Health & Human Services and Public Safety Committee Minutes

Tuesday, November 10, 2020, 5:30pm, Remote Meeting

Committee Attendance:

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

Councilors in Attendance:

Mayor Kate Synder.

City Staff:

Kristen Dow, Director of Health and Human Services; Christine Grimando, Director of Planning and Urban Development; Bob Fowler, Director of Public Health; Bridget Rauscher, Chronic Disease Prevention Program Manager; Adam Harr, Executive Assistant for Social Services.

Meeting called to order at 5:34 PM.

AGENDA ITEM 1 – Announcements

- Two staff are having internet issues and will join the meeting as they are resolved.

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 Expo transition and the current state of homeless services.
- Moved out of Expo on October 29th.
    - Joyce House contract was not ready at that point, but the hotel the City is contracting with MaineHousing to use was available.
    - OSS is at capacity with 75 people.
- Negotiations continue for the Joyce House.
    - Meeting yesterday with City and County attorneys to work through insurance.
- Councilor Ray and City Manager Jennings were in a regional meeting today and learned that the City shelter 539 people last night across the Family Shelter and Oxford Street shelter, including hotels.

Committee Questions and Discussion.

- Councilor Chong asked how many people were assisted with GA; what is the GA denial rate?
    - Will return with number of people.
        - We make up 5% of the population and have half of the state's GA clients.

    - Denial rate was 8.1% going into the month of October and finished at 9.7%. The higher denial rate is due to applications at the shelter.
    - GA assists with rental vouchers and other basic needs and is not limited to hotels.
    - Housing counselors are working with individuals sheltered by the City to secure permanent housing.
    - We are the only municipality operating a shelter and that has a GA office that is open seven days a week.
        - All municipalities are required to administer general assistance.
        - There is an afterhours line to access GA 24-hours a day, but Portland is the only municipality that is staffing seven days a week.
    - People are not turned away from shelter.
        - Previously through our shelters.
        - Under Covid, people needing shelters assisted using hotels through GA.
    - How many agencies are we working with to coordinate wrap around services?
        - 12 different agencies and four different city departments meet weekly.
- Councilor Ray asked about two questions from the public comment for topics not on the agenda at last night's City Council meeting.
    - During public comment for topics not on the agenda, a person said a number of people at the expo did not transition to a hotel.
        - Director Dow does not know of people that were not able to transit; hotels were offered to people staying at the expo. People can go to Oxford Street for shelter either at the shelter or in hotels. OSS remains our central location for intake.
    - Another speaker stated that there are some people who are "shelter-resistant."
        - The working group discusses how to engage people who do want to stay in shelter.

AGENDA ITEM 4 – Licensing and Buffers for Emergency Shelters

Overview of staff findings:

- Staff researched licensing for overnight or 24-hour emergency shelters (sleep overnight) throughout the country. The memo and staff research is not meant to be all-encompassing.
    - Only a few municipalities had licensing in place.
        - Community impact (litter, noise, etc.) were not considered.
        - Programmatic aspects not covered.
        - Guest behavior issues were addressed by criminal laws outside of licensing.
        - Some requirements covered in other municipalities licensing is covered in Chapter 14 of our City code.
    - Some differences found
        - No mandated buffer zone in Portland.
        - No buffer between any two shelters.
        - No cap on the number of shelter beds in the municipality or any one facility.
        - No restriction on guest length of stay.
- Brunswick began requiring shelters be licensed in 2019; existing shelters were exempted from the new requirements.

