SPECIAL COMMITTEE ON ALCOHOL, OTHER DRUGS & YOUTH SERVICES

October 21, 2025 at 5:15 PM

Chairman Thomas called the meeting to order.

The Clerk called the roll.

Present: Aldermen Thomas, Barry, Vincent, Kantor, O'Neil

Messrs: R. Stevens, J. Caraway, P. Alexakos, V. Sullivan

1. Discussion with Hope for NH Recovery regarding the Hope Recovery Connections Program.

Chairman Thomas: Thank you very much for coming. We wanted some quick, real-time updates from both of you. We've all heard really amazing things that are going on at Hope. You just had an amazing festival that went really well. I know that you sent the board some information. If you can kind of go over what that looks like.

Randy Stevens, Executive Director at Hope for NH Recovery: I just wanted to start by saying thank you very much for giving us this opportunity to serve the city the way that we have for the past six months or so. As of October 1st, we had 594 case management interactions with 230 individuals. I brought Jasmine so she could tell you from her experience how this has worked. I'm just going to highlight the numbers, kind of high-level stuff we've given since we were able to get that. Since receiving the Hope car, the Fire Department donated to us, we've given 54 rides to service, and Jasmine will go over that in her presentation. We've done 33 outreach activities, reaching 280 people. In those activities, 22 people have moved into housing or sober living, and 14 people moved into shelters, 42 people were referred to treatment or detox services, 34 different distribution events, 14 ride-alongs with squad one. And we've had four calls from MPD or New Hampshire State Police. I can speak to some of those MPD calls where I'm seeing those individuals after I've connected them with Jasmine's team, coming back into the community and volunteering at Hope, being a part of our community. There have been 242 in-center interactions came out of 27 different people that her team met. So out of the 230 individuals served, 27 of them became members at Hope. That's an 11% return on your investment. So, I just want you to understand that those are huge numbers, right? I'm going to turn it over to Jasmine, and she's going to tell you from her perspective what she and her team do.

Jasmine Caraway, Connections Manager at Hope for NH Recovery: Thank you for having me here. So, Randy said that he would like me to come forward and let you guys know kind of what our day to day looks like over at Hope Connections. Every week, we're hitting all the shelters for their resource fairs, so that looks like going to the 1269 Café every Wednesday, Manchester Housing Authority, FIT transitional living, Manchester Mental Health there as well. So, we're able to connect people there. We go over to the Hope City Cafe. They run a breakfast two times a week for anybody who would like to come, but it has a high rate of unhoused members coming in. We go to 39 Beech Street for the care fair on Thursday as well. We're doing ride-alongs with squad one. Right now, it's about two times a month. We're trying to line it up so it's every Monday. On those ride-alongs, we are looking at the city list of encampments that have been reported, and we're stopping

