COMMITTEE ON PUBLIC SAFETY, HEALTH & TRAFFIC

October 1, 2024 at 6:00 PM

Chairman Vincent called the meeting to order.

The Clerk called the roll.

Present: Aldermen Vincent, Morgan, Kantor, Barry, Goonan

Messrs.: Alderman T. Sapienza, Alderman Fajardo, A. Thomas

1. The Traffic Division has submitted an agenda which needs to be addressed:

ONE-WAY
On N Hampshire Lane, southbound, from Hollis Street to Kidder Street
Alderman Long

NO PARKING ANYTIME
On Burnette Avenue, west side, from the dead-end to a point 45 feet north
Alderman Burkush

COMMERCIAL MOTOR VEHICLE TRAFFIC PROHIBITED
On Bennington Road, from River Road to N Bay Street
Alderman Morgan

RESCIND COMMERCIAL MOTOR VEHICLE TRAFFIC PROHIBITED 9:30PM-7:00AM
On Bennington Road, from Elm Street to N Bay Street (ORD 6650)
Alderman Morgan

*On motion of **Alderman Barry**, duly seconded by **Alderman Morgan**, it was voted to approve.*

2. Communication from Mayor Ruais requesting approval for a proposed ordinance amendment regarding Syringe Service Programs and needle disposal.

Chairman Vincent stated as you know this was on the agenda this week. There were some changes that were made recently that you all received in a handout. I want to take a moment to read some of the proposed ordinance amendment and give a summary. It will require an exchange of syringes to minimize the number of discarded syringes. This requires the SSP to register with the city in order to ensure transparency and accountability while providing the city with detailed data and information regarding their operations, including the location, program schedule, and personnel and volunteers of the participating organizations. It outlines the locations at which they may be permitted to operate to ensure they are not operating in our parks or around our schools, playgrounds, libraries, or state licensed day-care facilities. It explicitly prohibits safe injection sites. It does mandate that needle disposal containers must not be visible to the general public from any publicly owned space or right-of-way.

Alderman T. Sapienza stated in section 91.87 (d), it says the participant shall receive sterile needles and needle units only by providing the SSP with a used one. So, if you provide one needle how many can you get? Needles and units are plural; the used one is one.

Chairman Vincent stated my understanding is it is no longer a one for one, it is now an exchange. They give one, and need five they get their five.

Alderman T. Sapienza asked is there a limit on it. Would you say five?

Chairman Vincent replied I used five as an arbitrary number. I don't know what the number would be. I'm sure that can be fine-tuned. Is that what you're getting at? Do you want a tangible number?

Alderman T. Sapienza stated I'd like to fine-tune that. Personally, I'd like to make it one to one. Right now, I think the person can walk in there with one needle and walk out with a whole bunch of them. That's the problem, right? If you walk out with a whole bunch of them and you use them and bring them back, say you bring twenty back and you get twenty new ones, well those twenty are no longer in our parks. If you get twenty and you only need to bring one back to get it, those nineteen are in our parks.

Chairman Vincent stated I agree. I think this is a solid first step to getting us to that point.

Alderman T. Sapienza stated I don't know why we can't take that step now. The other comment I had was in section 91.90 Enforcement and Penalties, the penalty we are proposing is $100 to $1000 a day which sounds good, but it's awful hard to collect. What I would suggest is we add in withholding all city approvals for funds from any source. If some organization is operating in the city and they are not following the ordinance, we don't approve any money from any source. We approve an awful lot of money from the federal government and various agencies to these non-profits. If a non-profit is violating this ordinance, they should be barred from getting any of that money. Those are the two points that I think are very important. Now is the time to put it in there. Why wait?

Alderman Barry stated if anything, it is a step in the right direction. We finally heard from people that were working on the state to pay half. In the past we worked really hard to get communication lines open with them. We've invited them to meetings that they never showed up to. Now we finally get a letter. I'd like to have Anna Thomas come up. What are your thoughts? I did discuss this with you. I'm sure you discussed it with the mayor and others. Part of our discussion was about lines of communication. It is important that we finally have gotten them to respond. If you can talk about what your thoughts are in reference to what is going on, and the understanding I have is that it took our Health Director to file a Right to Know request to get information from them. Something we have been asking for for quite some time. Not just this administration, but prior administrations. I think it is important to let the public know and let everyone know about the steps you have taken.

