Health & Human Services and Public Safety Committee Minutes

Tuesday, March 4, 2021, 5:30pm, Remote Workshop

Committee Attendance:

Tae Chong, Chair (District 3), Belinda Ray (District 1), Mark Dion (District 5).

Councilors in Attendance: April Fournier (At-Large), Andrew Zarro (District 4), Pious Ali (At-Large)

Mayor Kate Snyder

City Staff:

Kristen Dow, Director of Health and Human Services; Keith Gautreau, Fire Chief; Frank Clark, Police Chief; Danielle West, Corporation Council; Jen Thompson, Associate Corporation Counsel; Adam Harr, Executive Assistant for Social Services; Bob Fowler, Public Health Director; Bridget Rauscher, Chronic Disease Prevention Program Manager; Ethan Hipple, Director of Parks, Recreation & Facilities; Bob Wassick, Safety and Training Administrator.

Guest Panelists: Whitney Parrish, Director of Advocacy and Communications of Health Equity Alliance (HEAL); Gordon Smith, Director of Opioid Response at the State of Maine.

Meeting called to order at 5:32 PM.

AGENDA ITEM 1 – Announcements

- Three presentations tonight starting with the City.

AGENDA ITEM 2 – Needle Exchange Program

City of Portland

- Bob Fowler, Public Health Director gave background. Harm reduction covers controversial issues.
    - City of Portland is the only municipality in Maine operating syringe services in Maine.
    - Aim to offer syringe services that serve people who use drugs and the health of the surrounding community.
- Bridget Rauscher, Chronic Disease Prevention Program Manager is presenting information highlighting the successes of the program and not to advocate for a one-to-one model.
    - Walkthrough of the process at 103 India Street.
        - Open Monday through Friday from 9:00 AM to 4:00 PM.
        - Closed to the public; clients must ring the doorbell and then is screened for Covid symptoms before being allowed in the building.
        - Staff establish baseline information
            - Client ID

                - Housing status
                - Last HIV &Hep C test with results if clients are willing to share in order to make appropriate referrals for testing or follow-up treatment.
                - Narcan need, including debriefing clients about their experience reversing overdoses if the client desires.
                - Asking clients about syringe sharing and re-use habits.
                - Ask about the number of needles being exchanged and staff will Provide a biohazard box for safe disposal.
            - Given safer use supplies in addition to the one-for-one exchange: wound care kits, gauze, tourniquets, alcohol pads, cottons, gauze, sharps container of various sizes, vitamin C powder, cookers, sterile waters or saline.
            - Clients are reminded of the hours and that they can access the exchange as many times as they need.
            - If clients have not been since November, they are briefed on the one-for-one plus model.
    - Operating with a lean staff, ongoing since the Fall.
        - Two new staff coming onboard this month.
    - Bridget has been working the exchange herself.
- Ethan Hipple, Director of Parks, Recreation & Facilities
    - All are welcome in our parks regardless of background; their goal is to make parks safe and welcoming to everyone. Discarded needles adds difficulty to meeting this goal.
    - Increase in needles in public spaces.
        - Concentrated on the peninsula but is citywide.
    - Parents report finding needles on playgrounds.
        - In wood chips;
        - One incident reported of a needle on a slide.
    - Toll on staff
        - Emotional toll of assisting people who are overdosed.
        - 2 staff have been stuck while picking up needles and while performing regular duties doing landscape maintenance.
- Bob Wassick, Safety and Training Administrator
    - He has picked up an estimated 5,000 needles in six years.
        - Some were called in using 911.
        - Needles left anywhere someone can hide away from the public to use.
            - Rose garden in hedges
            - Bus stops
    - About 80% of needles collected have caps on both end leaving about 20% needles that are uncapped and capable of sticking someone.
        - The Oxford Street sharps box is used by users, but anecdotally, it seems people picking up needles are using the other sharps boxes.
- City Manager Jon Jennings
    - This has been an ongoing issue and he is concerned for City employee safety. When the change was made in November, fewer needles were found on the streets and public spaces.

        - In January the program collected 29,000 needles and gave out around 30,000. These were the highest number given and taken since the program started.
        - 370,000 needles were distributed last year and there are about 120,000 needles that weren't collected.