by those, as well as a lot of the city parks to check in, offer services, see if anybody is interested in case management, getting into a shelter if they need supplies, as well as all of those resource fairs. I am bringing a great number of hygiene and warm supplies like hats and gloves, hand warmers, non-perishable foods with me to offer people basic needs. As I'm introducing myself to these people, I'm asking them if they have a case manager anywhere in the city. People who are at the shelter, they often will. They are required to have a case manager as well as Manchester Mental Health. They have a lot of people they're in contact with in the city. We still offer our services with case management. Case management at Hope is usually checking in about their basic needs: is your insurance on? Do you have food stamps on? Did you miss a review? Have you inquired about any shelter beds? And we try to figure out which ones might be a good fit for them as well. There are high needs people, people with disabilities who perhaps being in a shelter might be better because they provide meals. They also have case managers on site that can help line up appointments and stuff like that. When they have high needs, sometimes that's a better fit than maybe 39 Beech Street, which does not have its own case manager on site, although Manchester Mental Health and Hope Recovery are in there multiple times a week, checking in and doing as many of those services as possible. I'm asking them if they're on the housing list. Are they a good fit for Manchester for FIT transitional living? Those lists can be really long, and I like to get people's time clock started as quickly as possible. And then after we get some of those basics down it's saying to them, hey, you like these supplies? Well, you know, you can come to Hope Recovery six days a week, 11:30 in the morning until 9:00 at night. It's a safe place where you can come in and you can sit. We have recovery, supportive meetings. We have mental health meetings. We also have holistic wellness. We never charge for any of our services. You are more than welcome to come in as long as you are not intoxicated, you can't sleep, and you're generally polite. You're more than welcome to come in and have a safe space. I'm finding that that is one of the big draws for our program. So, a lot of people, they hear case management, they hear paperwork, and they're just not ready for that. But when people come into the recovery center after we see them 2 or 3 times, we start conversations. What's going on with you? What are you struggling with? What's going well? How can we help you? And a lot of times, that's the way that we're able to get to the more important, really big needs that they have. But then we're not limited to helping people in the center either, because we have the Hope-mobile and I have a case manager that is allowed to leave the site. We're going into encampments. More recently, this past month, there was an encampment that was going to be closed down. I went over to see if I could help them figure out where they were going to and what the plan was going to be. And there were two people there who were ready to go to treatment. And it wasn't easy. It wasn't. Sometimes it's super simple. It's me making a phone call because we have really great working relationships with all the rehabs here in New Hampshire. Different ones are better fit for others. The young lady that was there, she had an epileptic condition, which meant that she couldn't go to treatment without her meds and being medically cleared. What did that look like? That looked like me coming back the next day, transporting her over to healthcare for the homeless, us doing a check-in and getting those meds, meeting set up for the following Wednesday for her to get her meds filled. It looked like me going to get her to go and get those meds filled up. And as we know, sometimes people are ready this minute to go to treatment and then the next minute they're not. So, the gentleman, he was super motivated, but he had other things like helping his friends figure out where they were going to go before he left. And I was okay with that. We did an intake. We figured out different facilities he could go to, and I just

kept chipping away. And because they're unhoused, they also did not have phones. So that meant me going to that encampment about five times over two weeks before I could land each of them into detox. They have both entered into detox and they have both been transferred over to a PHP program as well. What you guys have provided for us, it's a way to meet people where they're at and to follow them through the journey. I brought some detailed notes as well about people who I've met in the parks or in encampments, and we were able to get them into treatment. And once they were back from treatment, we were able to support them as well. Just because you go doesn't mean the journey is over, right? We've signed them up as members. Some of them are volunteering with us. We're recovery coaches, and we're figuring out where they're going after treatment. You know, I've got one gentleman that wasn't going to be a great fit for a traditional sober living because of his age, his disability. And I was like, you know what? Let's call Fran over at Helping Hands. I was able to transport him over there. I sat in on the interview, and he's been accepted, and we're now working on his transitional plan to get over there. Super excited. He was like, can I stay where I'm at right now? Because I want to get as much out of programming and then transition over. So, we're looking at that right after Thanksgiving.

Alderman O'Neil: Jasmine, God bless your energy.

J. Caraway: I really believe in this program, and I'm really grateful for you guys helping us really get it off the ground. I wouldn't have been able to do half of the things that we've been able to accomplish without this funding. You guys took us to the next level, and I really appreciate it.

Alderman O'Neil: I know you've made contact or interacted with hundreds, but we'll just use 100 as the number you've interacted with in camps. How many are truly ready to move to the next step?

J. Caraway: It's hard to put an exact number on something like that. What I can tell you is the number of people who want no help at all have been very few. And I'm not going to lie, there are some that want no help. Sometimes we go in and they're like, I'm fine. No thank you. But it's very few. I think that there may be some distrust there. Maybe they've had some bad experiences in the past, but even if I can go in and just offer them some food, some hand warmers, a sleeping bag, I think that really starts to build up the trust, right? Me going in to check in on them a couple times, that's when people tend to start opening up. We can open up the conversation about like, have you ever thought about a shelter bed? Do you have any income? I'm willing to work with people with what they want to work on because I know that if I can help them a little bit, that opens up the door to a conversation of me helping them move on in bigger ways.

Alderman O'Neil: Just an observation in my life. My world was going to parks and playing sports. I've greatly changed this past year on this. I believe some of them just want to live this lifestyle. They could have an apartment, and they're going to go out in the backyard and do what they do. They all seem to have food; they seem to be able to go to the store and buy things. That frustrates me because there's a lot of trash left around and then there's needles left around. I don't think it's as bad as it was, but I'm talking places that kids are playing baseball and soccer. That's why I'm asking the question. How many are really ready to move to the next step of housing or attempt to try sobriety? That's a

frustration for me that they seem to survive with and have all kinds of items and food but yet they want to live this lifestyle where there's no rules.

