. In

April, Safehouse filed a countersuit, stating that the organizers' religious beliefs compel them to save lives. The organization has asked for an injunction to prevent the government from shutting the facility down as well as a declaration that such a site would not be violating the law.[17]

In November, 2018 Denver City Council approved a pilot program to allow for a supervised injection site. The Colorado General Assembly would have had to pass a new bill allowing for local municipalities to develop such sites before anything could move forward. Denver's plan stated that no public funds would be used for the site; it would be operated by a nonprofit or government entity working with those with substance use disorder. Additionally, the sites would have to be more than 1,000 feet from schools and daycare centers.[19]

In February, 2019 the General Assembly stated that they would not be bringing a bill forward in the current year to support supervised injection sites. This announcement came after a December announcement in which the Colorado US Attorney's Office and the Denver field office for the Drug Enforcement Administration published a joint statement that the planned injection site was illegal.[19]

Community: Who does this impact and how?

A survey of more than 1,000 people utilizing Insite found that 75% reported changing their injecting practices. Among these individuals, 80% indicated that the SIF had resulted in less rushed injecting, 71% indicated that the SIF had led to less outdoor injecting, and 56% reported less unsafe syringe disposal[8].

Results from the Scientific Evaluation of Supervised Injecting (SEOSI) cohort, studying Vancouver's Insite facility, revealed the following[8]:

- Increased uptake of substance use disorder treatment
- Reduction in public disorder[1]
- Reduction in public injecting
- Increased public safety[1]
- Attracting and retaining a population of people who inject drugs and are at a high risk for infectious disease and overdose
- Reducing HIV and hepatitis C risk behavior (syringe sharing, unsafe sex)
- Reducing the prevalence and harms of bacterial infections
- Successfully managing hundreds of overdoses and reducing drug-related overdose death rates
- Increasing the delivery of medical and social services

In the first two years of operation of an unsanctioned safe consumption site in the United States, there were 2,574 injections by over 100 participants. Prior to each visit, guests were asked a series of 12 questions. When asked "Where would you have injected if not at the site today?" Participants reported the following: Public Restroom - 34.9% Street, park or parking lot - 57.3%.[9,12]

An Overview of Current Models: InSite, Vancouver, Canada:

Vancouver, Canada's supervised injection facility, Insite (established in 2003), the most extensively studied SIF in the world, examine effects on a range of variables, from retention to treatment referrals to cost-effectiveness. These reports are in agreement with reviews of Australian and European SIFs, which show that these facilities have been successful in attracting at-risk populations, are associated with less risky injection behavior, fewer overdose deaths, increased client enrollment in drug treatment services, and reduced nuisances associated with public injection.[8,12]

According to the Drug Policy Alliance, there are over 100 SIFs operating in at least 66 cities around the world in nine countries (Switzerland, Germany, the Netherlands, Norway, Luxembourg, Spain,

Denmark, Australia and Canada).[10]

Boston Public Health: SPOT Program[2]:
In April 2016, Boston opened the Supportive Place for Observation and Treatment (SPOT).

SPOT is:

1) A safe drop-in facility for people who are intoxicated from the use of drugs.
2) Medical care if overdose occurs: A registered nurse monitors vital signs and assesses level of sedation. In consultation with a 'rapid response clinician' (physician, nurse practitioner, or physician assistant), additional interventions are introduced as needed.
3) A gateway to treatment and other services. Participants are offered connection to treatment, case management by a harm reduction specialist and access to peers in recovery.

SPOT is not:

1) A supervised injection facility. People are not allowed to inject substances inside the building.
2) A needle exchange program. Needle exchange is available next door. The Boston Public Health Commission and SPOT collaborate closely. Since opening, SPOT has diverted emergency department use for about a third of their encounters. While referral rates are difficult to track, it is estimated that less than 10% have been linked to opioid agonist therapy or detoxification.

Policy Lessons Learned Creating SPOT:
- Consumer outreach and ongoing input is crucial
- Manage the media message
- Engage policy officials as early as possible
- Leverage partnerships with harm reduction programs
- Secure third party reimbursement

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