Discussion

- Councilor Dion thanked staff for their responses and asked what is the legal capacity for the City to change the program model from a one-to-one model to a needs-based model.
    - Jen Thompson said the state has regulated needle exchange programs in a statute that authorizes them to exist and provides protections to operating and using the program.
        - One-for-one requirement is part of the state regulations.
            - Require one-for-one exchanges except for new clients.
            - The ability to relax these requirements is temporary due to the governor's executive order.
            - Unless there is a change at the state level, once the state of emergency ends and the executive order expires, the rules will revert back to the regular one-to-one policy; the city doesn't not have the ability to change this.
        - Councilor Dion said that some constituents though the executive order meant localities had the flexibility to change this.
            - There has been criticism of Portland for not taking advantage of the executive order.

State of Maine

- Gordon Smith, Director of Opioid Response
    - He is an attorney working directly in the Governor's Office and agrees with the Corporation Counsel position.
        - There isn't realty an office of Opioid Response and he is not a regulator; he is on the license certification committee.
        - His role is not to be an advocate for how Portland should operate its syringe service program.
            - 14 certified sites around the state; 12 are open.
            - As long as the program complies with state and federal law, it is up to each organization how they operate their exchange.
            - The ability to do a needs-based exchange just during the public health emergency is allowed.
    - He thanked Portland for operating one of two Public Health departments in the state and for operating a syringe service program.
    - Syringe service programs are and important part of prevention, treatment, harm reduction and recovery support.
    - Executive order intended to keep the 5,700 syringe services clients safe from Covid by making them need to travel less.
    - Executive order has been renewed on a 30-day basis while public health emergency remains.
        - How long it will be extended cannot be estimated.

- A needs-based model is recommended by the World Health Organization and is why it was included in the executive order.
- It has not been determined if the needs-based exchange will remain after Covid. Even if it becomes permanent, there could be a gap form when the order expires and when a needs-based model becomes permanent in law.
- Service providers help distribute Narcan.
  - Service providers are where outreach is possible.
- No state funding until 2018, first $75,00 of funding divided between the 7 initial syringe service providers.
- Funding allocated based on the highest rates of hepatitis C and other blood borne pathogens related to injecting with used needles.

Discussion

- Councilor Dion asked Director Smith for an overview of rule making
  - Maine administrative Procedure act encouraged public participation in rule make.
  - Starts with people in charge of the rules at the CDC and the assistant Attorney General does a pre-rule check.
    - The potential for delays are substantial, especially at the CDC while responding to COVID.
  - Rule is published.
  - Public Comment, including a possible public hearing if requested.
  - Under normal circumstances, rulemaking takes months to years.
    - This change would be a three to six month period.

Health Equity Alliance (HEAL)

- Whitney Parrish, Director of Advocacy and Communications of HEAL
  - HEAL founded in 1987 as an HIV/AIDS program and over the years have evolved to syringe services in Down East, Maine and Bangor. They have rural and urban programs across Maine.
  - She is honored to be present and is struck by the absence of other advocates.
  - Advocates are very aware that the order will expire.
  - Best Practices
    - Low threshold access to services.
    - Maximize access through locations and hours.
      - Why they have delivery services during the pandemic.
      - Volunteers work to help distribute Naloxone.
    - Promoting secondary syringe distribution.
    - Train and support peer educators.
      - Harm reduction was created by people who use drugs.
    - Do not impose limits on syringes.
      - Give people what they need when they need it.
      - Restrictive polices lead to more syringes on the ground.
    - Include people who use drugs in decision making and implementation of programs.
    - Provide connection to other health and social services (referrals to case management, food pantry, etc.)
      - Builds relationships and trust.

        - December of 2020, the National CDC issues these guidelines supporting needs-based distribution at syringe services programs (SSP): (Note: https://www.cdc.gov/ssp/docs/CDC-SSP-Fact-Sheet-508.pdf)
            - CDC supports a needs-based approach to syringe distribution.
            - Best way to reduce new HIV and viral hepatitis infection.
            - Restrictive policies are associated with higher injection risk behaviors and rates of HIV/bloodborne infections.
            - SSP clients in needs-based programs have less risk of disease.
            - Syringe services programs (SSPs) are community-based programs that:
                - provide access to sterile needles and syringes;
                - facilitate safe disposal of used syringes;
                - provide referrals to substance use disorder treatment.
            - People who inject drugs play an important role in supporting safer use.
            - Needs based programs don't increase syringe litter; they promote remediation strategies to control syringe litter.
                - Community sharps boxes.
                - Stick-safe gloves for pick-up.
            - Talk to the non-city providers in the area.
    - There is an increase in homelessness leading to an increase in syringe litter.
        - Lack of access.
        - Knowledge that a certain number of syringes is still illegal so when they near that limit, they drop them.
    - Only four states require a one-for-one exchange.

