



**NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**
Michelle Morse, MD, MPH
Acting Health Commissioner

Testimony

of

Rebecca Linn-Walton
Assistant Commissioner, Bureau of Alcohol and Drug Use Prevention, Care, and Treatment
New York City Department of Health and Mental Hygiene

before the

New York City Council

Committee on Mental Health, Disabilities and Addiction

On

Introduction 868-2024 and Introduction 1169-2025

February 28, 2025
Committee Room – City Hall
New York, NY

Good morning, Chair Lee and members of the Committee. I am Dr. Rebecca Linn-Walton, Assistant Commissioner for the Bureau of Alcohol and Drug Use at the New York City Department of Health and Mental Hygiene (the Health Department). Thank you for the opportunity to testify today on Introductions 868 and 1169.

Goal: Reducing Overdose Deaths

Overdose deaths continue to be a public health crisis for every community in New York City. Last month, I testified before the Mental Health Committee on the Health Department's deployment of opioid settlement funds to address this crisis alongside our city and state partners. I highlighted our strategic goal to reduce overdose deaths by 25% by 2030. This goal is central to HealthyNYC, the City's roadmap for increasing average life expectancy. We are proud to have worked with the Council and Health Chair Schulman on codifying HealthyNYC into law last year with a unanimous vote.

I also described the data we produce to enable the City and community partners to make informed programmatic decisions and investments. In October, we published the 2023 annual summary on overdose deaths. The number of overdose deaths in 2023 was 3,046 — a 1 percent decrease from 2022 — marking the first decline since 2018. Additionally, according to provisional 2024 data, there were 616 overdose deaths in the first quarter, the lowest quarter on record since 2020.

This is a welcome stabilization after years of continual increase. These findings help us better understand what's working and where we need more investments. There is still a tremendous amount of work ahead; one overdose death is one too many.

Inequitable Impact

While overdose deaths are starting to decrease in some neighborhoods, there are many communities in which numbers remain alarmingly high. Inequities persist, often as a result of decades of neglect and underinvestment in these communities. Certain populations, such as older Black men, Latino/a New Yorkers, and women have seen increased overdoses in recent years.

In September, the Health Department published the most recent analyses of maternal mortality. It is troubling to see mental health conditions emerge as the leading cause of pregnancy-associated deaths in 2021. The majority of these deaths were caused by overdose. The Health Department remains committed to addressing this crisis by expanding access to stigma free, evidence-based services as part of a comprehensive strategy to address the overdose crisis and support healing in the communities most harmed. Everyone who uses drugs is a neighbor, a friend, or a relative. Respectful support is the only way to stem the tide of this heartbreaking crisis.

Syringe Service Providers: Invaluable Resource

Syringe Service Providers (SSPs) are invaluable resources in this work. They are community-based organizations designated as New York State-licensed Syringe Exchange Programs (SEPs). The Health Department contracts with 14 of these organizations. They provide syringes to reduce community spread of infectious disease, along with a myriad of other essential services. I will refer to this network of 14 community-based organizations as SSPs moving forward.

To fulfill their duties as state-licensed SEPs, SSPs offer access to sterile syringes and safe syringe disposal. Some have dedicated teams to collect and safely dispose of used syringes found in the communities they serve. Additionally, they provide a range of health services including referrals to or onsite physical and mental health care; opioid addiction treatment with buprenorphine; naloxone distribution; overdose

education; HIV and hepatitis C testing and counseling; drug treatment counseling; support groups; and drop-in centers. These services offer key opportunities for connections to care. Treatment and recovery go hand-in-hand with harm reduction.

SSPs also help clients meet their basic needs – providing laundry services and showers, hot meals, menstrual supplies, and clothing. They offer a critical window of opportunity for connecting clients with all of these life-saving services that can be tailored to their unique needs.

These organizations each sought to address the unique needs of their fellow community members and independently pursued licensure from the State Health Department to get the proper authorization to establish and operate a syringe exchange program. They successfully organized to secure resources to address issues in their communities that are a result of decades of neglect and underinvestment.

Once licensed by the State, SSPs are subject to the rules and regulations promulgated by the State Health Department. These regulations set standards for how these organizations must safely distribute and collect syringes. Regulations are based on decades of research and community feedback.

The NYC Health Department Role

The NYC Health Department is tasked with addressing the overdose crisis and controlling infectious disease, and it is within our mandate to protect the health of all New Yorkers. We support this network of community-based organizations with these dual purposes. Once an organization becomes licensed by the State, the NYC Health Department may contract with them to provide financial support and technical assistance. As discussed in the hearing last month, the NYC Health Department will use \$4.1 million of opioid settlement funds to expand wrap-around services at all 14 SSPs starting in Fiscal Year 2026.

The Health Department also recognizes the public safety and quality of life issues associated with syringe litter. This is a growing concern, and the City takes this issue seriously. We are working closely with our partners in the Parks Department, Sanitation Department, and other city agencies to better address syringe litter, which is one of the many negative impacts on communities most impacted by the overdose crisis.

Thanks to Deputy Speaker Ayala and the Council, we are proud to launch the Community Syringe Redemption Program this spring. This is a novel addition to our layered approach to addressing syringe litter in parks and other spaces where complaints are highest. The redemption program will engage people who use drugs, train people on safe syringe disposal, and financially incentivize them to safely return used syringes, which will reduce the risk of improper disposal. This will also offer another touch point to connect folks to health, treatment, or other wrap around services. Other cities with similar programs saw fewer complaints and more vibrant public spaces.

The organizations we're discussing today, SSPs, offer participants options for safe syringe disposal and conduct syringe litter clean up in the neighborhoods they serve. These organizations are the best way to address our shared goals of reducing infectious disease and overdose deaths while reducing risk of syringe litter.

SSPs reduce syringe litter because they educate program participants on safe disposal and offer receptacles for safe disposal. As previously mentioned, 6 of these programs support outreach and syringe litter teams – these teams pick up syringe litter and engage with people in the community to connect them to services.