    - Governing documents
    - Affidavit
    - Certificates
    - Plans for the premises
    - Ordinance limits the collective capacity of all homeless shelters in the town to 85 beds.
    - 500 feet buffer between any two shelters.
    - Licenses are good for a 5-year period.
- Phillipsberg, NJ
    - Licenses must be obtained by town clerk and are reviewed annually.
    - Licenses consider proximity to other public gatherings and traffic.
    - Licensing requirements enforced by the building director.
    - May only serve 15 people at once.
    - People can only stay for one month (capped per person).
    - Only permitted as an add-on, not the principal use.
- Oak Lawn, IL
    - Licensed annually by City Manager.
    - Statement that the shelter must make reasonable efforts to assist people previously living in Oak Lawn.
    - All operating entities must be nonprofit/free of charge.
    - Unlawful to provide medical treatment at a shelter.
- Zoning restrictions
    - Puyallup, WA passed a law which limited homeless service centers to 150 parcels of land in industrial zones with buffers to other shelters.
        - 500 ft. buffer to other homeless service centers, hospitals and businesses.
        - 1,000 ft. buffer to schools and childcare.
    - Monterey County, CA
        - Size limits and staffing requirements in operational plans which as similar to what is in the City's comprehensive plan.
        - Caps length of stay.
        - Establishes a buffer of 300 feet between any two shelters.
        - Requires off-street parking.
    - Newport Beach, CA
        - Requires must articulate target populations needs.
        - Allows shelters by right in areas designated for private entities and airport zones; conditional use needed for other zones.
- Relevant Portland City Code
    - Portland's Land Use Code (Sec. 14-474, enclosed) establishes the use-specific standards applicants must meet as part of the Planning Board review and approval of emergency shelters as a conditional use. It requires:
        - Management Plan outlining management responsibilities;
        - processes for resolving neighborhood concerns;
        - staffing;
        - access restrictions;
        - on-site surveillance;
        - safety measures;

        - controls for resident behavior and noise levels;
        - monitoring reports.
    - City has ordinances outside of Chapter 14 that protect health and safety.
        - Sound oversight committee process for noise complaints.
        - Disorderly house process for rental properties.

Committee questions and discussion.

- Councilor Ray would like to decide the direction for staff to continue.
- Councilor Ali asked Director Dow if the municipalities that have a cap, do they use scattered sites and what were the caps for each shelter?
    - Staff did not find municipalities that have caps on the number of shelters, just the number of beds.
- Are any of these cities similar in size to Portland?
    - Large cities were discussed but were so much larger they were not deemed comparable.
    - Brunswick, ME has 15,000 people.
    - Phillipsberg, NJ has 14,000 people.
    - Oak Lawn, IL has 50,000 people.
    - Puyallup, WA has 42,000 people.
    - Monterey has 80,000 people.
- Councilor Chong would like our licensing in-line with recovery homes and rooming houses, more so than apartments.
    - Director Grimando said there is not licensing for recovery homes or lodging houses.
    - Perhaps the internal lodging house discussion may extend to this:
        - There is not a great template for this particular use or concerns.
        - Pulling from other lessons learned on licensing is informing staff discussions.
    - If we do shelter licensing would it affect lodging or vice versa? Which is easier to do?
        - The questions of easier and urgency is important to consider with some progress in lodging houses.
            - What gaps need to be filled?
            - How do we do it now?
        - Buffers, caps and spacing are one element.
        - What happens with a management plan after one is approved?
- What's the difference between a rooming house and a shelter?
    - Shelter is temporary overnight shelter explicitly to shelter homeless individuals.
    - A lodging house or rooming has so many niches; they are not explicitly for homeless people.
        - People pay to live in lodging houses.
        - No limit on occupancy time.
        - There are shared spaces but the occupancy refers to the rooms people rent out for more than a month (not short term).
- Councilor Chong asked if there are more people staying in shelter?
    - Roughly 50% more.

    - Families are mostly individuals coming from the Southern border.
    - Director Dow will speak with staff on why the increased number of singles are reporting why they need emergency shelter.
- Councilor Chong asked if the City has done a recent Point in Time count of people sleeping outside.
    - Not since the pandemic started.
    - There are groups of people sleeping outside we are trying to engage.