    - Executive Order really opened up access,

Discussion

- Councilor Ray asked about the ability to carve out policy.
    - We have the ability to create policy during the executive order.
    - Looking at the question on why Maine created a one-to-one model?
        - The state CDC said it is unknown but was likely a best practice at the time.
    - Is there a timeline on the review and if the City is considering making a change?
        - The program coordinator of the research and evaluation program has made progress and is looking for data on the relationship between one-to-one verses needs based or one-to-one plus policies over:
            - Syringe litter rates
            - Overdose rates
            - HIV and blood borne pathogen rates
            - Hospitalization rates
            - Emergencies presumed to be related to IV drug use.
        - Data from Maine Med is not easily retrievable so timeline is unclear.
    - It seems larger groups have done the research and she hopes we will move as quickly as we can to address the growing number of people being placed in

harm's way from these policies. She hopes there won't be too much time researching when there is a recommendation from the World Health Organization.
    - Needle disposal studies referenced in the technical package indicate that when you move to a needs based distribution, there are fewer needles that disposed of incorrectly.
    - We are conflating two issues: we need to make the vest decision on how to operate the syringe service program and we need to figure out how to handle disposal.
        - She doesn't want to use finding the needles in the community to not have services.
    - Are we using stick proof gloves?
        - Yes and other best practices.
    - She doesn't want this to be framed as a criticism or attack on the City of Portland. The City of Portland has performed above and beyond in so many ways, including operating the only municipal exchange. But we still need to align with current best practices.
    - Rulemaking takes a long time; if it took longer time implement a change to the one-for-one rule before the executive order expires, would it be possible for the governor to declare an emergency order for the opioid epidemic?
        - Director Smith said the answer to the question asked is yes, theoretically. He cannot answer if he thinks the governor would, but she could. If in the process of changing rules, she could direct that rules not be enforced.
        - We haven't decriminalized possession of needles.
- Councilor Dion said that he has researched and done outreach on SUDs and Injectable drug use and knows people are confused. They misunderstand the intent of the proclamation and that people think the governor is waiving one-for-one forever.
    - Can we do work that informed the state?
    - 3-6 months for rule making is lightning speed.
    - Councilor Dion wanted to know the efficacy of the current one-to-one program and the health challenges faced by people with SUD.
        - What are the referral rates? When he did outreach distributing needles, the people were not have a physical or mental capacity to engage with services.
        - Is the one-to-one plus meeting our needs now?

- Councilor Chong asked if the program is working and do we have the data
    - Distributed 370,000 needles compared to the 270,000 needles in the previous year.
    - Portland has 22 sharps boxes.
    - Portland has 2 onsite locations, a mobile medical team does outreach with the needle exchange with services seven days a week.
    - There are up to five methods of reaching people in the City seven days a week.
    - Is our policy negatively impacting our community?
        - Someone accessing emergency medical service may not be a needle exchange program, is there a way to know?
        - Can we compare with needs based policies in other states?

    - He thinks we are going above and beyond what was done in previous years.
        - Is the community not getting enough needles?
        - Is the community not getting enough access to services?
    - This seems to be a state issue and whether the State wants to adopt a needs-based policy.
    - We are in compliance with a one-plus-one policy.
    - We are only 5% of the state's population and distribute the majority of the state.. The only other exchanges in the region is Sanford and Lewiston. Washington county has three locations. (Note, Councilor Ching misspoke and said Aroostook County)
- Director Smith clarified that there are no exchanges in Aroostook County.
    - Funding has helped programs do it the right way.
    - Director Parish said that they see the Aroostook County folks who need these services; people are dying. They are not turned away regardless of their address.
        - Not seeing the evidence we are causing harm is not reducing harm in an executive way.
        - Money and inclusion of drug users are needed in these programs.
- Councilor Ray asked if the increase of 257,000 needles distributed in 2019 to 370,000 in 2020 was partially caused from secondary distribution?
    - It is possible as we learned the program wasn't following the one-for-one policy.
    - Even under the current executive order, you cannot give to a secondary exchange. You must still only give needles to the client. The needle exchange was operating out of compliance prior to November.
    - The number of needles distributed and collected are closer in January and February due to compliance.
        - Regardless of prior to November, 2020, January had the highest numbers of all time.
    - Councilor Ray clarified that the big increase from 2019 to 2020 could be a reflection of how it was operating, even if that was not the intent of how to operate the program in policy.
    - Was there a difference in the number of clients served in January 2020 versus January 2021?
        - Served about 819 clients in 2021.
    - When was the last time and the number of sharps boxes were installed or changed locations?
        - Added sharps boxes
            - 2020:
                - 4 at Deering Oaks Park targeted to where most needles were found.
                - 1 in Congress Square Park.
            - 2021:
                - Adding a new box on the Bayside Trail near trader Joes.
                - Replacing 2 missing boxes at Harborview and East End Beach.
        - Do instillations correlate to need?

