

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON MENTAL
HEALTH, DISABILITIES, AND
ADDICTION

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September 20, 2022
Start: 10:39 a.m.
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HELD AT: Committee Room, City Hall

B E F O R E: Linda Lee, Chairperson

COUNCILMEMBERS:

Diana Ayala
Erik D. Bottcher
Tiffany Cabán
Shahana K. Hanif
Darlene Mealy
Vickie Paladino
Nantasha M. Williams

A P P E A R A N C E S (CONTINUED)

Michael McCrae, PhD
Acting Executive Deputy Commissioner
Division of Mental Hygiene
NYC Department of Health & Mental Hygiene

Sarah Noda
East Harlem Resident

1 COMMITTEE ON MENTAL HEALTH,
DISABILITIES, AND ADDICTION

3

2 SERGEANT AT ARMS: Check check. This is a pre-
3 recorded sound test for the Committee on Mental
4 Health, Disabilities, and Addiction. It is being
5 recorded by Pedro Lugo in the Committee Room.
6 Today's date is 09/20/2022.

7 SERGEANT AT ARMS: Good morning, and welcome to
8 today's New York Council hearing on Mental Health,
9 Disabilities, and Addiction. If you wish to submit
10 testimony at testimony@council.nyc.gov. At this
11 time, please silence all electronic devices, and
12 thank you for your cooperation. Chairs, we are ready
13 to begin.

14 CHAIRPERSON LEE: Okay.

15 [GAVEL]

16 I swear, one of these days, I'll get better at
17 doing these hearings. So, good morning everyone. As
18 mentioned, we are here for the committee on the
19 Mental Health, Disabilities, and Addiction. So if
20 you're here for a different hearing, so sorry. My
21 name is Linda Lee. I'm Chair of the Committee on
22 Mental Health, Disabilities, and Addiction. Today,
23 our committee is holding a hearing entitled Oversight
24 Pilot Buy Back Program to address improperly
25 discarded syringes and increased harm reduction in

1 New York City. The committee will also hear
2 Introduction #609 sponsored by Deputy Speaker Diana
3 Ayala, in relation to requiring the Department of
4 Mental Health and Hygiene (DOHMH) to establish a
5 pilot program in consultation with overdose
6 prevention centers, known as OPCs operating in the
7 city to offer financial incentives for the return of
8 used needles, needles, and sharps to overdose
9 prevention centers for disposal. Improperly
10 discarded syringes, needles, and sharps are a concern
11 for all New Yorkers. Following the 2017 closure of
12 what was referred to as The Hole, a stretch of
13 abandoned railway tracks in the South Bronx that had
14 become Ground Zero for the borough's opioid addiction
15 and homelessness crisis, more than a dozen parks
16 across the South Bronx saw a dramatic increase in
17 public drug use and discarded syringes on lawns, play
18 equipment, benches, basketball courts, and athletic
19 fields. Many of these areas which are in Deputy
20 Speaker Diana Ayala's district. Today, discarded
21 syringes impact all communities in every borough, and
22 significantly, every syringe collected represents the
23 removal of a risk not just to the public but also to
24 those suffering from addiction. In November of 2021,
25

two harm reduction drop-in centers became the first publicly recognized overdose prevention centers in the nation, offering supervised substance use on site. The two OPCs, one in Washington Heights, and the other in East Harlem, are located within existing substance use programs which have long provided clean syringes, harm reduction counseling, HIV testing, and other services. On a personal note, I had the honor to go last week with the Deputy Commissioner and all the folks from DOHMH, and we visited the one in East Harlem, and I have to say it was very eye opening, and it is great to see all of the one-stop-shop programs, and the vision for the community, and the services that they want to provide eventually, which I think would be great. Perhaps most importantly for us to recognize is that within the first 3 weeks of operation, staff at New York City's 2 OPCs averted at least 59 overdoses to prevent injury and death, with the centers being used more than 2000 times during that period. We know that in New York City and nationally, opioid overdose is the leading cause of accidental deaths, surpassing motor vehicle deaths, homicides, and suicides combined. Sadly, someone in New York City dies of a drug overdose every 3 hours.

1
2 I know there has been back-and-forth between the 3
3 and the 4 hours, but it is actually 3 hours, which is
4 insane. While 85% of those deaths involved opioids,
5 and the highest rates of overdose deaths were
6 experienced in Harlem and the Bronx neighborhoods,
7 overdose is an issue that stands to impact all
8 members in our community, and we know that addiction
9 carries a stigma within many cultural communities,
10 including mine in the Asian community for sure, and
11 often is a subject that goes undiscussed and
12 therefore untreated.

13 It is our hope that Intro 609 will not only
14 afford individuals with substance use disorders a
15 direct connection to education and prevention
16 services that may one day guide them to utilize a
17 variety of treatment resources, but in the meantime
18 will make all New Yorkers safer from potential death
19 and disease.

20 And just in my previous background doing public
21 health work, we all know that prevention is key also
22 in saving the city and state dollars. It is crucial
23 for us to expand all the prevention services that we
24 can in this sector. So I would really love to thank
25

1
2 the administration, the advocates and the providers,
3 and other concerned New Yorkers for joining us today.

4 At this time, I would like to acknowledge my
5 colleagues who are here today. We have Councilmember
6 Tiffany Cabán. I know that Councilmember Erik
7 Bottcher was here. We have Councilmember Vickie
8 Paladino, and of course our Deputy Speaker, Diana
9 Ayala. I also want to thank my colleagues, as well
10 as my staff and our Council Committee Staff, Sara
11 Suture, Committee Counsel and Senior Legislative
12 Policy Analyst, Kristy Dwyer and she herself is an
13 expert in this area as well.

14 I will now turn it over to Deputy Speaker Ayala
15 for remarks on her bill.

16 DEPUTY SPEAKER AYALA: Thank you Madam Chair. I
17 think it is a pretty... this is a pretty simple bill,
18 and I... I want to just clarify that we are not here
19 with the remedy to solve, you know, all addiction.
20 That is not what this bill is about. We do have a
21 separate... a last request that we will be
22 introducing that calls for a more comprehensive plan
23 around the opioid crisis that is very specific to
24 communities that have been impacted. And we know
25 which communities they are, because we know where the

1 highest rates of usage and overdose deaths are.
2
3 Those communities look like mine, like Councilmember
4 Salamanca's district, Carmen De La Rosa's district,
5 Jen Guitiérrez's district. But this bill, I thought,
6 was really important. For quite a number of years, I
7 think, when I came into the Council, I was chair of
8 this very committee, and one of the very first
9 matters that I... that we were trying to tackle was
10 the opioid crisis that was originating... or
11 beginning, right? And it impacted on the South
12 Bronx. I remember walking into... driving into, if
13 we're being honest, 146th Street between Third Avenue
14 and College, and the entire neighborhood... it was
15 9:00 in the morning... was using some sort of
16 substance, and it was the first time that I had ever
17 seen somebody inject somebody else in the neck, and I
18 was horrified. I stood there pretty much
19 traumatized, but when I was finally able to get out
20 of the car and make my way towards the playground
21 where some of the providers...

22 Oh okay. Um... Sorry... the streaming went
23 down.

24 CHAIRPERSON LEE: We'll take a moment for a
25 correction of the technical difficulties.

1
2 DEPUTY SPEAKER AYALA: The streaming network that
3 we use went down. We're back up? We're good?

4 CHAIRPERSON LEE: Okay. Thank you so much for...

5 DEPUTY SPEAKER AYALA: So I'm not sure where
6 we... where we were cut off. But, primarily, I just
7 want to simply the intent of the bill. The bill is
8 really intended to incentivize the proper disposal of
9 syringe litter. Right now, we have no real system.
10 We have been... I know, through my office and the
11 Department of Health has been really good about
12 funding harm reduction groups to go out and pick up
13 syringe litter. We also have a small program through
14 DSNY that also is out there collecting syringe
15 litter, and still we cannot meet the demands. I have
16 syringe litter throughout all of my playgrounds,
17 spaces where children frequent. It has really been a
18 difficult experience not only for myself but for my
19 constituents. It is a public health crisis, and I am
20 a little disappointed that there isn't a plan, and
21 that, you know, we had to kind of conclude that, you
22 know, incentivizing the financial resources is the
23 only alternative that we have. But it is better than
24 the alternative that I have, which is, you know,
25 allowing syringe litter to coexist in public spaces,

1 where, you know, someone can come in contact with
2 that syringe litter. So we will be again introducing
3 a separate piece of legislation, because this is
4 obviously multifaceted, and this just really is to
5 address the syringe litter issue, but the... the...
6 we will be introducing calls for a more holistic,
7 comprehensive plan that is tailored around each
8 specific community, and I think that this is the
9 beginning of a conversation that has to be had, and I
10 wish we would have had it sooner, but here we are,
11 and I'm starting to look forward to the admin.

