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**The Council of the City of New York**

# COMMITTEE REPORT OF THE LEGISLATIVE Division

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**COMMITTEE ON MENTAL HEALTH, DISABILITIES, AND ADDICTION**

*Hon. Linda Lee, Chair*

#### November 21, 2022

**Proposed Introduction No. 609-A:** By Council Members Ayala, Restler, Won, Nurse, Gutiérrez, Joseph, Farías, Narcisse, Williams, Richardson Jordon, Stevens, Cabán, Brewer, Salamanca, Jr., Abreu, Hudson, Brannan, Ossé, Hanif, Krishnan, Avilés, Sanchez, and Louis

**Title:** A Local Law to amend the administrative code of the city of New York, in relation to establishing a needle, syringe, and sharps buyback pilot program

**Proposed Introduction No. 404-A:** By Council Members Lee, Ayala, Brewer, Louis, Nurse, Krishnan, Kagan, Menin, Marte, Farías, Williams, Holden, Schulman, Dinowitz, Ossé, Abreu, Restler, Avilés, Bottcher, Ariola, and Paladino

**Title:** A Local Law in relation to a report tracking the funds paid pursuant to the New York opioid settlement sharing agreement

1. **Introduction**

On November 21, 2022, the Committee on Mental Health, Disabilities, and Addiction, chaired by Council Member Linda Lee, will hold a vote on Proposed Introduction Number 609-A (Int. 609-A), sponsored by Deputy Speaker Ayala, a Local Law in relation to establishing a needle, syringe, and sharps buyback pilot program. The legislation was previously heard at a hearing of the Committee on September 20, 2022, at which the Committee received testimony from the New York City Department of Health and Mental Hygiene (DOHMH), nonprofit and community-based organizations, and other interested parties.

The Committee will also hold a vote on Proposed Introduction Number 404-A (Int. 404-A), sponsored by Council Member Lee, a Local Law in relation to a report tracking the funds paid pursuant to the New York opioid settlement sharing agreement. The legislation was previously heard at a hearing of the Committee on June 30, 2022, at which the Committee received testimony from DOHMH, mental health professionals, community-based organizations, and other interested parties.

1. **Background**
2. **Opioid Use Disorder in America**

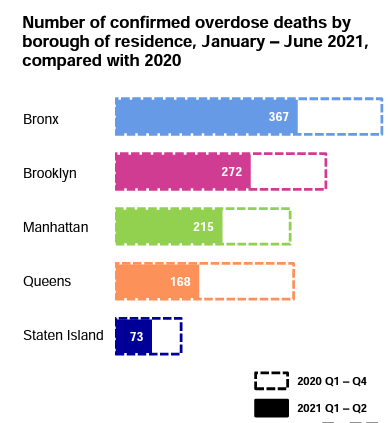
Opioid use disorder was declared a national public health emergency in 2017.[[1]](#footnote-1) Since 1999, more than 932,000 people have died from a drug overdose; in 2020, almost 75% of overdose deaths involved an opioid.[[2]](#footnote-2) It is important to note that opioid deaths include prescription opioids, heroin, and synthetic opioids (such as fentanyl), and that many addictions begin with legally acquired prescription opioids and move to illicit opioids such as heroin.[[3]](#footnote-3) The COVID-19 pandemic exacerbated the existing overdose crisis both in New York and nationally, due to increases in mental health issues and stressors, disruptions to supply chains – which promoted people to seek substances from less familiar suppliers – and social distancing and isolation, which left some to “take drugs alone . . . making it less likely someone will be there to call 911 or administer Narcan,” a medication to reduce an opioid overdose.[[4]](#footnote-4)

1. **Opioid Use Disorder in New York**

In New York State, the number of deaths involving opioids increased every year between 2010 and 2017, with an overall increase of over 200% in those years. [[5]](#footnote-5) In other words, overdose deaths increased from 1,074 to 3,224.[[6]](#footnote-6) In that same period, the number of overdose deaths involving commonly prescribed opioids, such as Vicodin or Oxycodone, increased by 41.7%.[[7]](#footnote-7) And while there was a 10% decrease in 2019, preliminary data from 2020 indicates a significant increase.[[8]](#footnote-8) Similar to national trends, opioid overdose deaths in New York involve prescription pills, heroin, synthetic opioids, and a combination of multiple types of opioids:[[9]](#footnote-9)