        - While walking the paths on Bayside, she sees overflowing sharps boxes with litter on the ground nearby.
            - Bob Wassick said this one rarely has more than six needles in a week.
        - Are providing enough opportunities for safe disposal.
    - One in Five people are reusing or sharing needles. It is not a criticism of how work, but we must improve.
    - Number of needles collected from public spaces doesn't delineate between the ground and sharps boxes; can we get that data?
- Councilor Chong asked about hours of operation of other exchanges.
    - Most exchanges have limited hours.
    - None of the HEAL exchanges run seven days a week.
        - Bangor and Ellsworth are five days a week.
        - Maine access points work 24/7; referrals can be made outside of open hours.
        - While there are no seven-days-a-week operations, there is delivery.
    - Director Parish is first hearing that the sharps boxes in Portland aren't used. They are not seeing this in Lewiston.
        - The foundation of our work is trust and giving what is needed with dignity.
            - It is challenging when there is a lot of staff turnover. That rapport is needed for people to engage.
- Councilor Dion asked Bridget Rauscher what her expectations are around the patient navigator position.
    - The position to serve a more case management role. Referrals are made at the exchanges but this role has the ability to follow up. The current patient navigator has stepped into an outreach role going to encampments and laying the groundwork for relationship building. Outside services can make referrals to her.
- Councilor Ray said we were seven days a week but haven't been on Saturday.
    - A new position will fill that shift soon and will be back to seven days a week.
    - Are we involving people in the recovery community and people who inject drugs in our review and decision making?
        - This is being discussed amongst Safety and HHS.
        - In 2020, 6,240 needles were picked up, 1,732 (28% of needles collected) were in sharps boxes.
            - They are asking users why they are not using the sharps boxes.
- Councilor Ray asked how many positions are vacant.
    - Four positions are vacant in the Needle Exchange.
- Councilor Ray asked Director Smith to advocate for best practices in a permanent rule change and executive order to bridge a gap.
- Councilor Chong confirmed that about 6 needles a month are collected in community sharps boxes.
- Councilor Dion asked ow many volunteers are performing outreach at OSS?
    - 3 active volunteers and 3-5 inactive volunteers.
    - He suggests more outreach from the recovery community.
    - These people are uniquely positioned to build relationships.

- Councilor Fournier thanked the speakers and echoed Director Parish that it is clear there are people missing here. It is critical to engage marginalized and affected people first.
    - How often we are talking to people who use the needle exchange to ask where it would be most convenient to have a sharps box to dispose of needles?
    - Quality cheeks: how often are we asking about their experience?
        - Not just at the City but from outside.
    - She is heartened by the potential at the state level to align with CDC and WHO needle exchange best practices.
- Councilor Chong said he wanted to speak with this particular panel to speak to the efficacy of the needle exchange program and the on-to-one policy under the Governor's executive order. Portland is the only site operating 7 days a week. We have a one-plus-one policy which is why we asked the state to join us. He thanked everyone involved in the program. He hoped more sites will open in larger municipalities in the Southern Maine area to have services closer to home. There almost none in Western Maine.
- Director Smith thanked Mr. Hipple and Mr. Wassack; he runs on Portland trails. When he wants a good long-distance run, he drives to the bayside trails. The attorney general announced monthly fatal overdoses and the 2020 numbers. There were only two counties that saw a reduction in overdose fatalities: Somerset and Cumberland counties. The Options program is based on the Police liaison program with Oliver Bradeen.

AGENDA ITEM 2 – Next Steps

- The next meeting is March 9, 2021.

The meeting adjourned at approximately 8:10 PM