Anna Thomas, Public Health Director, stated Alderman Goonan, you remember the days when this all started back in 2019. The legislation was passed in 2017. The way it was written and the way other states have it written; it includes an area that says there is a local control component. Our state legislation excludes that as you know. These can roll out anywhere, and they do. They are funded through DHHS currently. One organization is a sole source to DHHS that has several locations in multiple cities and

towns. They can operate as they wish as long as they register with the state and they have to do quarterly reports. I don't know why that is not made public, because to me there is nothing personally identifying in it. It is just the number of syringes disseminated and the numbers that are collected. We have worked with these programs especially under the umbrella of infectious disease control because we absolutely do not want to see HIV, Hep-A, Hep-C spreading in the community. There is merit to the program that is evidence-based and that is the infectious disease control component. We work with them and will do HIV testing with them. The tough thing is there is no oversight and no accountability. You have all asked these questions before very astutely. I think it has been long overdue. I wish back in the day when Alderman Goonan was Chief that we had thought of this sooner. I think if we had enacted an ordinance that clearly defined the expectations and rules of engagement, I don't think we'd be at the place where we are now. It is long overdue. I think it is a great first step to really clearly defining what the city wants and where and when and all of those things and there is an enforcement side of it which I think is necessary at this point. In the process of doing this, we learned and we were never notified that a second needle exchange program is setting up shop in the city. Just this week there is a third that is not even registered with the state. They are coming into the community and there is no coordination and no documentation and I think we do this for all kinds of other facilities and operations in the city and I think it is time to clearly define those expectations and work together in doing so. The amendments that have been made to it are in the spirit of trying to achieve a common goal. Parties on both sides understand what we are trying to achieve.

Alderman Morgan asked Anna, can you speak to some of the points that Alderman Sapienza made. I thought they were very good. Those are the kinds of changes I think we should make. I wanted to see what your thoughts are on that.

Ms. Thomas stated I knew that was going to be, out of all the things in there, the toughest issue to discuss. I will say I understand the idea of doing a one for one. In the evidence-based world, it is not recommended. The reason why is because it could be a deterrent for people to participate, especially those that our probably the hardest ones to reach. My understanding is the state funded SSPs for the service program require an exchange anyway. That is supposed to be happening; it's just not a one for one exchange. It is up to you to decide how you want that to go. Some communities adopt one for one. Some say let's do an exchange or let's set limits. Some say up to whatever. You all have to find a comfort-zone with that. My only concern is if you make it too much of a barrier. What we don't want to do is inflict risk on the community further in the sense of we don't want to see HIV or hepatitis. We do have cases of that among the population now. This is helping to control that. That is where the evidence-base is. The only thing I would caution is if you pull it away too much it could literally shut down the operation entirely because they may not want to continue. Lastly, rates of disease would increase in the community.

Alderman T. Sapienza stated without a limit, we know what happens to parks. That's a risk, right? Particularly for the children who don't know better. What population suffers the risk? Is there some evidence-based data? You say one to one is too restrictive. Well one to twenty is even more ridiculous than one to one. Is there some kind of graph that shows the needles you give out versus the public health infection control? Where is the diminishing return? Is it three?

Ms. Thomas stated I don't know if there is an exact number. I think the notion is that you want to be able to reach those who need us most regardless. If that means that you're not going to do a one for one, that you're going to get to them, then that is ultimately what is most important. When these things are done well, individuals are five times more likely to go into treatment. They are three times more likely to quit altogether. When they're wrapped around with other services in these programs and it is done well, that is what you want to see as well. It is a multiple benefit. The crux of the evidence base is around the infectious disease control.

Alderman Fajardo stated there were two points that I was curious about. Section 91.82 says disposal containers must be out of public view. I can maybe guess why, but I was hoping you could explain the benefit of that. I ask because I get a lot of calls from people that don't have a place to put a needle that they find. What is the logic there?