J. Caraway: I definitely think that the trash is an issue. Nobody wants needles where anyone is going to be hanging out. I would honestly say that when I meet someone who doesn't seem like they're ready to move into housing, or someone that seems like if I moved him into housing, because there are some people who have gone into an apartment and they've ended up back out, there is more to it. There's an underlying issue there, and that's another thing that we try to connect people with, whether it's a mental health issue, maybe a substance use disorder. I would even argue that if you have a substance use disorder, there's probably another underlying issue there. And that's why I say I'm meeting them where they're at and working on what I can get them to work on. We're hitting up Manchester Mental Health to get people into therapy. We're inviting them into the Hope Center to help them process whatever it is that's going on. Are there people who just want to be outside? I have to think that there probably are a few. Anytime a creature's first instinct is not survival or thriving, I have a concern. I think that there's something underneath that that probably needs to be addressed. And that's what we're doing. We're trying to address those issues so that we can help them move forward.

Alderman O'Neil: Are we breaking down the walls of mental health issues?

R. Stevens: So, what we're creating is opportunity for connection, right? If there's no opportunity for it, it's not going to happen. So, I hear you Alderman O'Neil. Seven years ago, when you saw me with my backpack full of stuff, hopping around Rochester, trying to survive, it might have looked like I was all set, and I might have even told you I'm all set. Because at the time, I had no clue what I didn't know. What we're doing here is we're providing hope and opportunity for people. We need to have that opportunity or people are not going to change things. If we make it too easy for people, they're not going to change. But if we keep them, if we support them in such a way that partners with them, it shows them that there's a safe place they're going to know, that's where I go when I need help. So that's what we're out there trying to do. You can't quantify these things because at one moment I'm good, the next very next moment, I'm done. Then I flip right back because I'm surviving. I'm trying to figure it out. And then my experiences are I've run into people who mistreated me, made me feel like I was less than or that I should be shoved over here. And so that's just kind of how I kept operating because that's my experience. So, we're trying to combat those experiences and just leaving this completely open for people. My honest assessment of it is we need more of it, not less. We need more opportunity. On every corner, I would love to have a recovery coach sitting there ready to work with people on every corner. We're just not there. But, you know, get out there into the community, spread the love and send them back to Hope. That's what we do.

Alderman O'Neil: I think Jasmine did say this, that you've got to meet them on their terms or I'm paraphrasing what you said. You've got to meet them where they're at, not just physically, but emotionally and mentally. So, it's not a cookie cutter that one size fits all. I think that's an important thing you said.

Chairman Thomas: I wanted to quickly touch on what Jasmine said about that, too. It is all mental health, and at the State I know that they're working on some bills to change laws, which would really help with this and help people to actually stay living and progress.

Alderman Kantor: I just have a lot of respect for Hope. Your energy is amazing. One thing I'm against is the needles. You guys don't distribute needles.

R. Stevens: We do not distribute any needles.

Alderman Kantor: Because to me, that is just prolonging everyone's suffering. And then it's a problem on our streets. I just like to bring that to our attention; every single time I've asked them, because I have so much respect for you and Hope, and we need more hope and real recovery and to get to the root of the problem. It is mental health traumas that we've dealt with. So, thank you for all you guys do. It's a blessing to Manchester. Thank you.

2. Ordinance Amendment:

> "Amending Section 91.87 Syringe Service Program Operations of the Code of Ordinances of the City of Manchester to add language regarding one-to-one needle exchange."

Chairman Thomas: I brought this up because I got word from many members on the board, as well as residents of the city, who have had enough with needles everywhere. Especially what Alderman O'Neil just said a few minutes ago, about where kids play in the parks, baseball fields, in the dugouts, things like that. We've talked with the Health Department plenty of times in order to kind of get something going like this. So, I know one concern that I had over these agencies is I know that the State gives them money to do this. They have a bunch of mandates that they have to do for the State. But I have a big concern, and I think a lot of us have a big concern. We've been getting the quarterly reports from the State, from these agencies, and they're really supposed to be able to streamline people to referral for treatment. And on every single one I have read so far, it says zero on all of them. I'm not happy about this. I know a lot of people are not happy about this. They're only filling out how many needles are given, how many is taken back, whether it's from them or on the ground, and how much Narcan is given out.