The reality is that not everyone who uses drugs visits an SSP. We are always trying to connect more people with these services and would appreciate the Council's partnership in supporting and protecting these critical services.

Legislation

Before I answer your questions, I'd like to briefly discuss the legislation being heard today.

Introduction 868 would prohibit SSPs, organizations acting as state-licensed SEPs, from conducting mobile syringe services within 450 feet of schools and playgrounds. Proximity to schools, playgrounds, and other community assets are always considered by the SSPS when siting mobile services. These organizations use our data to engage communities with the highest existing overdose rates. The Health Department works closely with community boards and other community partners to respond to syringe litter concerns. The Law Department is reviewing the bill and considering the role of State oversight on these programs. We have generally deferred to the New York State Department of Health regarding regulation of designated locations for SEPs.

Introduction 1169 would require SSPs, organizations acting as state-licensed SEPs, to collect and dispose of all syringes distributed to community members. Many of the proposed requirements in the legislation reflect core functions of SPPs already in operation. This includes providing guidance to program participants on safe disposal practices, maintaining safe syringe disposal receptacles, and ensuring staff are properly trained on collection of used syringes.

The Health Department has concerns regarding the requirement to collect a similar number of syringes to the number distributed. This comparison does not align with the reality of syringe litter and SSP operations. Clean syringes are available in hundreds of places in New York City beyond these 14 organizations.

We also have concerns regarding the requirement to collect syringes distributed by the program but not returned by program participants. In practice, this seemingly small change would pose significant operational challenges that could impede SSPs' ability to provide services and reach clients. This requirement may also conflict with the operations of the previously mentioned syringe redemption program. Together, these dynamics will create confusion and operational obstacles that will increase barriers to providing life savings services – those that are critical to achieving the HealthyNYC goal of reducing overdose deaths and controlling the spread of infectious disease. Syringe exchange services are proven public health interventions backed by decades of research and science.

The City supports a more aggressive response to syringe litter but, these changes may actually have the opposite intended impact, increasing syringe litter and negatively impact the health all New Yorkers. We cannot afford to remove or impede any tools that we know reduce overdose deaths. States and municipalities that rolled back syringe exchange services have seen increases in HIV cases and other grave unintended health consequences.

The Health Department remains committed to supporting evidence-based interventions that reduce the spread of infectious disease and risk of overdose death. We are also committed to partnership with the Council and other community stakeholders to find more solutions for syringe litter impact on quality of life. Thank you for the opportunity to testify today. I look forward to answering your questions.

NYC Council Hearing- Committee on Mental Health, Disabilities, and Addiction

Virtual Testimony to dismiss the Local Law amendment to prohibit the distribution of Hypodermic syringes and needles by the mobile syringe service program within 450 feet from schools and playgrounds. Int 0868 -2024. .

What we have here is a failure to recognize Fear. The idea that fear can be paralyzing and prevents people from taking chances, to make changes, standing by action until completion, which will produce a concrete positive outcome for the residence in our communities.

We can accomplish great things if we look at problems face on rather than being held back by lack of knowledge, doubt and fear.

Addressing Int 0868 -2024: Prohibiting the distribution of hypodermic syringes and needles by mobile syringe service programs within 450 feet of schools and playgrounds.

Action: Serving the community means being out in the community. We have Outreach and Public Safety Teams (OPST) which serve individuals in East Harlem, Washington Heights, and the Bronx, all connecting comprehensive programs to provide the basic needs: such as food, clothing, safer drug use supplies, and educational materials, as well as addressing syringe litter and other hazardous waste.

Community KIOSKS and mobile units is a collaborated effort between Parks Dept, The Dept of Health, and OnPoint NYC, aimed at addressing public health concerns related to substance use. This initiative requires: the installment of syringe drop boxes in high impact areas, specifically in public spaces with a known history of drug use. As far as public schools, the OPST teams reaches out to the neighboring school and offer them these tools and services to reduce the risk of needlestick injuries, support safer environments, reinforces harm reduction principles and the commitment in promoting safety and cleanliness.

"Rather than limiting the work that these harm reduction organizations do, we should be talking about making sure that they get additional funding so that they can continue to provide their services and expand on them."

That is the goal we all should be striving for, not localizing specific point and nit-picking on semantic, which always results in some type of verbal delusions.

Example: NYPD- is not the solution in solving this dilemma, they cannot do it all. This crisis of substance abuse is much larger than we can even imagine. Limiting the work of the “Harm reduction services” place a much bigger strain on the NYPD, not to mention the amount of dollars and manpower needed in the attempt to resolve this problem.

The NYPD already has hundreds of matters to tend to in our community. We need more mental health and addiction services professionals doing this work like the ones these programs provide.

They say, it takes a village to raise our children, the standard which our democracy imbues and guarantee our rights, as free thinking citizens to thrive in the land of freedom, “Our Country America”

Let us not leave out, the fostering of trust and building a greater community by helping to create a more livable and welcoming environment for everyone that lives here.

Prohibiting the distribution of these syringes and needles services around public school area I feel should be negotiated between the schools in question and the Outreach personnel involve. Our children are faced every day seeing the community members using these drug abuse firsthand. You have dealer in substances, selling their ware in or around our children’s schools. Yet, I see not one outcry to stop this action of illegal sales, yet you would punish the very people who are trying to offer a solution to the problem. This Amendment to me says, “If you’re not part of the problem then you must be a part of the solution to end this travesty.”

Let us not negotiate out of fear, let both sides explore what problems unite us instead of belaboring those problem which divides us.

Erachie Brown- Bronx CB5 member





Re: Opposition to Intros 0868 and 1169

Dear Chairs and Councilmembers,

The Drug Policy Alliance (DPA) respectfully submits these comments to the council in opposition to Intros 0868 and 1169. These bills would stifle the positive impact Syringe Service Programs are having in reducing the harms associated with drug use by limiting the accessibility of their life-saving services.