12
13 CHAIRPERSON LEE: Thank you so much, Deputy
14 Speaker. I will now call on Christy Dwyer administer
15 the oath to members of The Administration testifying
16 today.

17 COUNSEL DWYER: Good morning, Dr. Michael McCrea,
18 Acting Executive Deputy Commissioner of the New York
19 City Department of Health and Mental Hygiene. Would
20 you raise your right hand please?

21 Do you affirm to tell the truth, the whole truth,
22 and nothing but the truth before the committee, and
23 to respond honestly to Councilmember questions. I'm
24 sorry. I botched that.

25 Thank you so much.

1
2 DR. MCCRAE: Good morning Chair Lee and members
3 of the committee. I'm Dr. Michael McCrae, Acting
4 Executive Deputy Commissioner of the Division of
5 Mental Hygiene at the New York City Department of
6 Health and Mental Hygiene. On behalf of Commissioner
7 Vasan, thank you for the opportunity to testify today
8 on this proposed... proposal to establish a needle,
9 syringe, and sharp buyback pilot program.

10 As we know overdose deaths are at an record high.

11 While data is preliminary, 2021 is projected to be
12 the deadliest year on record in New York City.

13 Between January and September of 2021, nearly 2000

14 New Yorkers died of an overdose. During the third

15 quarter of 2021, someone died of an overdose every

16 three hours. Worse yet, over the past several years,

17 we've seen increases in racial, economic, age and

18 geographic disparities. Black New Yorkers and

19 residents have very-high-poverty neighborhoods had

20 the highest rates of overdose deaths, and the fastest

21 growth rate in overdose deaths from 2019 to 2020.

22 Data also shows that the overdose deaths increased

23 citywide. So to did geographic disparities in fatal

24 overdoses. So neighborhoods in the South Bronx,

25 which had the highest rates of overdose and death in

1 2020, experienced among the largest increases in
2 fatal overdoses in 2021. These disparities are a
3 direct result of structural racism, including
4 policies like the war on drugs, and historic
5 disinvestment in these same communities. To address
6 this, the city continues to center equity in our
7 response to the overdose epidemic.
8

9 Aligned with our equity principles, a key guiding
10 principle behind The Health Department's approach
11 is... to the overdose epidemic is harm reduction. As
12 you know, harm reduction is a pragmatic approach to
13 reducing the negative health, social, and economic
14 consequences associated with substance use. Harm
15 reduction incorporates a spectrum of strategies from
16 safer use, to managed use, to abstinence in order to
17 provide people with the tools, the services, and the
18 supports they need to stay alive and well. The
19 Health Department strives to apply a harm reduction
20 approach to all its work to address the overdose
21 epidemic. Much of this work is supported through
22 Healing NYC, an initiative that was is slated... that
23 was... that disrupts the over... opioid overdose
24 epidemic and saves lives. Through this initiative,
25 we conduct surveillance of drug-related health

1 outcomes and uses data to create public awareness
2 campaigns. We fund harm reduction services like
3 Naloxone dispensing, provide and expand effective
4 substance use disorder treatment, like increasing
5 access to Medicaid, and medication to treat opioid
6 use disorder. So more recently, in 2021, the city
7 built upon the foundation of Healing NYC and
8 implemented new strategies to... to raise public
9 awareness around fentanyl, increasing drug drop-in
10 and outreach capacity among syringe service providers
11 that serve people who use drugs, and expanding access
12 to medications for opioid use disorder for people who
13 are unstably housed. Each of these new initiatives
14 are examples of harm reduction approaches.
15

16 Another critical part of our Harm Reduction
17 Strategy is our partnership and support for syringe
18 service provider programs, or SSPs. SSPs are
19 community-based health care organizations that offer
20 a range of harm reduction and health services,
21 including sterile syringes, naloxone distribution,
22 overdose education, HIV and Hep C testing and
23 counseling, substance use disorder services and...
24 and more.
25

1
2 In addition to serving people who use drugs SSPs
3 also serve the communities in which they're located.
4 SSPs invite people inside from off the streets
5 connect them to services, and reduce syringe litter
6 by providing people with places to safely dispose of
7 those used syringes, educating community members and
8 people who use drugs on safer syringe disposal, and
9 regularly conducting syringe litter cleanup and
10 distributing sharps disposal containers.

11 In March of 2021, the city substantially increase
12 the capacity of the SSPs in 4 high-needs
13 neighborhoods to... to clean up discarded syringes by
14 funding the creation of six new outreach and syringe
15 litter teams. Additionally, The Health Department
16 and SSPs have worked together with the state parks
17 and community members to install syringe disposal
18 kiosks in key locations around the city. The Health
19 Department funds SSPs to maintain these kiosks and
20 dispose of the collected syringes.

21 These initiatives are all intended to engage
22 people into services, as well as reduce syringe
23 litter in our community. Between March 2021 and
24 March 2022, The Health Department funded SSP outreach
25

1 and syringe litter collected nearly... collected
2
3 nearly 145,000 syringes.

4 We share the city's... the committee's interest
5 in addressing improperly discarded syringes and
6 increasing harm reduction in New York City. In our
7 experience, The Health Department funded outreach and
8 syringe teams have been very responsive to community
9 concerns. So I want to acknowledge the impressive
10 work that the teams have done to reduce syringe
11 litter, and engage community members in neighbor...
12 in neighborhoods that bear a high burden of overdose
13 deaths.

14 Lastly, we recognize and want to acknowledge that
15 syringe litter is a product of structural factors,
16 and public drug use is driven by a lack of
17 alternative places for people to use drugs. In
18 November 2021, as you know, New York City have
19 supported the opening of the first 2 publicly
20 recognize OPCs (Overdose Prevention Centers) in the
21 country. The sites are critical to creating safer
22 hygienic spaces where people can use drugs under the
23 supervised.... under the supervision of trained
24 professionals.

1
2 I will now turn to the legislation being heard,
3 Introduction 609, to establish a clean needle,
4 syringe and sharp buyback program. We appreciate the
5 bill's recognition of OPC as... OPCs as a critical
6 strategy for saving lives and advancing harm
7 reduction in New York City. We also share the goal
8 of this legislation to promote safe disposal of
9 syringes and address syringe litter concerns.
10 However, under existing OPC operations, participants
11 must use equipment provided by the OPC, and already
12 must discard of such equipment before leaving. So we
13 look forward to continuing to discuss this bill
14 further with Council.

15 Thank you Chair Lee and the entire Council for
16 your continued partnership, commitment to the health
17 and well-being of New Yorkers.

18 With that I am happy to take your questions.

19 CHAIRPERSON LEE: Thank you so much for your
20 testimony, Dr. McCrae. So I'm just going to go ahead
21 and ask a few questions and then hand it over to the
22 Deputy Speaker as well for her questions on the bill.

23 So just for the record, I know that you mentioned
24 some of these things in your testimony, but which
25

1 communities are currently at the highest risk for
2 suffering from opioid addiction in the city?

3
4 DR. MCRAE: At this time, we're seeing the
5 highest rates of overdose happening in the South
6 Bronx and in Harlem... parts of Harlem. But it
7 remains a concern as you... as you mentioned earlier
8 across the city.

9 CHAIRPERSON LEE: Okay. And, you know, according
10 to the data that you have, does the opioid epidemic
11 disproportionately affect certain races and
12 ethnicities?

13 DR. MCRAE: Yes. So we find that black and brown
14 New Yorkers are bearing the brunt of the overdose
15 epidemic. This is consistent with what we see for
16 other health outcomes, including the COVID-19
17 pandemic.

18 CHAIRPERSON LEE: Okay, and what specific
19 resources are being directed to communities who are
20 most at risk.

21 DR. MCRAE: So we've had a city wide strategy.
22 What we did in 2021, we really wanted to raise
23 awareness around fentanyl, and increased risk of
24 overdose. So we did a public health campaign...
25 public awareness campaigns. We obviously increased

1 the fentanyl test strip distribution. We increased
2 our community engagement. And we also established
3 drug checking services at several of the SSPs,
4 including two of which are now the OPCs. So in those
5 sites, we have co-located drug checking services. So
6 participants are able to come into the space, use
7 drug checking services to determine what is in their
8 drug supply. We also, in 2021, really focused on
9 kind of reducing harm. We expanded SSP capacity. We
10 implemented the public health vending machines to
11 increase the overall availability of Naloxone and
12 other health resources and safer use supplies. We
13 also expanded treatment. We established a same-day
14 buprenorphine for people who are unstably housed as mentioned
15 earlier, as well as drop-in centers, and... and we
16 also... and more broadly enhanced services with... in
17 partnership with Health and Hospitals helping to
18 increase system access and coordinating ED, inpatient
19 stabilization, outpatient clinics, and other kinds of
20 partnerships.