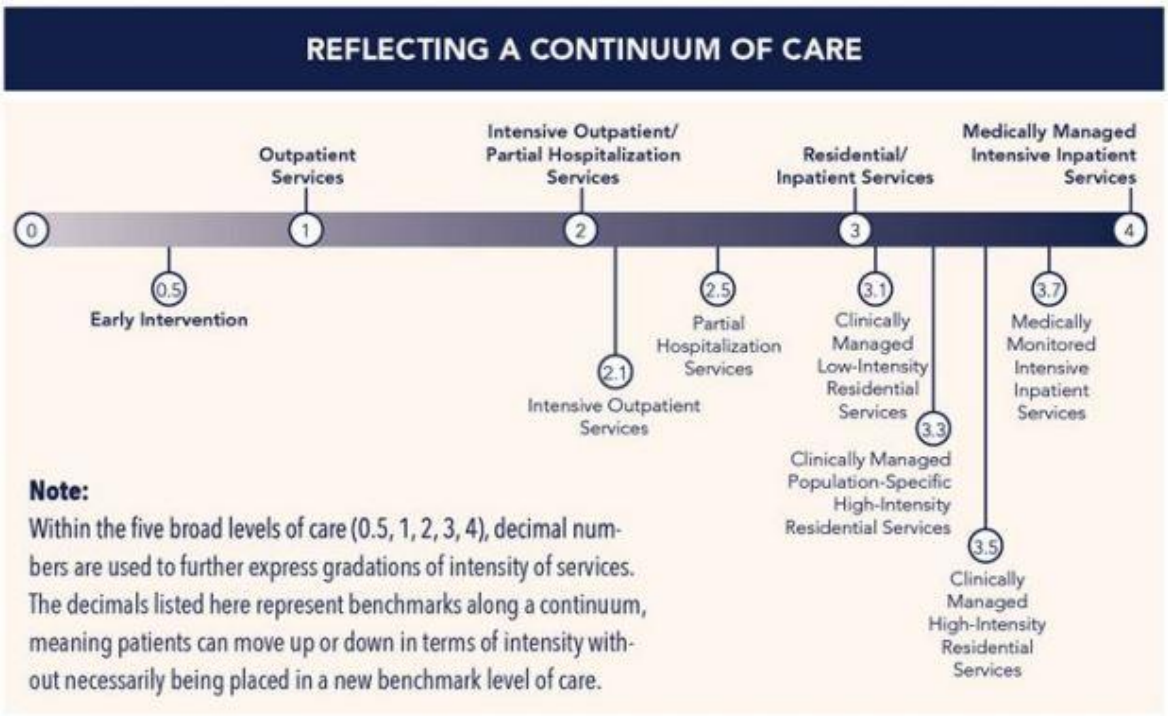
Committee questions, discussion and requests for January:

- Councilor Ray would like to come up with some sort of licensing process. There are parameters set up that would allow renewals that could be refused if not meeting obligations.
    - Interested in annual renewal, biannual at most.
    - Buffers for shelter facilities.
        - Smaller facilities limited to how close they are to each other.
        - Limit number of beds that could be in a given radius.
            - Ensure we are not concentrating or segregating people based on socio-economic demographics.
    - Fleshed out requirements similar to what is found in the memo.
    - Interested in grace periods for shelters but is not exemptions for existing shelters.
- Councilor Ray would like specific recommendations from Director Grimando based on her memo in September.
- Does the above make sense to the committee and director Grimando?
    - Yes.
- Committee appointments will be and before the next meeting.

AGENDA ITEM 5 – Overdose Prevention Sites

Overview of available local resources:

- Bob Fowler, Director of Public Health explained the list on the memo focuses on programs that provide substance use disorder treatment specifically. While there is overlap with cooccurring substance use and mental health services and harm reduction services, such programs were not included.
- Capacity: when Maine Care was expanded many people gained health insurance but the residential treatment series did not have capacity to serve them.
- Program had changes in capacity due to COVID-19.
    - Some outpatient programs switched to telehealth which increased capacity for many people.
    - Telehealth highlighted inequities such as technology access.
- The continuum of care model describes levels and intensity of care:



Committee questions and discussion

- Councilor Chong asked if there is a bottle neck in Portland; where are we not meeting demands of people who need treatment?
    - Higher levels of care such as longer term residential care and medical detox programs.
- What can the City do to address these higher levels of care?
    - Note: residential care is a distinct term from recovery houses. Recovery houses are sometimes called sober houses or recovery residences.
    - It is unclear what the City can due especially with Covid and the need for physical distancing.
    - The state submitted a waiver to the federal government to allow go over the caps of those programs.
    - Review Medicaid rates for various levels of care.
    - Recovery houses have been a tremendous benefit; they are not treatment but mutually supportive housing focused on recovery. There hasn't been an increase in residential treatment capacity, but it has increased the ability to care for those who need it.
- Councilor Chong asked about the increase in overdoses, what can be done to mitigate this increase?
    - Real time collaboration and outreach efforts between service providers and other city departments maximizes capacity.
- Should more education and prevention can be done now?
    - Always more public education.
    - Increase telehealth: this helps work around barriers such a s stigma and transportation.
    - Reducing stigma.
    - Engagement through services.