DPA addresses the harms of drug use and drug criminalization through policy solutions, organizing, and public education. We advocate for a holistic approach to drugs that prioritizes health, social supports, and community wellbeing. DPA opposes punitive approaches that destabilize people, block access to care, and drain communities of resources. We believe that the regulation of drugs should be grounded in evidence, health, equity, and human rights. In collaboration with other movements, we change laws, advance justice, and save lives.

We would like to start by reminding the council that SSPs are a response to where drug use is already happening; they are a response to the harms associated with drug use and the ways people who use drugs have been pushed away from care that supports them and their communities.

We share the goal for litter in our city to be adequately and properly removed from public spaces. Intro 0868 would interfere with syringe litter cleanup that SSPs provide through mobile outreach teams. Mobile Syringe Service programs are street-based teams that provide a range of services in response to the individual health needs of people who use drugs and broader community needs. Mobile SSPs provide services where there is a need by meeting people where they are – this includes responding to needs near schools, in and around playgrounds, and in surrounding parks. Prohibiting syringe distribution in these areas means that schools and playgrounds would be effectively excluded from receiving the range of services mobile teams provide, including syringe cleanup, emergency overdose response, and connections to health and social services.

Intro 1169 contains a reporting provision about syringe distribution and collection by SSPs that disregards the multiple ways syringes are acquired and disposed of. In fact, the council passed a bill to create a syringe buyback pilot program that is about to launch. We have serious concerns that Intro 1169 will create an incomplete picture of syringe disposal mechanisms that will be used to limit SSP services.

Similar to other litter, syringe litter requires a combination of investments and strategies to address. Reduced stigma, increased access to care for people who use drugs, and increased capacity for litter cleanup are among the interventions this council should consider.

We urge the committee not to advance Intros 0868 and 1169.

Please contact Gia Mitcham, gmitcham@drugpolicy.org, for questions and further discussion related to these comments.

Thank you.



Testimony of Housing Works
The New York City Council Committee on Mental Health, Disabilities & Addiction
February 28, 2025

Thank you, Chairperson Lee and Members of the Committee Mental Health, Disabilities & Addiction, for the opportunity to present testimony on behalf of Housing Works, a healing community founded in 1990 with a mission to end the dual crises of homelessness and AIDS. My name is Jacob Clary, and I am a Harm Reduction Counselor at Housing Works, where we have worked tirelessly to provide safe syringe access since 1993. I am also a public health researcher, studying infectious disease epidemiology and biostatistics at CUNY School of Public Health. Housing Works currently provides a range of integrated medical, behavioral health, housing, and support services for over 15,000 low-income New Yorkers annually, employing a low-threshold, harm reduction approach, with a focus on the most marginalized and underserved—those facing the challenges of homelessness, HIV, mental health issues, substance use disorder, other chronic conditions, and incarceration. Our comprehensive care includes a range of services for substance users, including syringe exchange, health education, overdose prevention, case management, and Medication Assisted Treatment, and our OASAS-licensed client-centered substance use treatment program that employs a harm reduction approach.

Housing Works is a founding member of the **New York State Harm Reduction Association** (NYSHRA),¹ an association of drug treatment providers, prevention programs, people who use drugs and their family members, committed to addressing racism in systems addressing substance use, and to incorporating validated harm reduction approaches within prevention and treatment. We have come together to leverage our voices of advocacy, public policy, and clinical expertise in order to promote harm reduction in New York State as a scientifically based treatment appropriate for substance use disorder, as well as a lifestyle approach to people who use substances. Housing Works and NYSHRA are on the front lines of the overdose epidemic, providing a wide array of direct harm reduction services including syringe exchange programs, medication for opioid use disorder (MOUD), and naloxone distribution.

Housing Works is also a founding member of the *End AIDS NY Community Coalition* (EtE Community Coalition), a group of over ninety healthcare centers, hospitals, and community-based organizations that are fully committed to ending AIDS as an epidemic in all New York communities and populations. Confronting the challenges to end the HIV epidemic in all NYC communities and populations requires both sustained Ending the Epidemic efforts and urgent action to advance health equity, including concrete efforts to address our overdose crisis, improve drug user health, and end the co-occurring hepatitis C epidemic.

Housing Works respectfully opposes the passage of Int 0868-2024 and Int 1169-2025 as unnecessary and potentially detrimental to the effective operation of essential syringe service programs. We know injection drug use, like most issues in the city, is complicated, and there are gray areas because of the nuances and unique circumstances to the individual experiencing it. However, it has been clear for many years that syringe exchanges are established both to increase

1. <https://nyshra.org>

the availability of sterile injection equipment and at the same time, remove contaminated needles from circulation among program participants. The proposed initiatives are redundant to existing safe and evidence-based practices, guidance, and training that are enforced and monitored by the New York State and City Departments of Health. Moreover, they have the potential to interfere with existing positive collaborations between schools and community groups and organizations specializing in harm reduction that can be best practices for the rest of the City, such as existing programs with Tompkins Square Park and Community Board No. 3. While we recognize your concerns, we respectfully suggest that they are based on unfounded claims that these programs promote drug use, increase crime, and lead to improperly discarded syringes in the surrounding neighborhoods. In fact, decades of research support the role of harm reduction in addressing problematic drug use and syringe waste. Moreover, these programs frequently connect people to medical, mental health, and substance use treatment services and evidence shows that people who participate in needle exchange are syringe are upwards of five times more likely to receive substance use treatment and upwards of three times more likely to reduce or stop injecting drugs^{2 3 4 5}.

Int 0868-2024 seeks to prohibit the distribution of hypodermic syringes and needles by mobile syringe service programs within 450 feet of schools and playgrounds. The density where public spaces and schools are located throughout the city will make it difficult for mobile syringe services to operate and hinder their ability to save lives. Moreover, the mission and practice of syringe services are to act as a public health intervention with a focus on keeping communities and participants safe. They are rooted in evidence-based practices to prevent infectious disease outbreaks and facilitate the safe disposal of used syringes. The evidence is clear that they are not associated with increased drug use, and this proposal will not prevent participants from taking clean needles to any location in a neighborhood but in fact could have the unintended effect of limiting safe distribution and disposal efforts. We respectfully assert that the focus of this bill is simply not aligned with the mission, practices, or experience of syringe access programs.