22 CHAIRPERSON LEE: Okay, and this is just knowing
23 the work in the community, and the diversity of New
24 York City, and all the language and cultural
25 differences that are out there, but... because I... I

1 would, I would be curious to see also how the
2 concentration of certain communities that are most at
3 risk would change or not change, depending on if you
4 look at the hard-to-reach communities that don't
5 necessarily come forward with a lot of these issues.
6 So I know that in my district, for example, we have
7 45... it's 45% Asian American, multiple languages
8 that are spoken. And so just out of curiosity... I
9 know we've had sort of conversations about this
10 informally, but are there plans with the DOHMH to
11 sort of have any outreach efforts -- and I say this
12 because I just met with also, for example, the Bihari
13 and Jewish community members, Asian American
14 community members who are talking about narrative...
15 from a narrative perspective how these issues are
16 very pervasive in their community, but they're not,
17 you know, it's there's so much stigma, which we all
18 know is exist in all communities, but they're not
19 coming forward and talking about this. And so
20 therefore, a lot of them don't know where to go for
21 resources. So just out of curiosity, are there
22 formal plans to... to work with different community-
23 based organizations to address some of these? Yeah,
24 in a formal way? I guess, I don't know.
25

1
2 DR. MCRAE: So yeah. So we're open to... you
3 know, we always try... are trying to get out there
4 and speak with community, connect, hear concerns,
5 address concerns. So we're more than happy to kind
6 of set up a kind of process where we can kind of
7 reach those communities. We do understand that
8 several communities do get a lot of attention. But
9 we are continuing to kind of, you know, talk to
10 communities kind of get an idea about what is kind of
11 what are the needs, and then responding accordingly.
12 As you know, this, you know, this is such a large
13 problem, you know, all the different community...
14 community meetings I go to, there's concerns around
15 syringe litter. So it's something that we take very
16 seriously. But it's also something that multiple
17 agencies are kind of working on together, right? We
18 have Parks, we have PD, DOHMH, even DHS. I mean,
19 lots of different kinds of entities are kind of
20 trying to come together to really solve this very
21 complex problem.

22 CHAIRPERSON LEE: Okay. And how many... I know
23 you said... You mentioned in your testimony. There
24 are six new syringe service programs. But what's the
25

1 breakdown per borough? If you can give us that
2 information? Across the five boroughs?

3 DR. MCRAE: I'm sorry, say that one more time?

4 CHAIRPERSON LEE: So for the... the Syringe
5 Service Programs, the SSPs, I know you mentioned that
6 there's six new programs that are coming on board.
7 So just if you could give us a breakdown by borough.

8 DR. MCRAE: I can get back to you on those. I
9 know that... They're... Satcher. So we have one in
10 the Bronx. There are... I can get back to that with
11 the exact places. But they are spread across the
12 city. So they're in Manhattan and mostly in Bronx,
13 but I'll give those numbers to you later.

14 CHAIRPERSON LEE: Okay. In total... So there are
15 six new... and how many? There were... How many in
16 total are there? I'm sorry.

17 DR. MCRAE: Six.

18 CHAIRPERSON LEE: Six. Okay. And then are they
19 concentrated in the areas that need them the most?
20 Are they are these strategically more spread out?
21 Or? How did you guys decide where to...?

22 DR. MCRAE: So we go with...They are... They're
23 strategically placed strategically... strategically
24

1 placed in places where there's the highest need and
2 on overdoses.
3

4 CHAIRPERSON LEE: Okay. And transitioning a
5 little bit over more to the OPCs. Overdose
6 Prevention Center On Point NYC, they reversed over
7 100 overdoses during the first six weeks of
8 operation. And it seems like it's been a very
9 effective... You know, the two sites that we have
10 been effective. And so just curious, are there plans
11 to open more OPC locations in New York City? And if
12 so, do you know where and when?

13 DR. MCRAE: So just for some updated numbers:
14 Before between November 30, 2021, and August 28,
15 2022, the OPCs... OPCs has been used approximately
16 33,409 times by 1633 unique individuals, and 462
17 overdoses have been averted. The... You know, we've
18 mentioned... We definitely want to see OPCs as a city
19 wide strategy. At this time we have two. There are
20 no concrete plans to open up another one at this
21 time. But we would like to see this as a broader
22 strategy that's across the entire city.

23 CHAIRPERSON LEE: What are the barriers for
24 expanding? So I... So I know that you just said
25 there are no plans, but what are the barriers in

1 terms of... You know... How... What's preventing
2 you from expanding?
3

4 DR. MCRAE: So we were very careful. I would
5 kind of talk about two lines with this. We were very
6 careful in selecting providers who are ready to go,
7 who had the ability, the bandwidth, and the
8 experience to implement an OPC... or OPC services.
9 So some... Where we want to work, we make sure that
10 all providers who are interested in open... opening
11 OPC have the ability to do so, logistically,
12 operationally, you know, to have the experience of
13 you know... that may... that would set them up for
14 success. I think another piece, as you're well aware
15 is that, you know, as the city, we can fund the kind
16 of drop-in services, but we do not fund services in
17 the OPC room or that area. So I think some of the
18 kind of challenges might be just, you know, how to
19 fund these services. As you know, we're not
20 authorized to use funds to, to fund the... city funds
21 to... to fund the OPC services.

22 CHAIRPERSON LEE: Okay. I just want to take a
23 second to recognize we've been joined by
24 Councilmember Darlene Mealy. Thanks for joining us.

1
2 Okay, and... So those are the challenges
3 around... in terms of opening new sites. But are
4 there current plans to extend the OPCs hours of
5 operation? Because I know that some of that
6 conversation I've heard would be, you know, welcome,
7 at least by the folks running it. But for... From
8 your perspective, is there a plan to expand the
9 hours?

10 DR. MCRAE: Our... We look forward to, and would
11 love to expand the hours for the OPC and the SSP for
12 24/7... to 24/7. Obviously, as I mentioned, funding
13 is a challenge with the OPC portion of it. But our
14 plan is to eventually ramp up to 24/7 for the SSP
15 services.

16 CHAIRPERSON LEE: Yeah. I was going to ask. So
17 what... If they were... Like, just for the two
18 sites, for example, if they were to be 24/7, how much
19 of an increase do you estimate in terms of budgets?
20 Like what is it now versus how much more we would
21 need to... Because obviously, it's staffing,
22 capacity, all that stuff. So if you have a...?

23 DR. MCRAE: Um, I do not. I don't have a...

24 CHAIRPERSON LEE: Okay.

1 DR. MCRAE: ...figure on me at this time, but I
2 can get that to you.

3 CHAIRPERSON LEE: And then I know that you're
4 collecting a lot of data on the OPCs. And if you
5 could just explain to us, what metrics, what data
6 that you're collecting.

7 DR. MCRAE: So as mentioned, the we are
8 collecting data on the number of uses, unique
9 individuals, overdoses averted. But the... But the
10 provider also has a rich database... or you know, a
11 set of data that they're looking at around
12 connections to care within the OPC. The... or within
13 the OPC Center, which includes the other kind of
14 broader services. Now, one of the things that we
15 want to kind of be clear about is that people come to
16 the OPC, and they have access to and utilize a number
17 of other services, including mental health services,
18 you know, substance use services, social... you know,
19 access to social services, and in one case, even like
20 massages and acupuncture. And so there's ability to
21 connect to all different kinds of services. All
22 different kinds of holistic services. So we want to
23 understand kind of how people are utilizing not just
24 OPC, but also the other servers that are within the
25

center, which is the magic of that... of it.

Everything's co-located. It's a one-stop shop, you can get it all there.

CHAIRPERSON LEE: Yeah. And one of the things just for... because on my visit, more sorry, more as a comment was that because the acupuncture and the organizations that they're partnering with a lot of folks that are not using drugs, and have opioid addictions are going there just for those services. And so it sort of gives more anonymity, and you don't know who's going in for what and so it just becomes more of an open, you know, welcoming space, I think, for people to come in. So I have to say it was it was great to see that too.