- Councilor Ray said that their recommendations that included training parks and rec staff and people who work in schools on recognizing adverse childhood experiences (ACEs).
    - Follow up to the workshop.
    - All children are experiencing trauma during Covid.
- Councilor Ali asked if we have data on all the providers in Portland?
    - Not in one location, but 2-1-1 has a listing of many of the services in Portland.
        - Information is not updated in real time. They update about every year or so.

Public hearing was opened at approximately 6:47 PM

- Caitlin Corrigan, Director of Health Services of Preble Street who works at the learning collaborative at 20 Portland Street. They support safe consumption sites in Portland because they are concerned for individual who use opiates and are at risk of overdose and death. Her team supports individuals with barriers to MAT and detox. All folks are worthy of dignity and respect no matter where they are on the spectrum of substance use. People using drugs in Portland are in unsafe spaces, outside and in areas where emergency services may not have access. An older gentleman was lost this weekend; she and her colleagues will miss him. He was trying to access detox. He didn't deserve to die because he was still injecting drugs.
- Cait Voghn of Woodford Street. Her mother used drugs during pregnancy; she uses drugs herself and cares many people who use drugs. She organizes with the Portland Overdose Prevention Society which was cofounded by Jesse Harvey who died of an overdose in September may he rest in peace and power. On this exact date five years ago she lost her colleague David and two weeks later lost her friend Shawn; may they rest in peace and power. She's lost count of loved ones and neighbors who have died in this way. She supports establishing sites in Portland. It is a public health intervention to drastically reduce death and people deserve the same rights to dignity, wellbeing, and safety as everyone. People who use drugs deserve respect. The primary function of safe consumption sites is for people to use drugs without criminalization or stigma. This conversation will include homelessness. Unhoused residents are most likely to benefit from safe consumption sites. The housing affordability crisis must be considered simultaneously with the overdose crisis, diverting funds from police to life saving services. She has had thousands of conversations with Mainers throughout the state. She urges this committee to recommend sanctioned safe consumption sites.
- Adam Rice works with Church of Safe Injection and Peoples Housing Coalition. He is in recovery and practices abstinence with hard drugs. Substance use services did not lead to his recovery; it was the day that he overdosed and was resuscitated from a member of his own community. 21 of the people who have died were close to him. He supports this and encourages people look at Portugal as a model where they used harm reduction to reduce instances of disease, death and addition. He is also here speak on behalf of Jesse Falero as they were not able to speak at this meeting. They organized the organized the encampment at City Hall. They are grieving someone lost this weekend for the reason he is speaking today. This individual did not have to day; overdose is preventable and he urged the committee to support safe consumption sites.
- Elizabeth McCormack at 371 Preble Street in South Portland. She supports developing a safe consumption site in Portland. She is involved in community work that supports the unhoused community. Members of the unhoused community help each other and too

many have been lost to overdose. Why would we wait to try something that would improve public health and reduce the number of needles on the street. It will save money in the long run by reducing HIV infection. People who use drugs are valuable and are irreplaceable. Please develop a safe consumption site here.