In New York City (and nationally), opioid overdose is the leading cause of accidental death, surpassing motor vehicle deaths, homicides, and suicides combined.[[10]](#footnote-10) Every three hours, someone dies of a drug overdose in the City, 85% of which involve opioids.[[11]](#footnote-11) And fentanyl, a highly potent synthetic opioid, is involved in more than 78% of all overdose deaths in the City.[[12]](#footnote-12) Inthe first two quarters of 2021, the City experienced 1,233 overdose deaths, an increase from the 965 overdose deaths during that same period in 2020*.*[[13]](#footnote-13) The highest rates of overdose deaths were experienced in Harlem and the Bronx neighborhoods.[[14]](#footnote-14)

By borough, overdose death rates were as follows:[[15]](#footnote-15)



There are striking inequities in access to treatment services.[[16]](#footnote-16) Rather than relying on individual preferences, medical reasons, or psychiatric indicators, access to appropriate treatment depends on race, income, geography, and insurance status.[[17]](#footnote-17) One New York City-based study concluded that “the residential area with the highest proportion of Black/African American and Latino low-income individuals also had the highest methadone treatment rate,” while buprenorphine and naloxone were most accessible in areas with the greatest proportion of White, high-income patients.[[18]](#footnote-18)

Methadone is long-acting opioid agonist used to reduce withdrawal symptoms, cravings, and block the euphoric effects of drugs such as heroin, morphine, and oxycodone.[[19]](#footnote-19) Buprenorphine (also known as naloxone or suboxone) is a partial opioid agonist that produces euphoric effects or respiratory depression at low to moderate doses.[[20]](#footnote-20) The effects are weaker compared to methadone and heroin, which are full opioid agonists, but treatment is still effective.[[21]](#footnote-21) The disparity in treatment access is important to note, as buprenorphine is generally considered less stigmatizing than methadone.[[22]](#footnote-22) One reason being is that it is considered an “office-based treatment program.”[[23]](#footnote-23) But such programs only work for patients with primary care access – something that is inaccessible to many low-income or uninsured people of color.[[24]](#footnote-24) Methadone on the other hand, must be administered in a federally regulated opioid treatment program.[[25]](#footnote-25) Such programs have strict regulations and are often located in lower-income areas.[[26]](#footnote-26)

In sum, unequal treatment is common in many Black and African American communities, low-income, and uninsured communities.[[27]](#footnote-27) There is essentially a “two-tiered treatment system,” in which buprenorphine is mostly accessed by Whites, high-income, and those who are privately insured, while methadone is typically accessed by people of color, individuals who are low-income, and publicly insured.[[28]](#footnote-28) Thus, to reduce the impact of opioid misuse, opioid use disorder, and opioid-related overdoses on the Black/African American and Latino populations, it is critical to understand the contextual issues, treatment barriers, and the community-informed strategies that are working in these communities.[[29]](#footnote-29)

1. **Attorney General’s Lawsuit and Opioid Settlement Fund [[30]](#footnote-30)**

In March 2019, the New York State Attorney General, Letitia James (AG), filed an extensive and comprehensive lawsuit against opioid manufacturers and distributors.[[31]](#footnote-31) The lawsuit alleged that the defendants committed years of “false and deceptive marketing” and ignored their “duties to prevent the unlawful diversion of controlled substances,” thus resulting in the creation of the current opioid epidemic ravaging New York that is marked by “widespread addiction, overdose deaths, and suffering.”[[32]](#footnote-32) Though much of the litigation is still pending, drug manufacturers have already settled claims for their role in the opioid epidemic.[[33]](#footnote-33)