Likewise, Int 1169-2025, relating to safe collection and disposal of needles and syringes, is redundant to guidance already in place through the needle stick training program. The required guidance, which receives State and City funding, provides education to participants for safe disposal of syringes. Containers are securely locked to help with accidental stick of needles and for safe disposal, and there is already an existing list of syringe access programs on the New York City and State Department of Health websites that can be reached to support communities, parks, and schools to clean up needles. Instead of imposing new restrictions, we should be expanding access to more secure kiosks and containers in areas where they are needed the most. Our Housing Works outreach

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2. Centers for Disease Control and Prevention. Syringe services programs (SSPs). Accessed December 28, 2022. <https://www.cdc.gov/ssp/index.html>
 3. Hagan H, McGough JP, Thiede H, Hopkins S, Duchin J, Alexander ER. Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors. *J Subst Abuse Treat*. 2000;19(3):247-252. doi:10.1016/s0740-5472(00)00104-5
 4. Strathdee SA, Celentano DD, Shah N, et al. Needle-exchange attendance and health care utilization promote entry into detoxification. *J Urban Health*. 1999;76(4):448-460. doi:10.1007/bf02351502 [Pub Med](#)
 5. Heimer R. Can syringe exchange serve as a conduit to substance abuse treatment? *J Subst Abuse Treat*. 1998;15(3):183-191. doi:10.1016/s0740-5472(97)00220-1

teams are in the street every day providing education and supplies to the people we serve and conducting syringe litter cleanup in high-need areas. Every syringe access program, including ours has safe disposal containers on site, and many programs work closely with the DOHMH to install and maintain syringe disposal kiosks in high need areas. This effort can and should be expanded, but that is not accomplished by passing new laws that only give the impression that something is being done.

Respectfully, the solution is not mandated restrictions on syringe access but building community partnerships which can foster understanding and communication, and, crucially, to allow and fully fund Overdose Prevention Centers, which allows substance use to happen in a controlled environment where used syringes and other drug use supplies can be disposed of properly

Finally, with regard to Res 0317-2024, to mandate basic training in substance use treatment as a requirement for medical schools that receive State funding, Housing Works certainly supports increased education among medical providers on substance use disorder and interventions to reduce associated harms. Any education program, however, must include evidence-based harm reduction approaches, and be provided in a manner that assures non-judgmental and culturally appropriate care.

Thank you for your consideration. I am happy to answer your questions, or they can be directed a to me at j.clary@housingworks.org or to Anthony Feliciano, Vice President of Community Mobilization at Housing Works, Inc., at a.feliciano@housingworks.org.



**Testimony of Christine Khaikin, JD
New York City Council
Committee on Mental Health, Disabilities and Addiction
Re: Intros 868 and 1169
February 28, 2025**

Thank you to the Committee on Mental Health, Disabilities and Addiction for the opportunity to testify today. Since our founding in 1973, LAC has utilized a multipronged approach to achieving our mission, which includes: direct legal services, impact litigation, policy advocacy, education and training, and coalition-building. LAC seeks to end punitive responses to health conditions like substance use disorder, mental illness and HIV or AIDS, and to create equitable access to affordable, quality treatment. We are in appearance today because we are deeply concerned that Intros 1169 and 868 are overbroad and will lead to reduced access to critical services provided by syringe services programs that have proven effective at reducing rates of HIV, Hepatitis B and C, and critically, overdose. While in recent months, New York State has celebrated reductions in fatal overdoses overall, deaths have tripled for Black New Yorkers and nearly doubled for Latine and Indigenous New Yorkers. It is incumbent on the Council to focus all efforts and resources on supporting proven strategies to reduce the harms of drug use, rather than support programs and policies that will ultimately limit life-saving services and prioritize criminalization.

Decades of research and multiple studies have shown the incredible efficacy and cost savings of Syringe Service Programs (SSPs) in New York City and nationwide.¹ They are supported by the National Institutes of Health, the Centers for Disease Control and Prevention and the American Medical Association. Not only have they directly reduced the

¹ See <https://www.cdc.gov/syringe-services-programs/php/safety-effectiveness.html>

spread of HIV, Hep B & C, and other blood-borne infectious diseases, participants in these life-saving measures are also five times more likely to enter drug treatment and three times more likely to eventually stop using drugs. There is no evidence that SSPs increase illegal drug use or crime.² They connect people to legal services, housing services, medical and addiction treatment and some provide low-threshold access to buprenorphine. Mobile programs distribute basic necessities like water and blankets and provide medical services including wound care, vaccines and HIV testing, and overdose prevention information and products like fentanyl and xylazine test strips and naloxone and a multitude of outreach to access other services. Staff at SSPs are trained in harm reduction tools that ensure that New Yorkers are informed about services, get on ramps to supports, and most importantly, stay alive.

There is a long and devastating history of surveillance and criminalization of Black and brown drug users, even as we know that rates of drug use are similar across all populations. The increased restrictions and accompanying surveillance in these proposals would add to the hyper policing and criminalization of people who were historically targeted by the war on drugs.

Further, overbroad restrictions on services can reduce their effectiveness and limit the ability for participants to access additional services. Evidence shows that unnecessary or broad restrictions lead to reduced participation and syringe returns.³ The geographic limitation like the one found Intro 868 prohibits mobile syringe service programs from distributing syringes within 450 feet of any school, early childhood center or playground. This could effectively eliminate the ability for mobile SSPs to operate in the communities most at need of services due to their geographic make-up, undermining one of the only supports we have for Black and Latine people who use drugs.

² Id.