- Kari Morisette Executive Director of the Church of Safe Injection and naloxone distributor. She is wearing two hats: harm reduction and personal. Harm reduction: a vigil was just held for 70 people lost in Portland; they were just the names that families gave permission to share and there are many more. She lost two community members shortly before the meeting tonight and three members are in the hospital with endocarditis. There is always a budget question, but how much does it really cost to send an ambulance to Narcan people and send them to a hospital? A safe consumption site could be staffed with volunteers. Adding those up, a safe consumption site would cost less. There was a confirmed Covid case at the India street needle exchange and she had to fill a gap when the exchange temporality closed; they were told by police they were not an essential service. They are a recovering heroin user and remembers the stigma around being a "junky" when she was a homeless, addicted prostitute at the time; she remembers the dehumanizing looks and comments that made her feel she could not do better. She is living with HIV from sharing needles. Having a place where you wouldn't have to be ashamed to walk through the door would help. She said people removed from this are against it because they are afraid their property values will fall. A doctor in Miami intervened and told her she is worthy and enough; everyone wants to face the overdose crisis with treatment and sober living but it will never happen unless these people feel like they're worthy.
- Kina Thakarar works at Bramhall Street in Portland and is a board certified addiction medicine and infectious disease physician in Portland. She advocates for safe consumption sites and has spent the last 12 years treating patients and studying the intersection of substance use disorders and infectious disease. She served in the infectious disease society of America that develops policy recommendations. People who inject drugs face a lot of fatal and non-fatal overdoses as well as conditions such as HIV, HEPC and endocarditis, a serious heart infection. It is one of their policy recommendations to expand access to safe consumption sites. Data show they reduce overdoses, link to care, and screen for STIs. These sites have been in existence for decades in Canada and Europe. They save money; the median cost for treatment of endocarditis at Maine Med is $150,000. One study said you could save $20 million over 10 years. She visited a site in Toronto, Canada that has a safe injection room with sterile equipment, screened for STIs, and reveres hundreds of overdoes over a few weeks. They are equipped to reverse drug overdoses and act as a gateway to treatment that can save lives in our community.
- Mollie Kravitz is a Portland resident a law student at UMaine School of Law. She is here to advocate her unwavering support for safe injection sites. Two months ago, she lost her best friend to a preventable death from overdose. Jesse Harvey was her second friend to lose to overdose. Using a seatbelt in a car, helmet while riding a bike, condoms with sex and masks with Covid reduce risk of injury and death from potentially dangerous activities. Unfortunately, Jesse succumbed to his substance use disorder. Jesse was a graduate student at the Muskie School of Public Service. He was the founder of multiple sober houses and the church of safe injection. Jesse had a right to life. The church fills a void for people experiencing substance use disorders, providing clean needles, naloxone,

testing strips and training. Why have these tasks fallen on the shoulders of youth and organizers? People are replaced by statistics. The fact that the church is saving lives, did not matter to police because those lives were deemed not saving; unnecessarily punitive laws and incarceration will not deter people from using drugs. Human life should be the priority. Regardless of drug use, people deserve to be treated with respect and dignity; they are not just addicts. The unhoused community in Deering Oaks Park have saved many lives. Safe consumption sites will not promote drug use. Using drugs is not a choice and even if it was, people have a right to life. The time to act was yesterday; lets make sustainable and fundamental changes that will actually make a difference using people first policies to those directly affected by them.

- Danny Kachonowski is a social worker and peer support specialist from Gray, Maine and services peer support services. He read testimony gathered from unhoused community members at Deering Oaks Park. On November 8th: "I'm sleeping outside on the sidewalk. I have a housing voucher and can't find an apartment. I have three caseworkers helping me, so that's four people trying to find an apartment for one person and we still can't find one, so I've been sleeping on the sidewalk. A safe consumption site would benefit me because cops aggravate us out here a lot when we are trying to use out here, but we are homeless, this is the only place to do our stuff. Obviously, if we had a house, we'd be in tit, not outside in the public where people can see us. It's not like we want people see us shooting up, but this is literally the only place have can go. We can try to hide it and stuff, but the cops seem to want to arrest us for being out here and doing it. So we end up in jail for the stupidest stuff. And that messes everything up because then we're in jail and we are missing out on stuff that we need to be doing. I've personally been arrested for being out in public and having needles on me. You're only supposed to have ten at a time, and I had way more in my bag. So they consider that paraphernalia and didn't see me using. It was just sitting beside me and they still arrested me for it; they didn't find drugs or anything. I was in jail for a week and a half. We could definitely use a safe injection site out here for people to go to and if something happens, we'd be right there where people know what to do. I've saved so many people; I've pushed people out the way who have no idea how to save someone's life and I had to save them. There are a lot of people who use heroin and don't know how to save someone's life. It's sad. They need to teach people how to do this; people who use heroin need to know how to do this because it's not a joke. You literally die from this stuff and you need to keep people alive until the ambulance gets here, which I've done so many times. I've saved so many lives out here before the ambulance even got here. I've done it with my own mom for so many years and that's why I know how to do it. It's sad but true. I think the City leaders should be more lenient and talk to people about it more. There should be more people out here like us that have been though the stuff going on and relate instead of being stuck up about it. We don't need that out here. We won't even work with people like that. We don't have time to listen to people who haven't lived through this and have never even lived in a homeless shelter. We don't need people saying we know this and we know that, because they really don't know anything; we're currently living it. We need more people out here who actually understand and talk with us, not who just try to give out their ideas and not listen to us." I urge you to enact this morally imperative policy.
- Al Cleveland is a resident of Portland in the Riverton neighborhood and supports safe consumption site and urges the committee to work to get them going iummediately. She