Ms. Thomas stated the spirit of that is to discourage. Some communities will set up kiosks, like community drop-off kiosks. My understanding is that this was to discourage that being so out in the open. I go back to the days of when this was operating out of Veteran's Park and there were buckets upon buckets of needles out in the open in broad daylight on a Sunday at 2:00. Children and families were not able to enjoy the park. I believe this and it is one of the reasons I supported the ordinance to ban it from the parks. This is a service for a population that we are trying to medically approach. It should be done discreetly and out of respect. We shouldn't be drawing people out into the most prominent park in the city and then try to provide them services when they are in the throes of addiction. I think these things need to be done in a place that meets people where they are at. That is the tension. I don't know if this community is ready to setup community drop-off boxes; it may never be. I think the essence was let's start off by not making it visible yet and maybe down the road that changes. There has been some supportive evidence that Dover implemented them and they saw a 63% reduction on what they were seeing on the streets. I don't know; food for thought. I don't want to discount it altogether, but I think for now it is a really concrete first step.

Alderman Fajardo stated thank you for explaining that. In Section 91.87 (d), what other drug paraphernalia is permitted under state law? This is the clause that says that they are restricted to only passing out paraphernalia that is outlined in that RSA. The purpose of the question is I am curious if Naloxone would be impacted by that. I am not even sure if there is a Naloxone component here but I wanted to make sure.

Ms. Thomas stated that's a good question. It is totally separate. That would not be impacted.

Chairman Vincent stated this ordinance does also bring the accountability and transparency that we have been longing for for a long time. This is a good solid first step for this board to make this move. We are the first municipality in this state to actually work in this direction to get this kind of transparency and accountability. It is going to take time. We all know this won't happen overnight. It is something that will be looked at and everyone will look at us as a city to see how it works and plays out. I anticipate other municipalities will follow in the path that we set with this. I am excited for this and I think it is a good first step and it is long overdue. I am happy to be a part of this.

Alderman Barry stated one of the things that I think is important and one of the things you found out is how many people we are coordinating or advising to take a step into rehabilitation. That wasn't being done. That is a really important aspect of this whole thing. The reason we are out there is we hope we can control or at least make sure that these people that are out there suffering from substance misuse that they know there are options. The city has options. There are a lot of people that come in here and say that the city doesn't offer services. We have more services than probably the rest of the state combined. That is important for people to know. The other thing, and you can comment after, is behavior. We can't control how people behave. In a perfect world it would be nice if you gave out twenty needles and those twenty needles were returned after usage somewhere, somehow but we won't have that. I'm hoping that some of the advocates that come to our meetings and offer us advice would take that and police the people to make sure that they can hopefully get them to behave in a proper way, and know that that they understand that by leaving needles behind it is putting other people's lives in jeopardy.

Ms. Thomas stated I'll add that the one program that is funded by the state we have worked collaboratively with them. It is the reporting that is a problem. We are not getting the data. There is a collaboration of organizations that work together with them as well. There is no accounting. If they are getting people into treatment, we don't know it based on these reports. We did inquire about it. It does sound like there is some information out there, but we won't get it through the state. We will have to get it directly from the organization. I think that would be helpful to get a more holistic picture of all that they are doing because right now we don't have that appreciation. When I have to do a Right to Know request and then when there is a line that says how many referrals have you made to substance misuse treatment and it is zero, it is not helping. We have some big steps ahead of us, but it is absolutely within reach.

*On motion of **Alderman Goonan**, duly seconded by **Alderman Morgan**, it was voted to approve and to refer the Ordinance Amendment to the Committee on Bills on Second Reading for technical review.*

Chairman Vincent stated I would like to ask the City Clerk to put this on tonight's BMA agenda.

Matthew Normand, City Clerk, replied we will report that out this evening.

*There being no further business, on motion of **Alderman Morgan**, duly seconded by **Alderman Barry**, it was voted to adjourn.*

A True Record. Attest.

Matthew Normand

Clerk of Committee