So I know the answer to my next question, which is listed here, but for the record, and then I'll give my little anecdotal thing after, but does DOHMH... well, and the OPCs... They... you do... you work directly with the local precincts, correct?

DR. MCRAE: Yes.

CHAIRPERSON LEE: Okay. And how has that experience been across the two sites?

DR. MCRAE: So the... the providers report have very, very close relationship with the precincts that

1 they're in. You know, officers will oftentimes bring
2 folks there. They have the... continuously around
3 the area, providing public safety services. And it's
4 a very strong relationship by all accounts. So we're
5 very happy to see kind of how that relationship has,
6 has played out.

8 CHAIRPERSON LEE: Thank you. And when we spoke
9 to the program director last week, one of the things
10 that he said was the most successful that he felt was
11 the fact that they had built such a trusted
12 relationship with the local precinct. And it's funny
13 because as we were doing the tour, we went
14 downstairs, and the community affairs officers had
15 brought the new... there was a new recruit there and
16 they were really just saying: "This is the place,
17 you know, you need to build relationships." They
18 were talking to a lot of the folks that come in.
19 They were talking to the staff and it was just
20 actually really great to see that dynamic. So that
21 was one of the things he said he was the most proud
22 of in terms of their successes. Which was great to
23 see.

24 Okay, and then my final question before I turn
25 over to Deputy Speaker is: Does the DOHMH have any

2 data on the scope of opioid use and addiction in
3 AANHPI communities in New York City? And if so, what
4 were the findings?

5 DR. MCRAE: We do collect that data. I do not
6 have those numbers on me at this time, but we do
7 collect the data.

8 CHAIRPERSON LEE: Okay. Thank you. And then,
9 Deputy Speaker, I don't know if you wanted to ask
10 some questions.

11 DEPUTY SPEAKER AYALA: I don't have a lot of
12 questions. I mean, obviously, we've had this
13 conversation multiple times. And I would love to
14 allow my colleagues to ask questions, but I do have
15 just two, regarding the... Does the Department of
16 Health require data on the volume of syringe litter
17 per community?

18 DR. MCRAE: Do we...?

19 DEPUTY SPEAKER AYALA: Do you require... like,
20 we're working with NYRI, for example. Like, are they
21 required to submit data to the Department of Health
22 in regards to the volume of syringe litter that they
23 are picking up from the community?

24 DR. MCRAE: They do they separate the data that
25 they have... they receive data... that they receive

1 syringes that are both... they collect... their...
2 counting syringes that are both used at OPC, as well
3 as from their pickup.
4

5 DEPUTY SPEAKER AYALA: Is there any way to
6 separate that? Is that... Why... Wey are we
7 counting it that way? Because I just I mean, I'm,
8 I'm just wondering, as a... as a, as a tool of
9 measuring success, right? I would want to know,
10 alright, we have 10 providers out on the street, are
11 we making a dent right on the on the syringe litter
12 issue? And I would... you know, somebody that in my
13 case is... in the South Bronx, maybe a little bit in
14 the East Harlem part right now. And it's, you know,
15 as a balancing act, one year is like, hit or miss.
16 We're not, and I know that they're out there, I see
17 them they doing great work. But it would be
18 interesting to know, if they're collecting that
19 information, and then coming back and saying, Okay,
20 this is an area where we need a higher, you know, a
21 more drastic approach.

22 DR. MCRAE: I mean, yeah, they are... they do
23 collect data, and they do they separate it from kind
24 of what's used to reverse with it with their outreach
25 teams do pick up. I think they also recognize that

1 there is just not enough people to actually do all
2 the work that's needed, which is kind of what you
3 know, some of the pieces that you've already used,
4 frequently kind of talk about. It's like, there's a
5 lot being done, but it's just not enough in the end.
6 And they do acknowledge that. It's... it's
7 challenging to get all everything, but they do work
8 very stridently to, to get to all calls.

10 DEPUTY SPEAKER AYALA: Yeah. And I think, you
11 know, it's important that the public and, and also
12 the colleagues understand the complexity of this
13 issue, because the introduction of the fentanyl has
14 really changed the game, in that it's changed some
15 sort of composition within the individual that has,
16 you know, made it much more difficult to treat the
17 actual addiction. And, you know, what we're seeing
18 is really the result of that. I think, you know, for
19 me, it's important, you know, whenever I speak about
20 this, I'll get like, 10 calls afterwards, Oh, I hear
21 that you have a problem, you know, do you need a
22 program? And I'm like, No. I have an abundance of
23 them. That's not my problem. The problem is that
24 we're treating harm reduction from... from the
25 perspective of the user, right? That's it, like, we

1 stop there. And it's at least this is my, my, my
2 perception. And we're not thinking about the
3 unintended consequences, right, the impact on the
4 local community, the fact that we are desensitizing,
5 the community that, you know, they're subjected to
6 this... like, I have people looking out of the
7 public housing development, and I have upwards of 20
8 men, you know, injecting every single day and night,
9 and now, you know, the community is... is has become
10 so desensitized, right, that the language that
11 they're using to describe these individuals is very
12 disrespectful, and, you know, inhumane, but I can see
13 how it would get to that point, right? We don't want
14 to create an environment where now we're normalizing
15 behaviors where young children, specifically children
16 of color, are, you know, engaged in the cycle right
17 of dysfunction, and, you know, unhealthy behavior.
18 But we want to make sure that the individuals that
19 are using are coming in contact and you know,
20 provided access to services that are going to cater
21 to every, you know, you know, to all of their needs.

22
23 So, I have to say that, because, you know, the
24 conversations have been really rough around, you
25 know, the opioid crisis. And, you know, this is

1 something that, you know, a couple of years ago was
2 primarily in my district, and Councilmember
3 Bottcher's district, you know, again in Washington
4 Heights in the South Bronx. But now we're seeing,
5 right?, that it's... it's a growing problem citywide
6 and nationally, and so I really need the Department
7 of Health to stop... because I, you know, and I don't
8 know that this is a Department of Health
9 responsibility, but I need you to tell me that it
10 isn't, and how... how you're working on approaching
11 this, it has to be a multi-agency approach. I found
12 that that was helpful when we were dealing with the
13 synthetic marijuana crisis on 125th Street. It
14 involved multiple agencies working together. You
15 have, you know, the issue of folks coming into the
16 community to, you know, to sell the drugs. I mean,
17 they're like selling it out like it was candy in
18 front of, you know, everyone like this. There is a
19 policing aspect to this. There's the syringe litter,
20 right?, which is the public health aspect to this,
21 this is. You know, there's the harm reduction
22 services. Are those, you know, appropriate, like,
23 just... there's like so much... so many layers to
24 this, that it can become complicated, but I just
25

1 want, you know, anyone that's may be thinking, well,
2 you know, "The Democrats have gone nuts, and the
3 progressives are now going to pay, you know, drug
4 users to, to buy the drugs," that that is absolutely
5 not the intent right now. We have a serious, serious
6 problem in the city. And, you know, it needs to be
7 addressed. And quite frankly, I think that this is
8 the right step in... in, you know, in the beginning
9 of that process. And with that, I'll leave it
10 because I really would love to hear from my
11 colleagues on this issue. And I thank you, you know,
12 for being such a good resource. I know, you've been
13 multiple events throughout my district, as well. And
14 you've seen and heard some of the concerns there as
15 well. And you know, I really appreciate the
16 partnership.
17

18 CHAIRPERSON LEE: Thank you. Thank you, Deputy
19 Speaker. And I'm going to now turn it over to my
20 colleague, Councilmember Eric Bottcher, to ask
21 questions, and I believe each of the members will
22 have five minutes, but of course, more.

23 COUNCILMEMBER BOTTCHER: Good morning. Can you
24 clarify the Department of Health's position on the
25

1 proposal for a syringe buyback program? Does the
2 Department of Health support this proposal or not?

3
4 DR. MCRAE: So we so we, you know, support the
5 intent of the bill. We are very much committed and
6 share concerns around syringe litter that is being,
7 you know, discussed or kind of committee members are
8 have concerns about. So we support the intention of
9 the bill. We know that the purpose is to divert kind
10 of the syringes from the street into the OPC. We
11 fully support it and the attention to address syringe
12 litter.