³ Sherman SG, Patel SA, Ramachandran DV, Galai N, Chaulk P, Serio-Chapman C, Gindi RM. Consequences of a restrictive syringe exchange policy on utilization patterns of a syringe exchange program in Baltimore, Maryland: Implications for HIV risk. *Drug Alcohol Rev.* 2015

Mobile SSPs specifically operate where communities request them because there is a need for those services in places where no brick-and-mortar facilities exist and because the need is greatest. Losing access could be devastating for people who rely on mobile services not just for syringe access but for all the other critical supports they provide. If mobile providers are even able to find places to go that meet the distance requirements in this legislation, they would open themselves up to increased surveillance and potential police interaction for both the providers and their participants, potentially leading to increased criminalization. It could also inadvertently increase the amount of syringe and needle litter if people lose a trusted source for returning their used needles. Any concerns this legislation is intended to address could be better handled through collaboration between city officials, communities and SSPs and their participants.

We understand that Intro 1169 was drafted to respond to a concern about reports of a recent uptick in needle and syringe litter, however, studies show that areas near SSPs are likely to have substantially less syringe and needle litter than areas without SSPs.⁴ SSPs reduce syringe litter by providing a trusted source for safe disposal. The SSPs operating in NYC have outreach staff that actively collect syringes in the community and are heavily focused on ensuring safe collection and disposal of used needles and syringes to protect local communities from potential harm. While we support the overall goal of alleviating syringe and needle litter, we have major concerns that this legislation scapegoats highly effective SSPs without investigating the true causes of syringe and needle litter like reduced access to comprehensive services in low-income Black and brown neighborhoods and increased police surveillance. Like Intro 868, this bill could lead to reduced participation, reduced public health outcomes, and even fewer returned syringes which would undermine the entire purpose of the legislation.

SSPs and their participants already face a myriad of barriers including potential funding cuts in the current federal climate, increased surveillance, and stigma. Operating with new monitoring and reporting requirements, particularly with no additional funding, adds

⁴ Tookes HE, Kral AH, Wenger LD, Cardenas GA, Martinez AN, Sherman RL, Pereyra M, Forrest DW, Laota M, Metsch LR, "A comparison of syringe disposal practices among injection drug users in a city with versus a city without needle and syringe programs", *Drug and Alcohol Dependence*, 2012

additional barriers to highly effective, life-saving services. Increased scrutiny on programs to monitor and report syringe collection could in turn lead to programs putting increased scrutiny on their participants, ultimately discouraging participation.

The reporting requirement in this legislation is solely focused on the volume of syringe collection, rather than the overall impact of programming. Judging the success or failure of an SSP purely on the volume of syringes and needles collected, rather than their positive interventions on the lives of vulnerable New Yorkers, will lead to misconceptions about the overall impact of the SSP and the wide range of important services provided. Publicly reporting the apparent successes or failures of each SSP in this manner puts a target on the backs of the organizations and, indeed, their clients, rather than supporting their presence in the communities they serve. This will only add to the stigma these programs and their participants face, further eroding the trust and support of the community.

We urge the Council to oppose these bills and instead focus on strategies that will increase neighborhood collaboration and support for SSPs while maintaining and even enhancing the effectiveness of their services. The Council should ensure funding support for SSPs to support syringe clean-up efforts and sharps collection boxes in easily accessible places and the ability to increase outreach staff, if necessary. The Council should work to ensure limited law enforcement harassment of participants that may be leading to an increase in unsafe disposal. Additionally, the Council should support anti-stigma education for communities and could engage in efforts to support collaboration between communities and the SSPs and participants served.

Thank you for your consideration.

Christine Khaikin, ckhaikin@lac.org

Testimony of Jacqueline Seitz, JD
New York City Council
Committee on Mental Health, Disabilities, and Addiction
Re: Intros 868 and 1169
February 28, 2025

I am writing to you as a resident and parent in Washington Heights. My children are 8 and 3 years old. I am also a lawyer at the Legal Action Center,¹ where I advocate for the rights of people living with HIV and people who use drugs. **I urge the Council to OPPOSE two bills that will undermine our neighborhood's harm reduction services: Intros 868 and 1169.**

The harm reduction programs serving my neighborhood – including On Point and Bronx Móvil, and formerly including the Corner Project – are huge assets and should be supported, not scapegoated, punished, or sidelined. Given the high concentration of schools, early education centers, and playgrounds in my neighborhood, I am concerned that Bill Int. No. 868 would severely curtail the ability of a mobile syringe service program like Bronx Móvil to provide needed services to our community. And as an advocate for privacy rights and harm reduction, I am concerned that Bill Int. No. 1169 only creates unnecessary surveillance and administrative burdens for syringe services programs, contrary to evidence-based forms of distribution.²

I understand that some of our neighbors are concerned about syringe litter. These concerns are valid but also sometimes – in my experience – sensationalized, in part due to the pervasive stigma and lack of understanding about drug use and harm reduction services. In the past eight years living in three different locations in Inwood and Washington Heights, I have never seen a single syringe near a playground or a school. My children attend an elementary school in Inwood and a 3K program in Washington Heights. I spend nearly every weekend year-round in our neighborhood's parks and playgrounds. While I have not seen syringe litter in parks and playgrounds, parents understandably want their playgrounds and schools to be safe and clean. But these bills are not a solution to syringe litter, and they will undermine the very real benefit that our local harm reduction

¹ See *also* Testimony by Christine Khaikin, Senior Health Policy Attorney at Legal Action Center.

² See, e.g., Ashleigh Dennis, “Some States Unwisely Cling to One-to-One Syringe Exchange Instead of Evidenced Based Needs-Based Distribution,” NETWORK FOR PUBLIC HEALTH LAW (April 1, 2024), <https://www.networkforphl.org/news-insights/some-states-unwisely-cling-to-one-to-one-syringe-exchange-instead-of-evidence-based-needs-based-distribution/>.

programs offer when they are providing medical care, support, education, and connections to treatment for people who use drugs.