Phil Alexakos, Deputy Public Health Director: I think it's important to note that the state law that governs syringe service programs provides a registry or registration process, but there is no accountability built into that. So, to the board's credit, we were able to put up clear parameters. Ultimately, there may be some further opportunity to look at each of those individual best practice items that are included in that checklist and try to get people to treatment when they're ready. So, I would completely agree with you that there are a lot of gaps and the Health Department plays our role. And we don't oversee or direct the syringe services providers to do what they do. But we do partner with them to offer screening and testing for infectious disease prevention. So that is an improvement from what had been happening before. A true harm reduction philosophy includes all of the elements in that checklist. We are trying to fill in some of those gaps.

Chairman Thomas: Absolutely. We're having a tough time here in Manchester.

Alderman O'Neil: Phil, this may sound like a crazy question, but I have picked up a fair amount of needles in the past year. The Fire Department's been great about when they

can come up or AMR, but they can't always get there. Is there only one manufacturer of needles? Because they all look exactly the same. They all have orange caps on them.

P. Alexakos: There are different providers of syringes and needles and different sizes and whatnot. I think that they look the same because of their use in the clinical setting so that clinicians use them for their intended purposes, depending on whether they're giving an intramuscular vaccination or they're doing something subcutaneously. So, there are multiple companies that do manufacture them.

Alderman O'Neil: What I find out in parks is all the same. They all look the same.

Alderman Barry: I'm in favor of this one on one. There are a lot of people out in society that are very responsible for their actions, and they're going to do everything they can to better themselves, hopefully. The unfortunate thing with these needles is when they're passing them out 30 at a time to an individual, and these same individuals are coming back expecting another 30, but are giving none in return. Hopefully if we go to this one to one, and my understanding is it's going to be a caveat in there where we could always if for health concerns or whatever, we could revert back to where we are now, but I'm hoping that these people maybe now will become responsible. And if they are using, hopefully they do whatever they can to not use. But if they are going to continue to use and use needles that they're going to be responsible and hold on to the ones that have already been used. They give out containers, not only the needles themselves, but they give containers, sharps containers, that they can use and they can keep on their person or their backpacks or whatever carriages or whatever they're pushing around and return them. That's the right way to do it. But unfortunately, there's way too many that aren't doing that. They're leaving them in parks, they're leaving them all over the city streets and so on, and they're putting other people's lives in jeopardy. So that's one of the reasons I'm actually in favor of this somewhat on a trial basis, because I think I'm hoping it's going to work and people are going to be more responsible, but we'll see.

Alderman Kantor: Why are we promoting drug use? This is how I see it. When we pass out needles, it's like, go get high.

P. Alexakos: I think it's important again to understand that this is a decision that was put in place by the state legislature. So, currently we have to work within the constructs of that law. From our perspective, we're certainly looking at infectious disease transmission as a critical concern, but we're not lost on what we've picked up countless times during the course of our business with needles in the community. Nothing is cut and dry. And there's a balance of preventing infectious disease, but also reducing the potential for needle sticks in the community. So certainly, I think it's important that as your local health department, we're looking at infectious disease transmission. We have real time data because we are doing that testing in the community. If there's a critical need or we see an increase in disease transmission, we would want a mechanism to try to allay that spread. But we have to work within the constructs. Presently there is no prohibition for the distribution of syringes. It is a practice that does reduce hepatitis C, HIV transmission. That has been shown not only upon implementation, but also upon removal of a program like this. I think if you look at Indiana, for example, where they had an incredible, and not in the good sense, outbreak of HIV associated with IV drug use. When they put in the needle exchange program in place, they had a marked decrease in transmission. My

understanding is that the pendulum has swung the other direction. So, it'll be very interesting to see if we see any unintended consequences from becoming more restrictive. But this is the environment that we have to work under at least at present.

Alderman Kantor: The question about the infectious disease and the needles and not going into sharps container, which a medical person would put it in a sharps container, and when they're leaving it on the streets and we know that you've been testing people with HIV and etc., so then these needles are left out on the street, in the parks, everywhere. And when little kids pick them up or parents have to pick them up or our dogs get stuck with them, what does that transition look like for us law abiding citizens that choose not to do drugs?