loves people who use drugs and have lost too many people to drugs. She urges the committee to think of the safe consumption site as something that helps all community members, not just those who use drugs. She will send via email the data for progress report that shows the role safe consumption sites pay in Corvid response; we need to preserve EMS and hospital capacity. Safe consumption can help with Covid testing and avoiding use in close quarters or outside. In the long run, safe consumption sites will save Portland residents and Maine residents money. Too many women and youth are incarcerated due to drug use because they did not have a safe place to go. She believes in the committee can find the political will to get us there.

- Maggie Bushard lives in Riverton in Portland and supports safe consumption sites. They would like to lift up voices in public comment. It is hard to say thing in public comment. They are a community member and an advocate for survivors of trauma and is tired of people needing to share their very personal experiences to drive efforts forward. In the ways they support survivors, they meet them where they're at and give space and time to build skills meeting people where they are at. They love people who use drugs and use drugs themselves. They feel when we meet people where they're at, we give people the autonomy to make decisions about their care and life; safe consumption sites do this. We need policy change and community spaces. They thanked the committee for the opportunity to speak and hope the committee can make it work.
- Olivia of Parris Street thanked the people who spoke before them; as a black queer femme, they understand the need to speak to issues that are triggering and traumatizing because the issues directly affect them. They support safe consumption sites.
- Kristen Silvia is an addiction medicine physician at Maine Medical Center but is speaking for themselves only. They treat people who have substance use disorder. Many of their patients have had great lives in recovery but many have died. Not all people are ready to stop using and we need to keep them save. We can only treat people who are still alive. There is overwhelming evidence of the benefits of safe consumption sites. Safe consumption sites prevent disease and overdose deaths. Establishing safe consumption sites will take great leadership from the City. Guided by the evidence, those that use and those that don't will be thankful for it.
- Asher Havlin is a resident of Portland and is taking their testimony to represent the story of a 19-year-old youth who is unhoused. "I've had foster homes, but I was kicked out of my house at age 12. I was twelve when I started using. I now use heroin and I did not use safely. When I came to Portland, I changed that and started using safely, because when I use, I don't want to die. I want to feel better. My family doesn't know that I'm addicted to anything. I always swore that I wouldn't turn into my biological mom and that I would be better than her. But I have an opportunity to either be like her or be different and I'm going to be different because I am going to use this story to fight for other people. I am an addict and very recently active. Just a couple nights ago, I MEDCU'd from the CTC with a suspected overdose. None of the staff were trained and they had to call the cops. Cops are great and they help a lot with certain things, but no drug use. I was planning on going to bed that night but I wasn't around other addicts. Even though I had Narcan on me, what would that do for me? No one is going to go through my pockets and say "oh, they have Narcan." Unless I'm at a safe consumption site, at which point they would have Narcan already ready. A lot times people just pass it of as "oh they were addicts, they used." Yes, that is part of me, but that is not who I am. I am also a daughter; I'm

also a person; I'm someone who has worked in the community and fought for the community. But I can't show this community that I use. I can't reach out for help from my own community because I would go to jail if I reached out; I would go to the hospital if I reached out: I'd go to a psyche ward; I'd go to jail; I'd get housing restrictions; I'd get voucher restrictions; I'd get job restrictions. What would be ideal for me about a safe consumption site would be a place where I could safely use without being harassed by police. I wouldn't have to use about using a dirty pipe and finding supplies off the ground. I want the City Council to know that your community members are out here. You get to go into your nice, warm house, your nice, warm office every day. I will sleep outside of your steps every day until you see me, and it's because I want attention. You want to know why I use? It is because I don't feel like I'm good enough. It's about making people feel like they're good enough. Regular society gets to feel like they're good enough every single day. If you get to go to work, you feel like you're good enough. I do not have a job right now, but I am trying to. But, how am I supposed to get a job when I am living out of a shelter. I don't even know if a house exists for me right now. I've had the three friends die of suicide to drugs. They died because they felt like they weren't good enough. Society says "you're a drug user; you're an addict. You're not good enough for us." I watched them load their last needle and smoke their last pipe with me. A safe consumption site would support me."