A solution: more public education and public support of harm reduction programs. On one occasion, I did see a significant number of syringes under a bench in Fort Tryon park (not near a playground) when I was walking with my two kids. I called the On Point hotline, and the syringe litter was gone by the time we were returning from our errands. Sharing information about how to address syringe litter is a better solution than limiting access to harm reduction services.

I appreciate New York City's leadership in supporting harm reduction services, and I urge the Council to continue to support harm reduction services by opposing these two bills.

Thank you for your consideration.

Jacqueline Seitz, jseitz@lac.org



Testimony for the New York City Council Committee on Mental Health, Disabilities and Addiction February 28, 2025

Dear Members of the New York City Council Committee on Mental Health, Disabilities and Addiction,

Thank you for the opportunity to testify today. My name is Jasmine Budnella, and I am the Director of Drug Policy at VOCAL-NY, a nonprofit organization that has been providing harm reduction services in Brooklyn for nearly two decades. **I am writing to express my strong opposition to Intro 0868-2024 and Intro 1169-2025**, both of which threaten the effectiveness of syringe service programs (SSPs) and undermine decades of evidence-based public health strategies that save lives and protect our communities.

VOCAL-NY was founded by AIDS activists who refused to wait for permission to save lives. They built underground syringe exchange programs because policymakers failed to act – programs that have since become the gold standard in public health. New York City has led the way in harm reduction, but these bills take us backward. Instead of creating new barriers, we should be scaling up proven solutions, expanding syringe service programs, and investing in real public health strategies that save lives.

VOCAL-NY opposes Intro 0868

Intro 0868 would make it harder for us to reach the people who need our services the most. It would ban mobile syringe service programs from operating within 450 feet of schools, daycares, and playgrounds. But in a city as densely packed as New York, where public spaces and schools are everywhere, this would severely limit where these life-saving programs can operate. In many neighborhoods, finding a legal location would be nearly impossible.

Restricting where harm reduction programs can operate doesn't stop drug use – it just makes it more dangerous. People don't stop using drugs because a mobile program isn't available. Instead, they lose access to sterile supplies, naloxone, disposal services, and other life-saving resources.

Mobile SSPs exist because many people experiencing homelessness and drug use can't easily access brick and mortar locations. Our programs meet people where they're at – literally and figuratively – are community members, elected officials, and agencies often ask us to go into "hot spots" throughout the city to service them. Many of our locations have existed for years, and we've built relationships with the community, other service providers, and the people who are in need of our services.

Our services are much more than providing sterile supplies. We are also educating our participants on safe disposal and providing them with safe syringe disposal packs (known as fitpacks). We also provide syringe clean-up within two block radius of all of our outreach locations. On occasion, when our participants voice they're ready to go into treatment, we are able to connect with a provider to meet them that day to enroll them into detox. We are a critical link in the continuum of care to reduce overdoses.

The City can't on one hand ask for more services and syringe clean up in hot spots, while on the other hand ban mobile syringe service from the areas where those services are needed. Cutting off these services doesn't eliminate the need – it only makes it harder for people to stay safe.

Homeless encampment sweeps have increasingly become a barrier in our ability to service our participants at certain locations. We lose contact with many of our participants, and sometimes reunite with them as a new hot spot emerges. We cannot stress that housing is a critical piece of this puzzle.

Instead of limiting proven public health interventions, the city should invest in and expand mobile syringe services. Currently, we are under-resourced and understaffed to meet the needs of our communities. Our mobile syringe service team has shrunk from five staff members (five days a week) – to two staff members (five days a week), and one staff member (three times a week).

The City should also build collaboration between the Department of Sanitation, the Parks Department, and invest in more disposal sites to keep our communities safe.

VOCAL-NY opposes Intro 1169

Syringe Service Programs (SSPs) already provide robust education on safe syringe disposal and distribute thousands of sharps containers every year. This bill creates administrative hurdles that divert resources from life-saving services to bureaucratic busywork.

Requiring public tracking of the number of syringes distributed versus collected is not a public health strategy – it's red tape designed to make harm reduction harder. Every extra hour spent on excessive reporting is an hour not spent reversing overdoses, distributing naloxone, or connecting people to care.

The type of surveillance this bill is proposing opens the door to punitive measures that New York has long abandoned – like one-for-one exchange. Under a one-to-one model, a person may only receive as many syringes as they bring to the program for disposal. This limitation requires SSP participants to collect and keep syringes until they can return to the program rather than safely disposing of them as soon as they are able – increasing the likelihood of reusing and sharing, the risk of HIV and hepatitis C transmission, and abscesses that can lead to amputations or blood-borne infections that can be deadly.

[Studies](#) have [shown](#) the best model for Syringe Service Programs is [needs-based syringe distribution](#), in which participants are provided with the quantity of supplies they need to use safely. This model is supported by the [Center for Disease Control and Prevention](#) and the [Substance Abuse and Mental Health Services Administration](#).

Just this year, our SSP staff have placed 18 of participants into a Safe Haven, and nine participants from shelters or Safe Havens into permanent housing. Sixteen of our participants are currently enrolled in buprenorphine, 172 have been tested for hepatitis C and/or HIV, and 9 of our participants are currently enrolled in hepatitis C care and treatment. VOCAL-NY was the main research site for the cepheid GeneXpert machine (a point of care machine used for extremely quick diagnostic hepatitis C testing), which recently became FDA approved. It is clear, harm reduction services provided through SSPs connect people to care, and save lives.

Harm reduction is about reducing harm, not controlling every syringe that enters circulation. SSPs already operate under best practices for disposal, and this bill ignores the broader systemic failures that contribute to syringe litter, such as inadequate public disposal sites and insufficient funding for outreach efforts.

New York City must invest in public health solutions, not barriers.

Syringe service programs are one of the most well-studied and effective public health interventions available. The CDC, WHO, and New York State Department of Health all support SSPs as essential to reducing overdose deaths and the spread of HIV and hepatitis C. Decades of research show that SSPs reduce HIV and hepatitis C transmission by nearly 50%, increase access to treatment, and do not increase drug use or crime. Restricting them will only drive drug use further underground, leading to more people in crisis – not fewer.