13 We are doing our research right now. There are a
14 few syringe service buyback programs throughout the
15 country. One that's notable is in Boston. We have a
16 call coming up with both with that Boston group to
17 really understand kind of what... their data
18 understanding. I mean, some of the preliminary
19 results are pretty promising. We want to know more
20 about kind of how it works, you know operationally,
21 how they're collecting the data, what they're
22 measuring. And we look forward to having that
23 conversation with that Boston group. You know, one
24 of the things I mentioned earlier in the testimony
25 was that people who come through the OPC specifically

1 have to discard of their materials before they leave.
2
3 So we wouldn't really be addressing problems with
4 syringes going back into the community. If you've
5 been to the on-point site, you'll see that downstairs
6 in their basement, they have a stockpile of syringes
7 that they collect, kind of on an ongoing basis. And
8 those are syringes that would be in the community.
9 But because of the OPC, they're there in that space.

10 So again, we're looking, we're kind of looking to
11 do our research to figure out kind of like what it
12 what makes the most sense, because we do share, we
13 want to be responsive to concerns around syringe
14 litter. But we also want to be wildly mindful about
15 kind of unintended... unintended consequences as
16 well. So some of the kind of unintended consequences
17 that we've talked about... we've kind of heard from
18 other providers, community members, and doing our own
19 research, with things around like, you know, people
20 inappropriately removing syringes from disposal
21 kiosks. You know, taking syringes and returning them
22 for profit. And also safety concerns around the
23 handling of syringes by people who are not trained.

24 Those are just a few. And we're going to
25 continue to do the research to figure out what...

2 what makes the most sense, because we want to be
3 responsive, and work with folks... and work with
4 everyone here in the city to really, you know, to
5 address the challenges.

6 COUNCILMEMBER BOTTCHER: Thank you. Could you
7 provide a timeline at which we can expect to hear
8 from the department about the position that you've
9 arrived at?

10 DR. MCRAE: We look forward to... after... you
11 know, after this meeting, to really being able to
12 engage the Deputy Speaker and other folks on the
13 Council to really kind of... really... and once we
14 speak to Boston and other municipalities to really
15 hone in and really craft... craft a bill that really
16 makes sense and that really will be effective to
17 address the real concerns that we have.

18 COUNCILMEMBER BOTTCHER: Thank you. What... What
19 should residents do when they encounter needles on
20 the street... syringes on the street? Who should
21 they call?

22 DR. MCRAE: So our syringe service providers do
23 syringe pickup? So, you know, for example, you're in
24 East Harlem, you're on 125 Street and Lex, you... you
25 know that it's very close to the OPC. You can

1 call... You can call On Point. And they have a team
2 that will go out and pick up these syringes whether
3 it's one syringe or you know 1000 syringes within...
4 within hours.

5
6 CHAIRPERSON BOTTCHER: But for your everyday
7 resident who might not be familiar with what service
8 providers are in the neighborhood, should they call
9 311? Who should they call?

10 DR. MCRAE: 311 would be the place to call. Yes.

11 CHAIRPERSON BOTTCHER: And when a resident calls
12 311, let's just pick the intersection of 42nd and
13 8th, right? You find a needle in a tree bed, call
14 311. To whom is that call routed? To get that
15 needle picked up?

16 COUNCILMEMBER MEALY: Sanitation.

17 DR. MCRAE: Sanitation.

18 CHAIRPERSON BOTTCHER: Sanitation. I'm not so
19 sure that that's true.

20 CHAIRPERSON LEE: Sanitation. It is supposed to
21 go sanitation.

22 COUNCILMEMBER MEALY: I called... I'm sorry. I
23 did call 311. I had a whole bag of syringes in front
24 of my office. They told me to call tomorrow morning.
25 I said your employees going to be picking up these

1
2 syringes. People were opening up the bags and
3 started taking them. And it's a different program
4 that comes to pick them up. I can't remember the
5 name of it now. But it was a whole... I had to stay
6 there two hours for a different department in the
7 sanitation to pick up the syringes. So we should
8 know. I'll find out.

9 COUNCILMEMBER BOTTCHEER: And Councilmember Mealy
10 is... just for the record... Councilmember Mealy is
11 sharing what experience we've had in our office:
12 That there is not a very good system to get syringes
13 picked up. Do you communicate... Does the
14 Department of Health communicate with 311, The
15 Department of Sanitation about syringe disposal in
16 areas that are not around an OPC?

17 DR. MCRAE: We do regularly communicate with the
18 Department of Sanitation and Parks. I think what
19 you're raising is a very good point around
20 education... how you educate the public about how to
21 access these, right?, and making sure that we're
22 clear and consistent across... everyone here...
23 everyone is clear. So we'll look at... we'll look
24 into that, but we do, we should probably provide some
25

2 clear guidance for folks. Education is always key,
3 to let people know how to access the services.

4 CHAIRPERSON BOTTCHER: But your answer is that
5 the Department of Sanitation comes to pick up those
6 syringes?

7 DR. MCRAE: I will... we will get... we'll get
8 back to you on that.

9 CHAIRPERSON BOTTCHER: Okay. I think this would
10 be a great topic for future conversation. Near...
11 Near-future conversations. Because people are
12 encountering syringes in greater and greater numbers.
13 And needless to say, it's a big concern. People
14 don't know what to do. And they aren't having much
15 luck with the Department of Sanitation. I don't
16 think that many people in Department of Sanitation
17 think that they're responsible for.

18 DEPUTY SPEAKER AYALA: Well, there is a small
19 unit and within the Department of Sanitation, we
20 actually help funded through... through city budget.
21 We, under Catherine Garcia, had... We received
22 additional resources to expand it. It is a very
23 small unit, but you have to call 311. They don't
24 come right away. You know, they... It can take up
25 to 24 hours before they get there, which is the whole

1 point of the bill, right? Is that we're using... I
2 think, you know, this is actually a more cost
3 effective way of doing this. Because right now we're
4 using multiple, you know, agencies and groups to
5 collect the syringes. So there's not a lot of
6 synergy between them. And we're... we're actually
7 we're paying out a lot of money to do this and not do
8 it. Well. So...

10 COUNCILMEMBER BOTTCHEER: Thank you.

11 CHAIRPERSON LEE: Thank you. And next I want to
12 call on Councilmember Cabán. Yes. We need it for
13 the stream.

14 COUNCILMEMBER CABÁN: Thank you so much. First I
15 just want to thank y'all, because I would be remiss
16 not to talk about the fact that the Department of
17 Health was incredibly brave when they expended their
18 time, energy, and resources to making sure that On
19 Point could open its doors to have the first overdose
20 prevention centers in the country. And then the
21 ultimate result of that being one of the most perfect
22 examples of harm reduction and care infrastructure
23 that certainly I have ever, um, witnessed, and it's a
24 really, really beautiful thing. And it was only
25 possible because the department was... was willing to

1 take those steps at a time in an environment where
2 there's federal, you know... there's a federal court
3 case pending. And I also think that it's likely
4 because of the... the example that we have set here,
5 that we are that much closer to having a really
6 favorable decision in that... in that case, and much
7 more likely that we'll see these kinds of sites
8 across the country. And so I just, I want to name
9 that bravery.
10

11 Then when we talk about this legislation in terms
12 of like doing whatever it takes to save lives to keep
13 people safe. And then follow up with some questions.
14 I'm glad that y'all are connecting with folks in
15 Boston in and other... other places. I'm wondering
16 if... I know that you said you're going to meet with
17 them. But at this juncture, do you have information
18 you could put on the record about the success of the
19 programs in those other places, what kinds of results
20 they're getting, and also how they are intentionally
21 overlaying buyback programs with other strategies
22 that that exist in their jurisdiction? So that's one
23 of my questions. And then to be responsive to some
24 of the things that that you talked about, in your
25 exchange with Councilmember Bottcher, and some

1 concerns. You know, we know that the data and the
2 research shows that the people don't travel to OPCs,
3 right? There's a pretty much general catchment area.
4 They're not coming from other neighborhoods to come
5 in. And so in order to kind of like get to the folks
6 who, you know, aren't coming in to use in an OPC, or
7 aren't, you know, bringing their syringes in for an
8 exchange, do you think it's appropriate to have more
9 buyback... or more... more in exchange sites where
10 buybacks could take place outside of the OPCs? Like,
11 do you see that as an avenue? How many syringe
12 exchanges do we even have across the city? Do you
13 identify a need for more of those sites, whether
14 they're kiosks, whether they're mobile, whether
15 they're their brick and mortar? And if that would be
16 helpful here? Those are just some of my questions.
17 Sorry, I'll stop there.

