



Testimony

of

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New York City Department of Health and Mental Hygiene

before the

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

on

**Oversight - Pilot Buyback Program to Address Improperly Discarded Syringes and
Increase Harm Reduction in NYC**

Introduction 0609-2022: Establishing a needle, syringe and sharp buyback pilot program

September 20, 2022
New York, NY

Good morning, Chair Lee and members of the committee. I am Dr. Michael McRae, Acting Executive Deputy Commissioner for the Division of Mental Hygiene at the New York City Department of Health and Mental Hygiene (Health Department). On behalf of Commissioner Vasan, thank you for the opportunity to testify today on this proposal to establish a needle, syringe, and sharp buyback pilot program.

Overdose deaths are at a record high: while data are preliminary, 2021 is projected to be the deadliest year on record in New York City. Between January and September of 2021, nearly 2,000 New Yorkers died of an overdose. During the third quarter of 2021, someone died of an overdose every three hours. Worse yet, over the past several years we have seen increases in racial, economic, age, and geographic disparities. Black New Yorkers and residents of very high poverty neighborhoods had the highest rates of overdose death and the fastest growth in overdose death rates from 2019 to 2020. Data also show that as overdose deaths increased citywide, so too did geographic disparities in fatal overdose: neighborhoods in the South Bronx, which had the highest rates of overdose death in 2020, experienced among the largest increases in fatal overdose in 2021. These disparities are a direct result of structural racism, including policies like the War on Drugs, and historic disinvestment in these communities. To address this, the City continues to center equity in our response to the overdose epidemic.

Aligned with our equity priorities, a key, guiding principle behind the Health Department's approach to the overdose epidemic is harm reduction. Harm reduction is a pragmatic approach to reducing the negative health, social, and economic consequences associated with substance use. Harm reduction incorporates a spectrum of strategies from safer use (such as increasing access to sterile syringes), to managed use (such as supervised injection), to abstinence in order to provide people with the tools, services, and support they need to stay alive and well. The Health Department strives to apply a harm reduction approach to all its work to address the overdose epidemic. Much of this work is supported through HealingNYC, an initiative to disrupt the opioid overdose epidemic and save lives. HealingNYC has made NYC a leader in the nation's response to addressing the overdose death epidemic. Through this initiative, we conduct surveillance of drug-related health outcomes and use this data to create public awareness campaigns; fund harm reduction services, like naloxone dispensing; provide and expand effective substance use disorder treatment, like increasing access to medications to treat opioid use disorder in primary care and other service settings; and develop and advance policy innovations related to substance use. More recently, in 2021 the City built upon the foundation of HealingNYC and implemented new strategies to raise public awareness of fentanyl, increase drop-in and outreach capacity among Syringe Service Programs that serve people who use drugs, and expand access to medications for opioid use disorder for people who are unstably housed. Each of these new initiatives are examples of harm reduction approaches.

Another critical part of our harm reduction strategy is our partnership with and support for syringe service programs, or SSPs. SSPs are community-based healthcare organizations that offer a range of harm reduction and health services, including sterile syringe and naloxone distribution, overdose education, HIV and hepatitis C testing and counseling, substance use disorder treatment services, and more.

In addition to serving people who use drugs, SSPs also serve the communities in which they are located. SSPs invite people inside, off the streets, and connect them to services, and reduce syringe litter by providing people with places to safely dispose of used syringes, educating community members and people who use drugs on safer syringe disposal, and regularly conducting syringe litter clean-up and distribute sharps disposal containers. In March 2021, the City substantially increased the capacity of SSPs in four high-need neighborhoods to clean up discarded syringes by funding the creation of six new outreach and syringe litter teams. Additionally, the Health Department and SSPs have worked together

with the State, NYC Parks, and community members to install syringe disposal kiosks in key locations across the city. The Health Department funds SSPs to maintain these kiosks and dispose of the collected syringes.

These initiatives are all intended to engage people into services as well as reduce syringe litter in our communities. Between March 2021 and March 2022, Health Department-funded SSP outreach and syringe litter teams collected nearly 145,000 syringes.

We share the Committee's interest in addressing improperly discarded syringes and increasing harm reduction in New York City. In our experience, the Health Department-funded outreach and syringe litter teams have been very responsive to community concerns, so we would like to acknowledge the impressive work these teams have done to reduce syringe litter and engage community members in neighborhoods that bear a high burden of overdose death.

Lastly, we recognize and want to acknowledge that syringe litter is a product of structural factors, and public drug use is driven by a lack of alternative places to use drugs. In November 2021, New York City supported the opening of the first two publicly recognized Overdose Prevention Centers (OPCs) in the country. The sites are critical to creating safer, hygienic spaces where people can use drugs under the supervision of trained professionals.

I will now turn to the legislation being heard, Introduction 609, to establish a needle, syringe, and sharp buyback program. We appreciate this bill's recognition of OPCs as a critical strategy for saving lives and advancing harm reduction in New York City. We share the goals of this legislation to promote safe disposal of syringes and address syringe litter concerns. However, under existing OPC operations, participants must use equipment provided by the OPC, and already must discard of such equipment before leaving. We look forward to discussing this bill further with Council.

Thank you, Chair Lee and the entire Council for your continued partnership and commitment to the health and wellbeing of all New Yorkers. With that, I am happy to take your questions.