New York City should be investing in expanding syringe services programs, not restricting them. **If the goal is truly to keep our communities safe and reduce syringe litter, we should increase funding for harm reduction services, add more accessible sharps disposal units, and integrate harm reduction into broader public health and housing efforts.**

These bills would make it harder for SSPs to operate, push people who use drugs further into the shadows, and obstruct providers from the core mission of keeping people alive and healthy. **I urge you to reject these harmful bills and instead take action to expand harm reduction efforts that actually save lives.**

Thank you for your time and consideration.

Sincerely,

Jasmine Budnella
Director of Drug Policy, VOCAL-NY
jasmine@vocal-ny.org

Testimony

FROM: Eliot Thompson

TESTIMONY TO: New York City Council Committee on Mental Health, Disabilities and Addiction

Friday, February 28, 2025

RE: Int 0868-2024 - and Int 1169-2025

Good morning, Mental Health, Disabilities and Addiction Committee members. My name is Eliot Thompson and I am the Outreach Coordinator at Alliance LES Harm Reduction Center. We're a care management and harm reduction nonprofit that has helped tens of thousands of New Yorkers since 1991. I am here to give my strong opposition to two proposed bills—Int 0868-2024 and 1169-2025—that I believe would increase infections and fatal overdoses in New York City.

As a harm reductionist, I believe in meeting people where they are, which means evidence-based approaches to reduce the personal and systemic-harms associated with drug use. I work with participants at the syringe exchange and out in the community providing sterile syringes and Narcan. Alliance employs a wide spectrum of services including tools and education to stop the spread of bloodborne diseases and life-threatening infections; prevent and reverse overdoses; offer drug treatment alternatives and support; and in general help resource people who have been pushed into the shadows. We offer recovery coaching and OASAS-approved group and individual services to help people in their recovery journey. Simply put, harm reduction saves lives, and every component is essential, including our syringe exchange in the office and on outreach.

I oppose Int 0868-2024, Prohibiting the distribution of hypodermic syringes and needles by mobile syringe service programs within 450 feet of schools and playgrounds.

I presume this bill is intended to keep people who use drugs away from kids, but I assure you, the people we serve are not at all interested in interacting with kids. Many of them are experiencing homelessness, and public parks, sometimes near playgrounds, are some the only places they can go and not be hassled. As a harm reductionist, I go where the people who need my help are. Alliance uses mobile outreach to distribute harm reduction supplies including syringes. That work should not be restricted. Again, I promise you, the people we serve are not trying to lure children to start using drugs, they are seeking a safe

place to exist. This bill is akin to banning people experiencing homelessness from being within 450 feet of playgrounds and schools. I believe that the proposed bill would only cause fear of persecution—and the potential for harassment—for people who use drugs and the harm reductionists working to dispense sterile syringes. The work of saving lives should not be restricted to areas far from parks and schools.

I also oppose Int 1169-2025, Safe collection and disposal of needles and syringes.

I oppose this bill because it invites an unacceptable risk of accidental syringe contamination, or accidental needle sticks. At our harm reduction center site, we have several large "sharps containers" and pay a specialty company to collect the containers when full. We also give our participants smaller personal sharps containers. These personal, and our larger office sharps containers prevent infections and should be everywhere, and we completely support a DOHMH database of large sharps containers in every neighborhood. We hope one day the city will fund the installation and collection of these, like community trash and recycling bins.

We appreciate the good intentions of the bill, but object to requiring harm reduction centers provide "disposal receptacles in each program location in areas that are publicly accessible at all times." Our system works. Participants ask us for personal sharps containers and return them to us when full, for us to dispose of. We build trust with participants and this system prevents people from absent-mindedly taking out their used syringes. Instead, we ask that the city fund additional large sharps containers, and more small containers for personal use.

Please vote no on bills 0868-2024 and 1169-2025. Thank you.

Good morning. My name is Jason Candanedo. I am a Bronx resident who currently resides in the Tremont section of the Bronx, and I am also a member of the community group Friends of Echo Park. I am here testifying on my own volition regarding the bill, which seeks to prohibit the distribution of hypodermic syringes and needles by mobile syringe service programs within 450 feet of schools and playgrounds.

I am opposed to this bill on the following grounds: the reality is that people use substances in NYC public park and spaces. As an active participant in a local park organization in the Bronx, I have witnessed this firsthand. I have also witnessed the great work that organizations such as Onpoint NYC and St. Ann's Corner of Harm Reduction has done in these parks to address and alleviate these issues. This bill erroneously implies that these organizations are the cause of harm, which is blatantly false, as due to these organizations and their programs, HIV / HCV infections from unsterilized syringes have fallen dramatically, which was not the case before these programs were implemented by NY State.

In addition, banning these programs from these spaces may potentially curtail the vital services that those with substance use disorder need access to, as these programs offer a myriad of services and resources, apart from syringe exchange, on site. This bill, if passed, has the potential of inflicting irreparable harm to those people who are most vulnerable and need services the most. Banning and prohibitions, more often than not, are ineffective. What is effective are the lifesaving services these programs provide.

Here are the facts: according to Health Department data, in just last year alone, outreach and syringe litter teams collected more than 187,000 ground syringes and provided syringe disposal education more than 6,800 times. Plus, according to years of research by the National Institutes of Health, syringe exchange programs are not a major source of pollution, and people who get needles from an exchange are more likely to dispose of them properly than those who do not. According to the same date, the health care risks associated with improperly discarded needles are miniscule. The health care risk posed by a discarded needle is not on par with the health care risk posed by banning services. We are not here to lay blame or fault, but instead to seek solutions, and this bill is not the latter.