New York State passed a law, S.7194/A.6395B, requiring funds from the opioid settlements and litigations to be deposited into an opioid settlement fund (OSF) for the development of new services and supports.[[34]](#footnote-34) Pursuant to this law, all OSF funds must be used for abatement efforts in communities devastated by the opioid epidemic, and will not go towards the state’s general fund.[[35]](#footnote-35) New York City is expected to receive $88,943,457 in 2022, and up to $286,137,783 over the various settlement payouts.[[36]](#footnote-36) According to the Mayor’s June press release, there are three pools of fund money from the OSF designated for New York City: (1) The first pool will flow through the AG; (2) The second pool will flow through the State Office of Addiction and Substance Abuse Services (OASAS), guided by the Opioid Settlement Board; and (3) The third pool is a direct-to-localities funding mechanism for approved uses.[[37]](#footnote-37)

Through these pools, New York City will receive approximately $286 million over the next 18 years, including the $150 million over the next five years, discussed above.[[38]](#footnote-38) The City will receive these funds pursuant to the New York Opioid Settlement Sharing Agreement, which sets forth the terms and conditions governing the sharing and allocation of funds between and among the State of New York and the New York Subdivisions.[[39]](#footnote-39)

1. **Harm Reduction in NYC Neighborhoods**

Improperly discarded syringes, needles, and sharps “are a concern for all New Yorkers.”[[40]](#footnote-40) Following the 2017 closure of what was referred to as “The Hole” – a stretch of abandoned railway tracks in the South Bronx that had become “ground zero” for the borough’s opioid addiction and homelessness crises, more than a dozen parks across the South Bronx saw a dramatic increase in public drug use and discarded syringes on lawns, play equipment, benches, basketball courts, and athletic fields.[[41]](#footnote-41) Every syringe collected represents a risk not just to the public, but also to those suffering from addiction.[[42]](#footnote-42)

In November 2021, two harm-reduction drop-in centers operated by the nonprofit OnPoint NYC, became the first publicly recognized Overdose Prevention Centers (OPCs) in the nation, offering supervised substance use onsite.[[43]](#footnote-43) One is in Washington Heights and the other in East Harlem, and are located within existing substance use programs,[[44]](#footnote-44) which have long provided clean syringes, harm reduction counseling, HIV testing, and other services.[[45]](#footnote-45) In the first three weeks of operation, staff averted at least 59 overdoses to prevent injury and death, with the centers being used more than 2,000 times during that period.[[46]](#footnote-46)

Despite this success, according to an interview in May 2022 with the Metropolitan Transportation Authority (MTA) CEO, Janno Lieber, drug use at the 181st Street subway station increased especially once the nearby overdose prevention site closes for the day.[[47]](#footnote-47) Further, the MTA Chief Customer Officer tweeted that the “centers should be open 24/7,” noting “during the hours they are closed, hundreds of needles have been discarded on subway tracks and platforms”[[48]](#footnote-48) putting the neighborhood at risk of injury and infection.[[49]](#footnote-49)

The Centers for Disease Control and Prevention (CDC) reports that “needle sticks and other sharps-related injuries” in healthcare settings are associated with the transmission of hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), and have also been implicated in the transmission of more than 20 other pathogens.”[[50]](#footnote-50) Similarly, a recent study at Yale University revealed that the most common type of HIV “can survive for more than two weeks in a syringe and therefore could spread quickly” among individuals with untreated substance use disorders, especially those “who may reuse or share needles seven or more times.”[[51]](#footnote-51) The study emphasized the importance of government-sponsored needle-exchange programs to reduce the spread of HIV in individuals with untreated substance use disorders who share needles.[[52]](#footnote-52)

A syringe exchange program aims to prevent the reusing of needles by offering clean, unused syringes in exchange for used ones. A buyback program takes this concept one step further by offering money in exchange for the used syringes, further incentivizing the proper disposal of used syringes and discouraging their reuse. The concept of pilot buyback programs is not novel, and similar programs have been launched in other states with success. In December 2020, the city of Boston launched a pilot syringe buyback program which resulted in the collection of over 40,000 used syringes by March 2021.[[53]](#footnote-53) Operated by a privately funded “grass-roots company” called Addiction Disposal Services, LLC, the program offers 20 cents a syringe for a maximum payout of $10.00 per day and hopes to “partner with the city” in the future.[[54]](#footnote-54)

