

**Ending the Epidemic Task Force Committee  
Recommendation for Blueprint Inclusion  
CR31**

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**Recommendation Title: Improve Drug User Health Through the Removal of Technical, Legal and Administrative Barriers that Restrict Access to, and the Development of, Vital Healthcare Opportunities and Prevention Tools for Current and Former Injectors Including New and Young Injectors and Those Individuals Involved in the Criminal Justice System**

1. **For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply?** *1, 2 and 3*
  
2. **Proposed Recommendation:** This bundle of recommendations promotes drug user health and elevates a public health approach to drug policy, particularly as it impacts HIV incidence, prevalence and care in New York State. The recommendations include policy and legislative changes that would decriminalize syringe possession, support expanded access to clean syringes for injection drug users and improve health systems to protect drug users from related conditions such as overdose and contracting viral hepatitis. The recommendations support stronger coordination between harm reduction and health care data collection. Collectively, this package of proposals shifts New York's criminal justice approach to drug use to a public health approach, in an effort to reduce harm and end AIDS. The bundle of recommendations would include the following components:
  - 1) Syringe Access
    - Decriminalization of syringes (statutory change)
    - Removing the limit of syringes per transaction distributed through the Expanded Syringe Exchange Program (ESAP) (statutory change)
    - Removing the advertising ban on ESAP (statutory change)
    - Expansion of syringe exchange, particularly using Peer Delivered Syringe Exchange (PDSE), to uncovered areas of the state (permitted under current law)
    - Ensure that all peers doing syringe exchange will be certified under any peer certification program (permitted under current law)
    - Expansion of syringe exchange to young injectors. This could also reduce Hepatitis C (HCV) incidence. Recent studies have shown increased incidence of HCV among young injectors. The goal would be to get young people into drug treatment and medical care. Getting them into care would also reduce HIV and STIs, as well as HCV. Mental health counseling would be an important aspect as well (permitted under current law)
    - Promote and facilitate the access to syringe disposal kiosks throughout New York State (permitted under current law)



2) Increase in Access to Drug Treatment

- Expanding methadone and buprenorphine maintenance treatment (permitted under current law)
- Include methadone and buprenorphine treatment in all local and state correctional facilities (permitted under current law)

3) Opioid Overdose Prevention

- Creating safe injection facilities (Legislative change - - penal code exemption)
- Provision of opioid overdose prevention training and availability of naloxone to all incarcerated individuals prior to release (permitted under current law)
- Provision of liability coverage for individuals who prescribe naloxone
- Extend provision of Good Samaritan 911 law to provide protection against parole violation

**3. Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** The bundle of recommendations has several components. Please see the details in number two above as to how what is currently permitted under current law, and what regulatory, statutory or legislative changes are needed.

**4. Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?** Within the next year.

**5. Please list the TF numbers of the original recommendations that contributed to this current version:** TF49, TF54, TF63, TF83, TF84, TF88, TF107, TF174.