Thank you,

Jason Candanedo

Greetings. My name is Knakisha Candanedo. I am a resident of the Tremont section of the Bronx. I am also a member of the Friends of Echo Park, a local community group. Friends of Echo Park are constituents of Assemblyman Feliz. I am opposed to intro 0868. Let us be brutally honest, this bill is not about the accountability for the needles and syringes being given and collected, in and around city parks near schools. And it's not about well-intentioned public representatives pushing for higher or more restrictive measures to protect our communities and children from what they believe are dangerous practices that supposedly enable drug use. The honest truth is that this is about the same old story of the war on drugs. A war that was started by the Nixon administration in 1971. A war that was admittedly, by John Erhlichtman, Nixon's director of domestic affairs, initiated to disrupt certain communities, ie: blacks (and eventually all communities of color) as famously quoted in a news article published in the Daily News. This bill is a continuation of the war on drugs, which is essentially a war on communities of color to disrupt, dismantle, and destroy communities of color, even if those who are pushing for this bill are also people of color themselves. Ignorance and blindness knows no color or racial identity. This war on drugs has intentionally been waged to destroy communities of color by insidiously flooding these communities with drugs to purposely destroy people through chemical oppression. Getting communities of color addicted to drugs is another form of oppression, similar to any other type of oppression, be it economic, social, psychological, physical or emotional. Chemical oppression through drug use engages in all of these forms of oppression combined. This bill fails to appreciate the harm reduction practices of providing clean needles to those struggling with addiction to keep them from doing further harm to themselves by contracting infectious and deadly diseases through using dirty or previously used needles. This bill fails to appreciate the compassion and care being shown to those struggling with substance abuse by service providers such as OnPoint NYC and Saint Ann's Corner of Harm Reduction, who interact with these people and become a true lifeline to these most vulnerable folks who are in need of help. This bill fails to appreciate how thousands of lives are being saved through these connections between those struggling with addiction and these harm reduction service providers, when they are offered numerous wrap around holistic care and social services at their facilities. And it's not just through their facilities, but also on the ground through their mobile services, when they actually go out into the communities where those who are struggling with substance addiction are usually found. This bill fails to appreciate the humanity in how these service providers are meeting these folks where they are in their addiction, to help move them through their substance crisis and eventually move them out of it. Traditional forms of treatment have for the most part been proven to fail over the long-term, whereas these alternative forms of treatment have been proven to have far greater and longer lasting results, leading to consistent sobriety. This bill fails to appreciate the reality of what the war on drugs has done to communities of color over the last 54 years,

in creating chaos and devastation, which is the true intent of the war on drugs. This bill also shows the truth that the government on the federal, state and local level want to hide the truth of how drugs have been used to destroy communities of color by trying to cover up the results and the casualties of this war. They are using the premise of not allowing the provision of clean needles and syringes to be given to substance users in and around city parks or within certain distances near schools, as a way to not only disrupt, dismantle and destroy the life-saving work of these service providers who engage in harm reduction practices but also as a way to push those in substance abuse crisis into the shadows of the darkest corners of our communities where their deaths are certain and guaranteed. This bill fails to appreciate that through the guise of protecting children from encountering needles around their schools and parks they will soon see even deeper and darker realities far worse than needles and syringes, which are cleaned up regularly by the service providers for the protection of the communities they work in. Yes, an even more devastating reality will present itself, very much reminiscent of the dark days of the 1980's and 1990's crack epidemic era. These children will soon see and encounter the tragic sights of those who will lose their battles with their addictions but in greater numbers all around our parks, neighborhoods and city. Seeing the remains of those who, without these life saving services, will succumb to the substance crisis they were severely struggling with and thus play out the genocidal and exterminating agenda of the war on drugs.

Thank you,

Knakisha Candanedo

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0868 ^{1/169} Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Gia Mitchem

Address: _____ NY 11221

I represent: Drug Policy Alliance

Address: 131 W 32nd St 15th fl

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0868 Res. No. _____

in favor in opposition

Date: 2/28/05

(PLEASE PRINT)

Name: JASON CANDANEO

Address: _____ Bronx, NY

I represent: FRIENDS OF ECHO PARK

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 2/28/2005

(PLEASE PRINT)

Name: Kisha Camarero

Address: _____ DC, NY 10457

I represent: Friends of Echo Park

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Rebecca Lin-Walton

Address: Assistant Commissioner, Bureau of

I represent: Alcohol and Drug Use Prevention, Care
and Treatment

Address: NYC DCHMH

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0868 Res. No. 2024

in favor in opposition

Date: 02/28/25

(PLEASE PRINT)

Name: TIMOTHY CARLOS MASOOR

Address: _____

I represent: St. Ann's Corner of Harm Reduction

Address: 886 Westchester Ave, 10459

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 868 + 1169 Res. No. _____

in favor in opposition

Date: 2/28/2025

(PLEASE PRINT)

Name: Christine Khaikin

Address: 225 Varick St

I represent: Legal action Center

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0868-2024 Res. No. _____
 in favor in opposition AND INT. 1169-2025
Date: 2/28/2025

(PLEASE PRINT)

Name: Eliot Thompson

Address: _____

I represent: Alliance Lower East Side Harm Reduction Center

Address: 35 EAST BROADWAY, N.Y., N.Y., 10002

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 5008 Res. No. 1160
 in favor in opposition
Date: _____

(PLEASE PRINT)

Name: Jasmine Buonella

Address: _____

I represent: VOCAL-NY

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 868 2024 Res. No. _____
 in favor in opposition
Date: 2/28/25

(PLEASE PRINT)

Name: JACOB LIARV

Address: _____

I represent: HOUSING WORKS

Address: 81 Willoughby St

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0868 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Erachie Brown

Address: _____

BY NY 10457

I represent: SELF

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 2/28/2025

(PLEASE PRINT)

Name: Sharon Leslie Brown

Address: _____

Jamaica NY 11436

I represent: ROSE OF SHARON ENTERPRISES

Address: _____

BRlyn N.Y. 11238

Please complete this card and return to the Sergeant-at-Arms