1. **Bill Analysis**

**Proposed Int. No. 609-A**

This bill would require DOHMH to establish a pilot program to offer financial incentives for the return of needles, syringes, and sharps used for non-medical consumption at locations in the five highest-need council districts. The bill would require DOHMH to determine eligibility for participation in the program. The bill would authorize DOHMH to set the buyback incentive, up to 20 cents per needle, syringe or sharp, with a cap of $10 per individual per day. Once implemented, the program would expire after one year and would require DOHMH to submit a report no later than six months after the program has ended that includes the name and locations of all buyback locations; the number of litter returned under the program, by location; the total amount of money disbursed; and a recommendation as to whether to make the pilot program permanent and whether to expand it. The bill would also require DOHMH to create a community-based plan of action to address the opioid epidemic in communities deemed at highest risk for opioid abuse and deaths.

Since it was heard, the bill was amended to clarify that at least one buyback location must be located in each of the five highest-need council districts, and to remove the enumerated requirements for eligibility in the program. The bill directs DOHMH to determine eligibility for participation in the program and may consult with the OPCs, H+H, and any other entity deemed relevant by the commissioner.

**Proposed Int. No. 404-A**

This bill would require DOHMH or another agency designated by the mayor (designated agency), to report on the monies paid to the City pursuant to the New York opioid settlement sharing agreement, or any other agreement with an opioid supply chain participant, or any successor agreement to either such agreement. The bill would require the designated agency to submit a report within 30 days of the release of each City financial plan or update that discloses the total amount of opioid funds, where the funds are being spent, the number of New Yorkers benefiting from the funds, and anticipated appropriation of the funds broken down by fiscal year. The bill would require the designated agency to submit such reports until all of the opioid funds have been appropriated.

Since it was heard, the bill was amended to clarify that the opioid funds allocated to the City are being received pursuant to a settlement sharing agreement with New York State. The bill was also amended to require the designated agency to submit their reports within 30 days of the release of each City financial plan or update, instead of monthly. Further, in referring to how the funds are intended to be applied, the bill was amended to replace “withdrawn, spent, or committed to be spent” with “appropriated.” Lastly, the bill was amended to clarify when the designated agency’s reporting obligations end.

Proposed Int. No. 609-A

By Council Members Ayala, Restler, Won, Nurse, Gutiérrez, Joseph, Farías, Narcisse, Williams, Richardson Jordan, Stevens, Cabán, Brewer, Salamanca, Abreu, Hudson, Brannan, Ossé, Hanif, Krishnan, Avilés, Sanchez and Louis

..Title

A Local Law to amend the administrative code of the city of New York, in relation to establishing a needle, syringe, and sharps buyback pilot program

..Body

Be it enacted by the Council as follows:

Section 1. The heading of section 17-180.1 of the administrative code of the city of New York, as added by local law number 128 for the year 2018, is amended to read as follows:

§ 17-180.1 Overdose prevention and reversal training; needle, syringe, and sharps buyback.

§ 2. Section 17-180.1 of the administrative code of the city of New York, as added by local law number 128 for the year 2018, is amended by adding new subdivisions g and h to read as follows:

g. 1. Needle, syringe, and sharps buyback pilot program. The department shall establish a needle, syringe, and sharps buyback pilot program. Such program shall offer financial incentives to individuals who collect and return needles, syringes, and sharps that were used for non-medical consumption. In implementing such program, the department shall establish at least 1 buyback location in each of the 5 highest-need council districts in the city, as determined by the department. The department shall set the amount of the buyback incentive for such program, except that such incentive shall not exceed 20 cents per needle, syringe, or sharp and shall not exceed a maximum payout of $10 per day to any individual. The department shall determine eligibility for such program and may consult with overdose prevention centers, the New York city health and hospitals corporation, or any other entity deemed relevant by the commissioner in administering such program.

2. Implementation. The pilot program shall commence no later than 30 days after the effective date of the local law that added this subdivision and conclude one year after the date such program commences. On or before the date the pilot program commences, the department shall conspicuously post on its website a list of the buyback locations included in the pilot program.