Hi Halimah,

This is great. Clear and direct! I thought you might want to use the opportunity of another minute or two of testimony to tie this back to family policing. I've watched a couple of City Council hearings with the new Council and they appear to know nothing about the issue of family policing. So this is an opportunity to educate them. I thought you might want to say something about how parents using substances often fear reaching out for help because of concern about ACS and that this program could create an additional opportunity in NYC for parents to connect with support. I saw that in 2019, ACS investigated almost 13,000 allegations of parental drug use - about a quarter of all investigations. So the more tools we have to connect families with harm reduction, the better. Do you want to add something that connects harm reduction to families getting support and reducing family policing involvement? Let me know if that idea makes sense or not. Thanks, Nora

Greetings All

My name is Halimah Washington and I am the Community Coordinator at Rise Magazine. Rise is an Organization that amplifies the experiences of Parents impacted by the Family Policing System and Builds their Leadership Capacity. Our mission is to support parents' leadership to dismantle the current family policing system by eliminating cycles of harm, surveillance and punishment and creating communities that invest in families and offer collective care, healing and support.

I am here to give testimony on the Buyback Program. I believe that it is a good idea to give a cash incentive for returning used syringes to Overdose Prevention Centers because it will help to expose active substance users to the support services provided at the Overdose Prevention Centers. If Active Substance users are made aware of these Overdose Prevention Centers by way of incentives they are more likely to utilize the other harm reduction services provided. Oftentimes people, especially parents fear reaching out for help because of fear of ACS involvement and/or investigations due to substance use. This program could create an additional opportunity for NYC parents to connect with support. In Rise's recent Report entitled "An Unavoidable System the Harms of Family Policing and Parents' Vision for Investing in Community Care" we found that due to the risk of encountering mandated reporters that are at Treatment Centers the system becomes even more unavoidable.

Our goal should be to prevent the spread of communicable diseases and not punishing substance users for using. We need to provide support and treatment and I believe that providing incentives is the way to go.

Thank You



Testimony Before the New York City Council Committee on Mental Health,
Disabilities, and Addiction for Hearing on Establishing a Needle, Syringe, and
Sharp Buyback Pilot Program

September 20, 2022

Presented by:
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Community Access expands opportunities for people living with mental health concerns to recover from trauma and discrimination through affordable housing, training, advocacy, and healing-focused services. We are built upon the simple truth that people are experts in their own lives.

www.communityaccess.org

Thank you, Chair Lee, Council Member Ayala, and members of this committee, for convening this hearing. As the CEO of Community Access, I lead an organization that has long been at the forefront of efforts to transform our public mental health system into one where the voices of people living with mental health concerns are centered and play a vital role in the design, delivery, and evaluation of services.

Our organization was founded in 1974, in response to the closure of psychiatric facilities, to support individuals who were transitioning into community living. We are one of the leading providers of supportive housing in New York City, and were the first to implement an integrated housing model, which has become a best practice nationally: affordable housing where families live alongside people living with mental health concerns. Our 350 person strong staff works daily to support thousands of New Yorkers living with mental health concerns through supportive housing, mobile treatment teams, job training, supported education, advocacy, and other healing-focused services. Community Access is also proud to be a founding member of the Correct Crisis Intervention Today in NYC Coalition (CCIT-NYC).¹

Our organization is built on the principle that people are experts in their own lives, and harm reduction is a central tenet of our mission and work. Embracing a harm reduction approach to providing services means that we do not create artificial barriers to participation in our programs and ensures that we are truly able to meet people where they are and support them wherever they are in their life journey.

For too long, the city used the criminal justice system to address drug use, creating irrevocable harm to people and communities. Harm reduction strategies are a lifesaving alternative to tackling the opioid crisis while giving people who use drugs the safety and dignity they deserve. Solutions based in harm reduction are also proven to have better outcomes than abstinence-based programs that exclude, alienate, and stigmatize participants.²

I welcome the city's recent efforts to create new programs and policies that center harm reduction. For too long our service system has been dominated by abstinence-based models that have left too many people without access to services they could benefit from. New York City's overdose prevention centers have been an important step in engaging people in services and preventing overdose deaths. I echo the calls of advocates and Mayor Adams to expand the centers' hours so they can operate 24/7 and to open centers across the city to reach more people and save more lives.

I also wholeheartedly support Int. No. 609 to establish a needle, syringe, and sharp buyback pilot program. Implementing this program will support the health of New Yorkers by removing contaminated needles from circulation. It will also help decrease the number of discarded needles around the city, especially near the overdose prevention centers. Residents that live near the centers have complained about the presence of needles in the area. This is one step to address that issue and increase community support for the lifesaving centers.

¹ <https://www.ccitnyc.org/>

² <https://www.psychologytoday.com/us/blog/all-about-addiction/201904/how-harm-reduction-is-saving-lives>

This legislation is one of many ways the city can, and should, incorporate a harm reduction approach into our public health system. From providing mental health services to preventing overdose deaths, we must work toward a system that is rooted in human rights, non-coercive, and includes all the principles of harm reduction in service design and delivery.³

Thank you for the opportunity to provide testimony today. I look forward to working with the members of this committee and of the City Council in creating a healthier, more just city for New Yorkers.

³ <https://harmreduction.org/about-us/principles-of-harm-reduction/>

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