- Jake Kulaw works with the Portland Public Schools as a health teacher. They worked on the Portland Overdose Prevention Society. They spoked with the committee about a year and a half ago when it seemed like there was progress until the lawsuit. They are in recovery themselves and have been in recovery for 20 years free from substances While they were not an injection drug user, there is a lot of stigma associated with it and the safe consumption sites would allow them be treated with respect. People would be taken care of by trained medical professionals if they experienced an overdose. People need to be met where they are; someone may not be ready for recovery but eventually with the help of places like Insite in Vancouver. Harm reduction: condoms, bike helmets, and nicotine gum reduce harm. They have watched people die. There is criminalization of substance use when people need help. There was an illegal site in Vancouver that the police thanked because the police were having to revive people from overdoses. This can work and Portland can be a front runner.
- Marcy Main, Chair of the Poor People's Campaign. She doesn't like public speaking but this issue is important. She highlighted the importance of harm reduction and compassion. The Insight program in Vancouver said addictive patterns of behavior are rooted in alienation and emotional suffering. Both are part of our culture. We favor striving and acquiring over noticing and caring for one another; we end up short changing people who end up traumatized. People living in in stressful situations are more likely to become addicts. The poor people's campaign is here to say we can do better. Each committee member received the Poor People's Jubilee Platform that claims moral policy is also economically sound policy. The campaign demands fully funded public resources to mental health and addiction recovery programs. It is exciting that this can happen in Maine. Everyone has a right to live and they believe everyone has a right to housing, healthcare, welfare, living wages in dignified jobs and the right to organize to realize those rights. We are human and the way we are treated has an impact on us.

- Sydney Avitia-Jacques is a renter in district 5 and a member of the Peoples Housing Coalition. They support safe consumption sites. They have lost family to addiction and have struggled with addiction themselves. While not to opioids, they learned the opposite of addiction is connection. They want to live in a City that prioritizes that and help people break out of shame and isolation. There were people at the encampment who overdosed but there were no deaths. That wasn't because staff or police were there; it was because people who use drugs were there who could help. People felt safe there because they could sleep the whole night without being asked to move. Safe consumption sites won't do everything but people know they will come into a space where they will be asked how their day is. To survive on the street here, some people feel like they have to use to get through the day; there is no amount of wishing will change that. They need help changing material conditions and safe consumption sites can do that. They are sure people will be opposed this because they don't want to see people using drugs or their property values fall; they would tell those people that they do not want to see preventable deaths.
- Dana Colihan of Hammond Street in Portland advocates for the creation of a safe consumption site in the city. They believe everyone deserve the right to live regardless of people use or do not use substances. We have the opportunity to prevent preventable deaths. We are facing multiple crises: covid, climate change, white supremacist backlash against the movement for black lives. Safe consumption sites can save lives; no one has ever died at a safe consumption site. Community members are saving each other every day. People are calling for peer support and safe space with a buffer zone where they won't be arrested; a place with medical staff that doesn't feel like a jail. They urge the committee to be visionary for the community and pass a safe consummation site.
- June Morvant lives on State Street in Portland and adds their support for the creation of safe consumption sites in Portland and save lives. People who use drugs are their neighbors, themselves and are people, period. They have seen infrastructure made for the benefit of tourists but not for people who live here. That support can be actualized through safe consumption sites and save people's lives.

The public hearing closed at 7:45 PM.

- Councilor Ray thanked those who spoke. She found what was shared powerful and was sincerely moved.
- This is the last committee meeting of this term; the makeup of the committee may change. This item will remain on the committee's work plan next year.
- Councilor Chong said it is difficult to speak in public, disclosing losses and traumas in public. It spoke volumes and was moving. It is more powerful hearing from the community firsthand than just statistics.
- Councilor Ali thanked those who spoke as well as the members of the committee.

AGENDA ITEM 5 – Next Steps

- The next meeting is January 12, 2020.

The meeting adjourned at approximately 7:55 PM.