3. Report. No later than six months following the conclusion of the pilot program, the department shall submit to the mayor and the speaker of the council, and post conspicuously on the department’s website, a report on the pilot program established pursuant to this subdivision. Such report shall include, at a minimum, the following information:

(a) The names and addresses of all buyback locations included in the pilot program;

(b) The number of needles, syringes, and sharps returned or disposed of under the pilot program, disaggregated by buyback location;

(c) The total amount of money disbursed to individuals; and

(d) The department’s recommendation as to whether to establish a permanent buyback program and whether and how to expand such program.

h. 1. Community-based plan of action. The department, in conjunction with stakeholders, community-based organizations, providers, and all other entities deemed relevant by the commissioner, shall create a community-based plan of action to address the opioid epidemic in communities that the department deems are at highest risk for opioid abuse and overdose deaths. Such plan shall include, at a minimum:

(a) The creation of a community-based working group, which shall include relevant stakeholders and providers from each community identified by the department pursuant to this paragraph;

(b) A public awareness strategy that targets and addresses each community identified by the department pursuant to this paragraph; and

(c) Information on how and where to access opioid antagonists, as defined in subdivision a of this section, in the community.

§ 3. This local law takes effect 30 days after it becomes law.

CP/SS

LS #7353/ LS #10486

11/14/2022 8:20p

Proposed Int. No. 404-A

By Council Members Lee, Ayala, Brewer, Louis, Nurse, Krishnan, Kagan, Menin, Marte, Farías, Williams, Holden, Schulman, Dinowitz, Ossé, Abreu, Restler, Avilés, Bottcher, Sanchez, Ariola and Paladino

..Title

A Local Law in relation to a report tracking the funds paid pursuant to the New York opioid settlement sharing agreement

..Body

Be it enacted by the Council as follows:

Section 1. a. Definitions. For the purposes of this chapter, the following terms have the following meanings:

Administering agency. The term “administering agency” means the agency, office or individual designated by the mayor to administer the report on the opioid funds required by this local law.

City. The term “city” means the city of New York.

Opioid funds. The term “opioid funds” means the monies paid to the city pursuant to the New York opioid settlement sharing agreement, any other agreement with an opioid supply chain participant, or any successor agreement to either such agreement.

b. Beginning June 1, 2023, and until the final report required by subdivision c of this section, within 30 days of the release of each financial plan or update thereto, as described in subdivision c of section 258 of the New York city charter, the administering agency shall submit to the mayor and the speaker of the council, and post on its website, a report disclosing the following information:

1. The total amount of opioid funds at the end of the previous fiscal year, including any new opioid funds received;

2. The total amount of opioid funds appropriated in the previous fiscal year;

3. How opioid funds have been appropriated in the previous fiscal year, including the name and description of any city-run program, the name and description of any city-contractor and the name and description of any vendor to the city;

4. The number of New York city residents participating in or benefiting from city, contractor or vendor programs receiving opioid settlement funds, disaggregated by zip code, gender, ethnicity and languages spoken, to the extent practicable; and

5. Anticipated appropriations of opioid funds, broken down by fiscal year, for the next four fiscal years, including the fiscal year in which the report is submitted.

c. The reports required pursuant to subdivision b of this section shall be required until all the opioid funds have been appropriated as reported pursuant to paragraph 2 of subdivision b of this section, provided the final such report shall indicate that all such funds have been appropriated.

§ 2. This local law takes effect immediately and is deemed repealed upon appropriation of all opioid funds, as indicated in the final report submitted pursuant to section one of this local law.