19 DR. MCRAE: That's fine. So yeah, so I'm also
20 very... we're also very excited about kind of a lot
21 of the synergy that's happening across the country,
22 you know, around OPCs. And we know we're in constant
23 communication with our federal partners, as well as
24 folks at the state, and other jurisdictions who are
25 saying, "How do you How did you do that?" So we're

1 really, we're really proud of the work that we put
2 in, you know, for years and years and years to... to
3 get these up and going. The... We have 15, syringe
4 service programs, and so... and also kiosks...
5 various kiosks throughout the city, that are
6 maintained by both Department of Health and by Parks.

7
8 The Boston numbers, what we know from there, some
9 preliminary data, before having spoken... spoken to
10 them, we kind of have some access to the some of the
11 data. We know since it started in December 2020, you
12 know, what they were doing was basically giving
13 people 20 cents per needle with a maximum of \$10...
14 \$10 per day. You know, when people return the
15 syringes, outreach workers at that space, offer harm
16 reduction services, connection to other services...
17 that's the flow. And they've gotten about 1.7
18 million syringes collected. So averaging about
19 22,000 per week. And there's been about a 50...
20 they've cited a 50% decrease reduction in service
21 requests related to needle clean... needle cleanup.

22 But again, those data, we want to kind of know
23 more about that what that really means, and make sure
24 it's not an artifact of you know, other kinds of
25 environmental conditions.

2 COUNCILMEMBER CABÁN: Are there plans to expand
3 the number of Syringe Service Programs we have in the
4 city, plans to expand the number of kiosks, and if
5 so, what are they?

6 DR. MCRAE: At this time there isn't... there are
7 no plans to expand the SSPs... any concrete plans to
8 expand SSPs, but they are located across the city.
9 We, as mentioned during testimony, or I mentioned in
10 testimony. We have you know the public... public
11 health vending machines as well that will be coming
12 out soon, and close to those... close to those... to
13 those kiosks... or close to the vending machines will
14 be kiosks as well.

15 COUNCILMEMBER CABÁN: Can I ask one more question
16 chair? Thank you.

17 Do you have any information on what data or
18 research shows in terms of how far somebody will go
19 to make use of it an SSP? Like sort of what is what
20 is an SSPs catchment area?

21 DR. MCRAE: I don't have... I don't have that off
22 top of top of mind. I mean we do know that people
23 aren't traveling far for OPCs, kind of more broadly
24 to use, but I can get the information around kind of
25 where the literature and look at the literature on

1 how people tend to... how far they will tend to go
2 for SSP services, which is a different level of
3 service.
4

5 I mean, that would be great information to have.
6 Because I mean, working backwards from there that it
7 tells you exactly how many we need right to sort of
8 get the best outcomes and ensure that as many folks
9 who are using substances are also going to be just as
10 inclined to then turn it in that needle. I mean, the
11 thing, the same theory applies to composting and
12 trash, and they know if you're within 15 minute walk,
13 then you'll do this thing, and kind of being able to
14 guide behavior and encourage certain behavior through
15 infrastructure.

16 DR. MCRAE: Yes.

17 COUNCILMEMBER CABÁN: Thank you.

18 DR. MCRAE: Thank you.

19 CHAIRPERSON LEE: Thank you. And we have also
20 Councilmember Vicki Paladino, who wanted to ask a
21 couple of questions.

22 COUNCILMEMBER PALADINO: Good morning, and thank
23 you for being here. Really appreciate the knowledge
24 that I'm getting today. And I am, I have to say
25 after speaking to Councilmember Diana, here, I have

1 to say that I'm 100% on board with this. I want to
2 address, and backpedal a little bit on the... on the
3 safety issues as far as not being able to dispose of
4 the syringes. As she stated, there's layers to this
5 cake. And I want to know, with how many bags did you
6 have outside?
7

8 COUNCILMEMBER MEALY: Three.

9 COUNCILMEMBER PALADINO: Three bags? So huge
10 bags?

11 COUNCILMEMBER MEALY: Big.

12 COUNCILMEMBER PALADINO: Why doesn't this come
13 under hazardous waste? Because it's not sanitation.
14 We have to... we have to make... you know, we worry
15 about the way we get rid of computers. We worry
16 about the way we get rid of electronical devices.
17 And yet, we have areas in this city, that people are
18 wondering how they can clean their own streets up to
19 prevent these kids from picking things up that they
20 could get an infection from, die from, it's becoming
21 normal. This is not normal. And I'm just... I want
22 to know about that. You also want to know, what's
23 the budget? How much money has the city taxpayer
24 dollars been going into this program that if
25 implemented properly -- which I'd like to be a part

1 of -- how we could best go about this? Because this
2 can't go on the way it's going on. This is becoming,
3 as Diana had said, normal activity. They're just not
4 going to these prevention sites or these injection
5 sites. They're doing it out on the street, these
6 kids are seeing it, and then they're dropping their
7 debris on the sidewalk. So it doesn't fall under
8 sanitation. It's hazardous waste. And we need to
9 know... I want to know budget. I want to know about
10 how we're going to go about cleaning up the streets
11 in these neighborhoods.
12

13 You know where I come from. In my district, I'm
14 in district 19 It's there. It's... it's there, but
15 it's behind closed doors, like in Linda's district.
16 We're neighbors. It's not as prev... it's prevalent,
17 but you just don't know it. The kid's injecting in
18 his bedroom instead out on the street. So we have to
19 figure out how we're going to help the neighborhoods
20 that are hardest hit. And I'd like to know the
21 budget for this.

22 DR. MCRAE: So for... On the budgetary piece,
23 you know, we did expand SSP, you know, cleanup last
24 year. I don't have the budget with me. I can get
25 back to you. You know, I apologize for that. But

2 the OPC, or the SSP are trained to really deal with,
3 you know, with syringe cleanup. You know, I, you
4 know, share concerns around like children's safety
5 and you know, people who have access or were coming
6 into contact. Sorry...

7 COUNCILMEMBER PALADINO: But the thing is... I
8 don't mean to interrupt, and I'm sorry. The thing is
9 the way you're going about the cleanup isn't working.
10 It's not working. It's failing. And I just want to
11 know what steps we could take as a Council and
12 implement what needs to be done. I brought up
13 hazardous waste. Why isn't this considered houses
14 hazardous waste? A computer is. A telephone is.
15 Why is that... Why isn't the syringes and every
16 other thing? Why isn't that considered hazardous
17 waste?

18 DR. MCRAE: I cannot speak to why it's not
19 hazardous waste. But I can say that the... We are
20 very much committed to going to where the services
21 need to be, where there's higher rates. We're trying
22 to be responsive to that. Like I said, we did expand
23 outreach at SSPs. And we are... you know, The Health
24 Department has taken a very strong kind of, you know,
25 place-based approach, like going to spaces, providing

1 services in places where it's needed most. We know
2 that they are in some places where they are needed
3 the most... (crosstalk) it's really...

4
5 COUNCILMEMBER PALADINO: You have only six spaces
6 in five boroughs. Six, there's 8 million people
7 here. I keep going... Whenever... whenever I'm in a
8 hearing, I keep relating back to budget, I always
9 relate back to the population of this city. And I
10 understand that you're running Boston as a model,
11 which we all need a model. But New York is always a
12 little bit different than everyplace else. So we
13 need to take that model, expand on that model, but
14 most important, making work. So while we're throwing
15 money again, like I say, a lot of times and people
16 have me on record as saying so, shot glass over
17 Niagara Falls, it doesn't work, we need to go to the
18 highest-hit districts that are... and apply our
19 energies there. This is... These... They are...
20 They are at risk. These kids are at risk. I have a
21 playground across the street from a woman's homeless
22 shelter that is riddled with needles all the time.
23 The civic associations take it upon their themselves
24 to pick it up. But these are needles, used needles.
25 What do they do with the use needles? They put them

1 in a black shopping bag, so nobody knows what they
2 are, and they go into regular garbage. That's a
3 fact. So, need help with that. We need to expand on
4 that. So thank you very much for your time.
5

6 DR. MCRAE: And I really appreciate Deputy
7 Speaker's, kind of the bill, and the intention of the
8 bill, right? It is like how do we do this? And I
9 think that that is I mean, that's the conversation we
10 want to continue that we want to have and set a goal
11 for ourselves. We do think that there's a need to
12 make sure we get syringes off the street and want to
13 make sure that whatever strategy that we're employing
14 is the best. So, I think it is...