P. Alexakos: No disagreement. I mean, they present a risk for those using IV drugs, but also in the community. We have to find a balance that does our best to reduce that risk for everybody. I think there's no easy answer, unfortunately.

Alderman Kantor: Get rid of the drugs and hold people accountable.

Chairman Thomas: Senator Sullivan is here because she has put in one of the bills for the needle exchange.

Alderman O'Neil: The Health Department is tracking infectious disease. Correct?

P. Alexakos: Yes.

Alderman O'Neil: The Fire Department is also involved with the collection of needles.

P. Alexakos: DPW is the prime collector. If you look in the packet, they have very good statistics over the last several years. DPW’s dispatch is primarily picking up; sometimes Fire might, too.

Alderman O'Neil: The problem is when there's activity at the parks it's not during the day. So, there's no park staff on. So, it's always 6:00 at night or on weekends and there's no staff on. So, you have to rely on the Fire Department.

P. Alexakos: My understanding is it goes through dispatch.

Alderman O'Neil: I have lived it and I can tell you, you can call and they'll send you from Public Works’ dispatch to the Fire Department. If there's no personnel on at night and weekends, that's just the reality. That's when the activity is in the parks. My question is who's tracking it? So, if they go to Fire or they go to Public Works, who's tracking that information along with what you're tracking?

P. Alexakos: You raise a really great point.

Alderman O'Neil: Is there something that's tracking where the needles are coming from? And then we can tie in the work of the Health Department with infectious disease or are we just floating and we're keeping our head above water?

P. Alexakos: No. You raise a very valid point. In the packet, there are two sets of data on needle collection. One is from the DPW collections. The other one is from the enhanced Center City cleaning and beautification group. That does an amazing job keeping the downtown looking great. So those are two pieces of data as to how many needles they've collected. Director Thomas and I found a dashboard where a lot of this information could actually all live in the same place. So that's something that we could investigate making a public facing dashboard, and we can take a look at that.

Alderman O'Neil: I strongly encourage that.

Chairman Thomas: So, before I bring Victoria there was an ordinance that I was going to bring to the full board tonight, but I need more wording on it, because there is an agency right now that deals strictly with HIV clients, which should not go away. So, we need to figure out how to do that. But I don't want more than 30 days on this.

*On motion of **Alderman Vincent**, duly seconded by **Alderman Barry**, it was voted that the Ordinance Amendment ought to pass and be referred to the Committee on Bills on Second Reading for technical review.*

Chairman Thomas: Victoria, if you could come up and just briefly explain what's going on at the state level, kind of what we can't fix right now.

Senator Victoria Sullivan: What I gave you tonight is just some clarification. So first of all, the first letter is from the senior policy analyst for the Division of Behavioral Health. And in it you will see that it says the city is under no obligation to do any harm reduction whatsoever. That is the law. It allows the city to do it. Should they do it? We provide guidelines, but there is nothing in law that states that you are subject or mandated to do this. So, I want to clarify that because I think that's been miscommunicated. I actually did put in some legislation to clarify, and basically what it will say is that any city or town that does have harm reduction can have their own criteria around that. You can decide which organizations you want to have and you can build your own rules around it. So, I think that adds more clarification and control for you all. I gave you what New Hampshire HRC, which is currently the harm reduction company that the state is using, which has me very concerned when I started to look into this to know what was happening in our city and around our state with this organization. As many of you know, I also have a sober home in the city. I and the director of Freedom Staffing, which is a nonprofit staffing agency in the city, we work with a very vulnerable population. Many of our people are in recovery. So, I have a lot of experience and knowledge on this. I love what Hope is doing. I'd love to see the city do more. I will say that having the ordinance that basically removed all homeless people from the parks and public places makes their job harder because it makes outreach harder. And to the alderman, I think it was Alderman O'Neil, that asked if people are ready often, even in our sober home, we say we might not be their first stop, but we might be their last stop. Sometimes it takes people having contact with services over and over again before they finally get to that place. Sometimes it's just building relationships and trust that gets them there. When I looked at the harm reduction, I know people that have worked with me and have been on outreach who have relapsed because of how we do harm reduction in the city. So, it's very concerning to me. If you look at New Hampshire HRC and you look at this picture of all the people that work there, and you look at the little pictures they have next to their pictures, there's a mushroom, there's a