SIL/SS

LS # 8947

11/14/2022 7:00pm

1. *The Drug Overdose Epidemic: Behind the Numbers*, CDC, <https://www.cdc.gov/opioids/data/index.html> (last reviewed June 1, 2022); see also, *What is the U.S. Opioid Epidemic?*, HHS.GOV, <https://www.hhs.gov/opioids/about-the-epidemic/index.html> (last reviewed Oct. 27, 2021). [↑](#footnote-ref-1)
2. *The Drug Overdose Epidemic: Behind the* *Numbers*, *supra* note 1. [↑](#footnote-ref-2)
3. *Id*. [↑](#footnote-ref-3)
4. *Id*. [↑](#footnote-ref-4)
5. *Opioid-related Data in New York State,* NYS Dept. of Health, <https://www.health.ny.gov/statistics/opioid> (last revised July 2022). [↑](#footnote-ref-5)
6. *Id*. [↑](#footnote-ref-6)
7. Deaths increased from 737 to 1,044. *Id*. [↑](#footnote-ref-7)
8. *Id*. [↑](#footnote-ref-8)
9. *Id*. [↑](#footnote-ref-9)
10. NYC Health, *Prevent Overdose*, NYC.gov, <https://www1.nyc.gov/site/doh/health/health-topics/alcohol-and-drug-use-prevent-overdose.page> (last visited Sept. 18, 2022). [↑](#footnote-ref-10)
11. NYC Health, *Unintentional Drug Poisoning (Overdose) Deaths: Quarter 3, 2021, New York City*, NYC.gov (June 2022), *available at*: <https://www1.nyc.gov/site/doh/health/health-topics/alcohol-and-drug-use-data.page> [↑](#footnote-ref-11)
12. NYC Health, *Overdose Continues to Rise in NYC as Harm Reduction Programming Scales Up*, NYC.gov (April 14, 2022), <https://www1.nyc.gov/site/doh/about/press/pr2022/overdose-increases-as-harm-reduction-program-scales-up.page>. [↑](#footnote-ref-12)
13. *Supra* note 11. [↑](#footnote-ref-13)
14. *Id*. [↑](#footnote-ref-14)
15. *Id*. [↑](#footnote-ref-15)
16. Substance Abuse and Mental Health Services Administration, *The Opioid Crisis and the Black/African American Population: An Urgent Issue*, Office of Behavioral Health Equity (2020), *available at*: <https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-05-02-001_508%20Final.pdf> [↑](#footnote-ref-16)
17. *Id*. [↑](#footnote-ref-17)
18. *Id*.; see also Hansen, et. al., *Variation in Use of Buprenorphine and Methadone Treatment by Racial, Ethnic, and Income Characteristics of Residential Social Areas in New York City*, Journal of Behavioral Health Services & Research (May 24, 2013), *available at:* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3818282>. [↑](#footnote-ref-18)
19. *Methadone*, Substance Abuse and Mental Health Services Administration (SAMHSA), <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/methadone> (last updated June 23, 2022); see also *supra* note 16. [↑](#footnote-ref-19)
20. *Buprenorphine*, Substance Abuse and Mental Health Services Administration (SAMHSA), <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/buprenorphine#:~:text=Buprenorphine%20is%20an%20opioid%20partial,buprenorphine%20is%20safe%20and%20effective> (last updated July 14, 2022). [↑](#footnote-ref-20)
21. *Id*. [↑](#footnote-ref-21)
22. *Supra* note 16. [↑](#footnote-ref-22)
23. *Id*. [↑](#footnote-ref-23)
24. *Id*. [↑](#footnote-ref-24)
25. *Id*. [↑](#footnote-ref-25)
26. *Id*. [↑](#footnote-ref-26)
27. *Id*. [↑](#footnote-ref-27)
28. *Id*. [↑](#footnote-ref-28)
29. *Id*. [↑](#footnote-ref-29)
30. On June 30, 2022, the Committee on Mental Health, Disabilities, and Addiction held a hearing entitled “Oversight: Tracking the Opioid Settlement Fund and Its Related Programs.” The information in this section is primarily taken from that report. *See* Committee on Mental Health, Disabilities, and Addiction, Committee Report, Oversight: Tracking the Opioid Settlement Fund and Its Related Programs (June 30, 2022), *available at* <https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=5644275&GUID=405544C0-8E4D-45E2-87FE-2C7D58469AAE&Options=&Search>. [↑](#footnote-ref-30)