15 COUNCILMEMBER PALADINO: Is it... Is it possible
16 to concentrate on districts like Diana's and your
17 district? And... and... and Councilman Bottcher's
18 District? Is there any way that we could just like,
19 you know, Linda's and my district is okay... we're
20 okay compared to these other districts. These
21 districts need help. And what are we doing? I mean,
22 one in every borough? It doesn't work well for me.
23 And I want to know the money that's being spent. It
24 doesn't work well, for me. Questions that need to be
25 answered.

1
2 DEPUTY SPEAKER AYALA: Which we will definitely
3 follow up with.

4 COUNCILMEMBER PALADINO: Thank you.

5 DR. MCRAE: Thank you.

6 CHAIRPERSON LEE: And finally Councilmember
7 Mealy, go ahead.

8 COUNCILMEMBER MEALY: I just have two questions,
9 really, because that was a traumatized day. And I do
10 concur, that it has to be a waste department, maybe
11 that... after you call 311. They told me to call
12 sanitation, and I called sanitation and spoke to a
13 supervisor. They said, "No wait until tomorrow
14 morning." And it was so sad to hear that. I said
15 your employees are coming to pick up these needles.
16 And then I tried to call intergovernment relations.
17 Couldn't get through to no one. It seemed like no
18 one answers the phone anymore. So we only stayed
19 about, I can say 4 hours, making sure. I can't
20 remember... I thought Deputy Speaker would say what
21 department the name was that we could get that out to
22 everyone. If they see needles, call that department.
23 So I think I'm going to put it in my newsletter to
24 make sure if anyone see needles who to call. But I
25 heard that you said something about holistic. What

1 holistic things that you do with individuals when
2 they, I guess, shoot up in your facility.

3
4 DR. MCRAE: So I say holistic in terms of the
5 kind of whole person care. So when you go to... when
6 you go to an OPC, you're able to not only use, you
7 know, under supervised conditions, but you can also
8 have access to these other services, basic needs,
9 showers, clothing.

10 COUNCILMEMBER MEALY: Acupuncture?

11 DR. MCRAE: Acupuncture, yeah.

12 COUNCILMEMBER MEALY: That also?

13 DR. MCRAE: Yeah. All of it. All of that. It's
14 like you know, kind of considering the kind of a
15 suite of services, and the OPC services where it's a
16 supervised consumption space, is one of the many
17 services that are offered in that space.

18 COUNCILMEMBER MEALY: Okay.

19 DR. MCRAE: It's whole person care.

20 COUNCILMEMBER MEALY: Okay. Then, I know I heard
21 you say that, they cannot come in with their own
22 equipment. Right?

23 DR. MCRAE: They cannot leave with their own
24 equipment.

1
2 COUNCILMEMBER MEALY: No, they cannot come in?
3 If they have their own shoot up equipment, they can't
4 come in the facility with it? You said they have to
5 discard it before they come in.

6 DR. MCRAE: No they have... they can't leave the
7 facility with... with used supplies.

8 COUNCILMEMBER MEALY: It is still... I said, if
9 someone come into the facility, they can't have their
10 own works.

11 DR. MCRAE: Yeah. They... Yes.

12 COUNCILMEMBER MEALY: They can?

13 DR. MCRAE: Yes. But they can't... They can't
14 leave with... with dirty... dirty syringes or used
15 materials.

16 COUNCILMEMBER MEALY: So they could come in with
17 their own, shoot up, and y'all would discard their
18 works.

19 DR. MCRAE: Yes. We discard everything that
20 comes in, or that leaves.

21 COUNCILMEMBER MEALY: Okay, then. So if some
22 people do not come inside, how is the trash picked up
23 around that area?

24 DR. MCRAE: So the... On Point has a really
25 robust outreach team. So they're regularly kind of

1 outreach into the community. And they're also
2 responsive to calls from community members, and
3 anyone really, who spots a syringe, and they'll go
4 pick it up.
5

6 COUNCILMEMBER MEALY: How often do... does that
7 happen?

8 DR. MCRAE: Daily.

9 COUNCILMEMBER MEALY: Huh?

10 DR. MCRAE: Daily.

11 COUNCILMEMBER MEALY: Daily? So what's the
12 recourse? What are you putting in place that you
13 could maybe have people stand outside and say, "No,
14 you can't do it here." What... What is the plan to
15 try to make those areas a safe haven that you don't
16 have to bring someone out to clean up?

17 DR. MCRAE: We did, you know, again, increase,
18 kind of, SSPs outreach capacity... or the capacity
19 for the SSP providers. And part of that, there's the
20 ability to do additional outreach. Because even if
21 you have a small outreach team, who are out every
22 day, as Deputy Speaker mentioned, the volume still
23 surpasses what can be picked up by those teams.
24
25

1
2 COUNCILMEMBER MEALY: Wow. Okay. Thank you for
3 your service. But I know we have to see what
4 department name it is that... If we call 311.

5 COUNCILMEMBER PALADINO: He said it is very small
6 quantities...

7 COUNCILMEMBER MEALY: Yes, that's what he said.

8 COUNCILMEMBER PALADINO: So we have to step
9 back... I had that expression but...

10 DEPUTY SPEAKER AYALA: Circle back... yes.

11 COUNCILMEMBER MEALY: And I mean...

12 COUNCILMEMBER PALADINO: ...but we come back to
13 the same thing.

14 COUNCILMEMBER MEALY: I literally couldn't leave,
15 because I knew it was the safety hazard to my
16 district. And this was right in front of my district
17 office.

18 COUNCILMEMBER PALADINO: We keep assuming that
19 these drug... the people who are using are of sound
20 mind. They're not. So they're doing whatever
21 they're doing. And they're doing it on the steps.
22 They're doing it all over the place. Everybody's
23 posting everything on Facebook. You see it
24 everywhere. So this is no secret. They're not using
25 the centers. They're all over the streets. And if

1
2 you think for one moment, they're going to say,
3 "Well, let me dispose of this safely," I think
4 everybody is making a big mistake in assuming that
5 these people are of sound mind. They are not. Thank
6 you.

7 COUNCILMEMBER MEALY: They are not. And it was so
8 sad that I had to really stay there. And wait and
9 wait and wait. And it was... Blood was in some of
10 the syringes. It was disgusting. So please, I would
11 love to see how this pilot could go in every
12 district. Thank you...

13 CHAIRPERSON LEE: Thank you.

14 COUNCILMEMBER MEALY: ...Madam Chair for having
15 this important hearing. Thank you.

16 CHAIRPERSON LEE: I know. And I just want to
17 note, we've been joined by Councilmember Shahana
18 Hanif. Not to put you on the spot, but others have
19 asked their questions. And so not to... I know you
20 just walked in. But if you had any questions in
21 relation to the bill that you'd wanted to ask, I just
22 wanted to give you the time to...

23 COUNCILMEMBER HANIF: Thank you so much. I don't
24 have any questions.

25

1
2 CHAIRPERSON LEE: Okay. Great. So thank you so
3 much, Dr. McRae, for being here with us today. I
4 just want to thank you so much for just providing us
5 more information. And we look forward, obviously, to
6 ways to partnering with you.

7 And just my one final question, I would have to
8 say that I have is, you know, obviously you know that
9 there's a lot of interest from the Councilmembers
10 here, especially on this committee, to helping DOHMH
11 address a lot of these issues. And so, you know, how
12 can we as a City Council sort of further support
13 DOHMH's effort to address the crisis... the opioid
14 crisis in general, because I know, it's not just
15 like, Deputy Speaker mentioned, it's not just this,
16 you know, syringe buyback bill, and this is not just
17 the only issue. It's multifaceted. So if there are
18 any suggestions or ways that you have to partner with
19 us, we'd love to hear that as well.

20 DR. MCRAE: I think specifically for this,
21 specifically, I think continuing to have
22 conversations to really think about what's the
23 best... what makes the most sense, you know, I, you
24 know, I think we like to make sure that we're doing
25 initiatives are sound, kind of data driven, that

1 makes sense, and that we're going to solve the
2 problem. So I think continue to be in conversation.
3 I think it is, it's always most helpful.

4 CHAIRPERSON LEE: Thank you. And if you guys
5 have not, I would definitely encourage everyone to
6 visit one of the OPCs. They... They were... It was
7 really great. And I think all of us should go,
8 because it's very eye opening. And I think, you
9 know, a lot of us, for example, Councilmember Cabán
10 and I and other colleagues, we've been having sort of
11 offline conversations also about, for example, Boston
12 and other cities and what we can do to replicate. So
13 I think that'll be good ongoing conversations to
14 have. So thank you so much.