bong, there's other drug paraphernalia, there's Narcan, which I understand, but there are razor blades for doing drugs. And there's also abortion pills. So, I don't know what this has to do with harm reduction. That is actually them sort of saying like, yeah, it's okay. It's okay to do drugs as long as we're here, we're supporting this effort. If you go to the next page that I gave you, you will see the little picture on the left, that circle, that's a cup that they can actually cook their heroin in. Then you have the razor blades again. There's that little thing, I don't know if that's a condom because they do give those out to you or if that's a heating element that they give out. And you can see, they are joyous. They're joyful and they're doing drugs. I don't understand how this helps anybody. There are the hours and again, it's got the needles. It's got the way to heat the drugs. It's got the test strips, which are fine, I have no problem with giving people test strips to know if there's fentanyl out there, because even a colleague said today that you don't know if you go to a bar, if someone's putting stuff in your drinks these days. So, I have no problem with giving out fentanyl test strips for the safety of everybody. And then you've got to take your time, take control by taking your time. Use tiny tester amounts first. You can always put in more. So, this is this is just a sample of what's on their website. What's on their Facebook page is even worse in my opinion, and it's called radical love in motion. If you give people all these supplies, you're loving them according to this organization. So, this is what harm reduction is in our city right now. These are the organizations. I was on Elm Street meeting my husband for lunch at 11:30 on a Thursday afternoon. And our person that does this tried to hand me a harm reduction kit. Just in the middle of the day on Elm Street. That doesn't bode very well for people that are coming to lunch and trying to go to our businesses here when they're greeted by our employees that hand out harm reduction kits to them in the middle of the day. I think we want a different sort of vision for our city. I believe in recovery. I invest a lot of time and energy. Our sober home, we are all volunteers. I believe in recovery. I believe there are steps to get people there. I believe we can do better as a city. I'm happy to be a part of the conversations for that. I'm happy to be here. But I think some of the things that are considered harm reduction, there's nothing in this that says get help. There's nothing here that gives anybody an avenue to get off drugs. There's nothing here for mental health support. There's nothing here that says, we want to save your life by getting you to stop doing this today, because it's not like when we were kids. There are no safe drugs out there. Nothing out there is safe. There is fentanyl laced in absolutely everything. And it takes one dose of fentanyl to kill you. So, I'm happy to take any questions. Like I said, I've got legislation that's going to help clarify and give you guys more guidelines as a city. But currently there is nothing in statute that makes you have these programs. It's completely up to you to administer, to control or to say, I don't want to have them. I was an original co-sponsor of the needle exchange because my kids were going to play baseball, and there were needles all over the parks. The intention was to clean it up. It's not how it was implemented. Unfortunately, I think it created good intentions, but I think it created a bigger issue, sadly for our city. I'm always able to lend you my time, but we just need to have really hard conversations about how we do it better.

Alderman Kantor: The people that you see, you said that it doesn't help them, this type of harm reduction. I've been saying this for years now. It's prolonging everyone's pain. It's keeping people from their loved ones. It's affecting our community. People are suffering. I know alcoholism and addiction is a disease and people need to go to their doctors. We should not be handing out needles. And the way they're distributed all over, and then disease for our children that are picking them up, and then DPW has to pick up hundreds and hundreds of them. We should just eliminate the program completely. And people

need to get the help that they need and the guidance because it's a medical condition. People are suffering, our city is suffering.

V. Sullivan: Generations are suffering. We're seeing so many kids that are in foster care now and being raised by grandparents because their parents aren't there for them. It's going to be a generational crisis for our city if we don't figure it out. The way that we're doing harm reduction is hurting. And as far as HIV, I looked into that Indiana situation a little bit, and often with the needle exchange, there's more to it. And in Indiana they were giving out condoms as well. They were doing testing. They invested a ton of money into antivirals. So, they really took HIV head-on. It wasn't simply a needle exchange that did all of that. It was $15 million they put into a program because they were seeing a rise in HIV. That was extraordinary.

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

A True Record. Attest.

Clerk of Committee

Meeting Start Time: 5:18PM
Meeting End Time: 5:57PM
Minutes Prepared By: Michael Intranuovo