31. Press Release, *Attorney General James Files Nation's Most Comprehensive Suit Against Opioid Distributors And Manufacturers*, ag.ny.gov (March 28, 2019), <https://ag.ny.gov/press-release/2019/attorney-general-james-files-nations-most-comprehensive-suit-against-opioid>. [↑](#footnote-ref-31)
32. *Id*. [↑](#footnote-ref-32)
33. *Id*. These include a $230 million settlement with Johnson & Johnson, and a $200 million agreement with Allergan. *Id*. [↑](#footnote-ref-33)
34. *Id*. [↑](#footnote-ref-34)
35. *Id*. [↑](#footnote-ref-35)
36. Office of the Mayor, *Mayor Adams and Attorney General James Fight Opioid Crisis With First of $286 Million in Payments for New York Cit*y, NYC.gov (April. 21, 2022), <https://www1.nyc.gov/office-of-the-mayor/news/233-22/mayor-adams-attorney-general-james-fight-opioid-crisis-first-286-million-payments#/0>. [↑](#footnote-ref-36)
37. *Id*. [↑](#footnote-ref-37)
38. *Id*. [↑](#footnote-ref-38)
39. New York Opioid Settlement Sharing Agreement (2021) available at: <https://nationalopioidsettlement.com/wp-content/uploads/2021/09/NY-Sharing-Agreement.pdf>. [↑](#footnote-ref-39)
40. NYC Health, *Fact Sheet, Syringe Litter: Know the Risks and Prevent Injury*, NYC.gov. *Available at:* <https://www1.nyc.gov/assets/doh/downloads/pdf/basas/syringe-needle-fact-sheet.pdf> (last visited Sept. 18, 2022). [↑](#footnote-ref-40)
41. Julien Scott, *Addressing Public Injection and Syringe Disposal in NYC Parks*, Parks & Recreation Magazine (Feb. 6, 2019), <https://www.nrpa.org/parks-recreation-magazine/2019/february/addressing-public-injection-and-syringe-disposal-in-nyc-parks.> [↑](#footnote-ref-41)
42. *Id*. [↑](#footnote-ref-42)
43. Caroline Lewis, *A Look Inside NYC’s Supervised Drug-Injection Sites, the First In The Nation*, Gothamist (Dec. 17, 2021), <https://gothamist.com/news/inside-nycs-supervised-drug-injection-sites-the-first-in-the-nation>. [↑](#footnote-ref-43)
44. NYC Health, *Press Release: Overdose Prevention Centers Averted 59 Overdoses in First Three Weeks of Operation*, NYC.gov (Dec. 21, 2021), <https://www1.nyc.gov/site/doh/about/press/pr2021/overdose-prevention-centers-prevent-59-deaths.page>. [↑](#footnote-ref-44)
45. *Supra* note 42. [↑](#footnote-ref-45)
46. *Id*. [↑](#footnote-ref-46)
47. Jose Martinez, *When Safe Injection Sites Close, Subway Becomes Next Best Stop*, The City (May 17, 2022), <https://www.thecity.nyc/2022/5/17/23076577/safe-injection-sites-subway-harm-reduction>. [↑](#footnote-ref-47)
48. *Id.* [↑](#footnote-ref-48)
49. *Id.* [↑](#footnote-ref-49)
50. *Sharps Safety for Healthcare Settings*, CDC, <https://www.cdc.gov/sharpssafety/index.html> (last reviewed Feb. 11, 2015). [↑](#footnote-ref-50)
51. *Study: Virus may live up to four weeks in syringes*, Relias Media (Sept. 16, 2022), <https://www.reliasmedia.com/articles/40925-study-virus-may-live-up-to-four-weeks-in-syringes>. [↑](#footnote-ref-51)
52. *Id.* [↑](#footnote-ref-52)
53. Drew Karedes, *40,000 Needles Collected, Destroyed Through New Buy-Back Program*, Boston 25 News (Feb. 2, 2022), <https://www.boston25news.com/news/health/40000-needles-collected-destroyed-through-new-buy-back-program/3MS7Q7I4M5EFPMQRNNG5Q6UNWY.> [↑](#footnote-ref-53)
54. *Id*. [↑](#footnote-ref-54)