15 DR. MCRAE: We're open to...

16 COUNCILMEMBER CABÁN: If I could say something
17 briefly, is that I like... just the PSA that we all
18 should be visiting, but people from other cities and
19 states are clamoring... they're coming here to visit
20 our OPCs. And so the fact that we are here and able
21 to walk through their doors on any day at any time, I
22 just encourage folks to...

23 CHAIRPERSON LEE: And Dr. McRae will come too.

24 DR. MCRAE: Yeah.
25

1 CHAIRPERSON LEE: You were there when I went. It
2
3 was awesome. Yeah, we did it together. Yeah.

4 DR. MCRAE: Yeah. The center has a very -- in
5 the spirit of transparency, it opens really the doors
6 to anyone who wants to come and check it out. So if
7 you want to come, we're... we're more... we're more
8 than happy to kind of arrange that for you all. So
9 absolutely.

10 CHAIRPERSON LEE: Thank you. Thank you so much.

11 COUNCILMEMBER MEALY: Road trip.

12 COUNSEL DWYER: Okay, I believe at this time,
13 that concludes the... the Admin testimony, if I'm not
14 mistaken. Thank you very much. We appreciate you
15 coming.

16 At this time, I will be reaching out to members
17 of the public who have joined us on Zoom. I will
18 call your name. And at that time, please know that
19 you will be limited to two minutes of testimony.

20 There may be a few seconds delay when you're unmuted
21 so that we can hear you. And please wait for the
22 Sergeant At Arms to announce that you may begin
23 before starting your testimony.

24 With that, our... I will go ahead and call our
25 first panelist, Sarah Noda.

1
2 MS. NODA: Hi, this is Sarah Noda. First, I
3 would like to thank Councilmember Ayala for her
4 efforts to try to reduce the syringe litter. And for
5 her work to address the opioid crisis here in East
6 Harlem. I'm a very concerned East Harlem resident,
7 and I'm a mom to three children. Every single day,
8 my three children see people shooting up on the
9 sidewalk on their walk to school, and I can attest to
10 what a problem this is. At this point, honestly, I'm
11 just about willing to try anything to address the
12 needle litter in the community. The idea of creating
13 a buyback program may have the potential to address
14 the syringe litter, but after reading through the
15 actual bill, unfortunately, this bill does not
16 include needles that are used outside of the OPC
17 facilities as it is written right now, and as we just
18 heard, Dr. Michael McRae of DOHMH testify, the
19 people who utilize the needles and other equipment
20 inside the OPCs currently use the use the equipment
21 that's provided there, and they already discard that
22 equipment inside the OPC facility. If you read
23 through this bill, in section one it specifically
24 states that this program is for individuals who use
25 the syringe for purposes of drug consumption in a

1 facility operated by the OPCs, and then they deposit
2 that syringe or sharp at the same facility after use.
3 But this behavior is already happening as many of the
4 OPCs at multiple community hearings have testified,
5 no equipment leaves their location.
6

7 And if you continue on, the bill was written in
8 this way it doesn't really address what's on our
9 streets. If you look at the very last section of
10 this bill, so section 3D...

11 SERGEANT AT ARMS: Time has expired.

12 MS. NODA: I'm sorry?

13 SERGEANT AT ARMS: Time expired.

14 MS. NODA: May I continue? I know there's not
15 that many people here and this is a very passionate
16 point for me, as I live this every single day, and my
17 children was this every single day. And we really do
18 need something to address what's going on here.

19 Thank you.

20 In section 3D the bill explicitly states that
21 only after a year will Department of Health be able
22 to establish a permanent needle buyback program, and
23 only after that year of it being in effect, would
24 they decide if they would expand and how they would
25 expand, and if that expansion would include the

1 authorization to buy back needles, syringes, or
2 sharps that are used outside use in a location quote
3 other than an overdose prevention facility.
4

5 And I don't see how this is going to work for us
6 this way.

7 I have other concerns about this bill because it
8 gives the Department of Health a full year from the
9 time that this bill is implemented to actually begin
10 this syringe pickup program, and I think a more
11 reasonable amount of time, as you know, Councilmember
12 Ayala stated, it's a very simple bill, a reasonable
13 amount of time for an adequate program should be
14 around six months to implement. And I also have
15 concerns about the fact that only Department of
16 Mental Health would be deciding the future of this
17 program following that first year of implementation.
18 I think that the community and people that live in
19 the communities affected should have some input on
20 whether the program is working or not. In addition
21 to this, with the reporting section of Section 3, and
22 what has to be reported by the OPCs, I want to know
23 more. This is very minimal, I want to know, well, I
24 also as a whole, I would like to know where the
25 money's coming from for the buyback program.

1
2 In addition to what's listed, and knowing the
3 names and locations of the participating facilities,
4 I'd like to know the number of needles that are
5 handed out by each of these facilities, compared to
6 the number that they're taking back in. I'd also
7 like to know, as far as the money handed out, like, I
8 would like a monthly and weekly breakdown from each
9 facility for the amount that they're paying to buy
10 back these needles. And I don't want to keep you
11 guys forever. I have a lot that I could probably
12 say. But this idea is promising. But as it is
13 written, it's not written in a way that would make a
14 significant impact on our streets, because it only
15 addresses what is actually going on inside the OPCs
16 right now.

17 And finally, you know, I really would encourage
18 Councilmembers to look into how the Boston program is
19 run. If they... It's my understanding that they go
20 out onto the streets and collect the needles. So
21 it's a very different program. And it's also
22 privately funded. I'll just add that in there. But
23 I think we need a more a detailed proposal here to
24 truly address what's going on on our streets, as
25 opposed to just addressing litter and containment of

1 litter inside the OPC, which Dr. Michael McRae has
2 already testified because it stays inside. That's
3 it. Thank you.

4
5 SERGEANT AT ARMS: Time has expired.

6 COUNCILMEMBER LEE: Thank you, Sarah.

7 MS. NODA: Thank you.

8 COUNCILMEMBER LEE: And thank you for staying on
9 and listening to all the questions in the testimony
10 from Dr. McCrae. And, you know, we will definitely
11 take your concerns and notate them and see how we
12 can... I don't know if you wanted to comment?

13 DEPUTY SPEAKER AYALA: Hold on. Sorry. I would
14 like to clarify that, yeah, the language in the in
15 the initial bill was a little bit confusing. I can
16 see why it would give the impression that that's what
17 we were doing. But we're not... This is not... The
18 OPC relationship to this program is that it would...
19 I think -- and this is still conceptual; we're trying
20 to work our way through it -- is that it would
21 incentivize folks in the community outside, that are
22 in the parks, littering in the parks and on our
23 public streets to bring the syringe to the OPC. It
24 absolutely has nothing to do with individuals. This
25 program is not geared towards individuals that are

1 already receiving those services. So that language
2 will be amended to reflect the true intent of the
3 bill.
4

5 CHAIRPERSON LEE: Thank you for that
6 clarification. And you know, it's... it's good that,
7 you know, we have the whole point of this is so we
8 can get the feedback from the public and adjust it.
9 So thank you so much. Thank you, Sara.

10 And, of course, I want to acknowledge our
11 colleague, Councilmember Nantasha Williams. Also not
12 to put you on the spot, but we're actually at the
13 point of wrapping up. So I just wanted to know if
14 you had any questions on the bill based on what
15 you've read, or any sort of...? No... comment?
16 Yeah. Okay. Okay.

17 COUNSEL DWYER: Thank you Chair. If we
18 inadvertently missed anyone who would like to testify
19 in person, please visit the sergeant's table now and
20 complete a witness slip. If we inadvertently missed
21 anyone to test... who would like to testify
22 virtually, please use the raise hand function in Zoom
23 and I will call on you in the order of hands raised.

24 Seeing no one else. I would also like to note
25 the written testimony which will be reviewed in full

3 by committee staff may be submitted to the record up
4 to 72 hours after the close of hearing by emailing it
5 to testimony@council.NewYorkCity.gov. Chair Lee, at
6 this time, we've concluded public testimony for this
7 hearing. So I will turn it back to you for closing
8 remarks.

9 CHAIRPERSON LEE: Okay. Thank you so much all
10 for being here. And as we heard today, there's a lot
11 of work and synergy around this topic and this issue.
12 So I look forward to working together with our
13 colleagues and DOHMH Administration to make sure that
14 we continue to expand a lot of the services that are
15 being offered. And just to take the feedback from
16 all of us here to make this program stronger. So
17 thank you all so much. And with that, we are
18 concluding today's hearing.

19 Thank you so much.

20 [GAVEL]
21
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23
24
25

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date 09/30/2022