

**New York State Joint Legislative Budget Hearing on Health  
February 11, 2025**

Testimony submitted to the Joint Legislative Budget Hearing on Health  
by the Drug Policy Alliance

The Drug Policy Alliance (DPA) appreciates the opportunity to submit testimony to the Joint Legislative Budget Hearing on Health. The Drug Policy Alliance (DPA) addresses the harms of drug use and drug criminalization through policy solutions, organizing, and public education. We advocate for a holistic approach to drugs that prioritizes health, social supports, and community wellbeing. DPA opposes punitive approaches that destabilize people, block access to care, and drain communities of resources. We believe that the regulation of drugs should be grounded in evidence, health, equity, and human rights. In collaboration with other movements, we change laws, advance justice, and save lives.

We write **in opposition to Part O of the Health and Mental Hygiene Article VII legislation**, which schedules substances, including fentanyl analogs, to the New York State controlled substance list.

The Governor’s proposal to increase criminal penalties for substances by adding them to the NYS list of controlled substances will only accelerate the introduction of increasingly potent and unstable substances to the drug supply, leading to a direct rise in overdose deaths.

For the first time in nearly a decade, overdose deaths statewide markedly declined. Thanks to a combination of strategies – expanded access to medication for opioid-use disorder, naloxone, drug checking, and education on safer drug use<sup>1</sup> – drug overdose deaths declined by 17% in New York, from 6,880 to 5,964 in July 2023 to 2024.<sup>2</sup> This decline is echoed in nationwide data.

However, this decline fails to capture the full picture: lifesaving services have yet to see equal impact among all communities. Across the state and country, Black, Latine and Indigenous people continue to experience climbing rates of death. Historical and systemic disinvestment in low-income, Black and Brown neighborhoods combined with hyper-policing and criminalization, has led to increasingly vast disparities in access to care and health outcomes. Punitive responses, stigma, housing instability and homelessness, and lack of access to trusted, culturally responsive health care are contributing to these disparities. This is not a depiction of a crisis abating. The overdose crisis is now most severe for our underserved and criminalized communities.

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<sup>1</sup> [https://drugpolicy.org/wp-content/uploads/2024/12/DPA-OverdoseDeclineFactSheet\\_InDesign-NEW.pdf](https://drugpolicy.org/wp-content/uploads/2024/12/DPA-OverdoseDeclineFactSheet_InDesign-NEW.pdf)

<sup>2</sup> <https://oasas.ny.gov/overdose-death-dashboard>

The Governor's FY26 budget proposes significantly expanding the state's schedule of controlled substances at a time when the federal government is preparing to repeat the worst harms of the War on Drugs. More than 50 years ago, New York positioned itself as the epicenter of the War on Drugs by enacting the Rockefeller Drug Laws. The draconian provisions of the Rockefeller Drug Laws imposed brutally long mandatory minimum sentences for drug possession, filling jails and prisons with mostly Black and brown New Yorkers, decimating communities with the collateral consequences of criminalization. As Black and brown communities continue to bear the brunt of the overdose crisis, the Governor proposes to move in step with the federal government's doubling down on failed punishment, while omitting investments to reduce overdose deaths and disparities among our most vulnerable.

After decades of work to reduce the federal prison population, Congress is poised to pass the Halt All Lethal Trafficking of Fentanyl (HALT) Act. This counterproductive bill would permanently schedule all fentanyl-related substances as Schedule I without first testing them for benefits or harm, blocking potential research that could uncover new overdose medications. It would also create new mandatory minimum sentences for fentanyl-related substances – harsh penalties that will shatter families and communities, allow for unjust sentences that do not consider individual circumstances, and divert resources away from health interventions that are desperately needed to curb the fentanyl overdose crisis.

Alarmingly, doubling down on the War on Drugs will exacerbate racial disparities in the criminal legal system, and lead to an even more potent, unknown drug supply. Historically, it has been found that increased penalties and criminalization have not reduced the distribution of fentanyl and other synthetic substances, nor does it prevent overdoses. Increasing criminal penalties and expanding mandatory minimums puts more lives at risk. – when the first Trump administration criminalized all fentanyl-related substances, overdose deaths rose 60%, from 67,367 in 2018 to 107,941 in 2022.

Aligning our state's approach to the overdose crisis with the current trajectory of the federal government is wrong for New York. Investments in lifesaving access to naloxone, fentanyl test strips, public education, and expanded overdose response capacity in schools, public buildings, nightclubs and bars, and other high-need settings are playing critical roles in reducing overdose deaths. With an increasingly unstable and unpredictable drug supply, we must continue investing in public health solutions.

### Following the Federal Schedule is not Grounded in Evidence-Based Health Responses

There are numerous ways substances are added to the federal schedule, some of which are not guided by science and research. While some substances on the federal schedule have been added by administrative process following researching and testing, others – like many fentanyl analogs – are on the schedule because of legislative action that subverts the research and testing process.

Now, in conflict with public health and a broad coalition of advocacy groups,<sup>3</sup> Congress is set to enact class-wide scheduling of fentanyl related substances.

The relative potency of fentanyl and fentanyl analogs varies widely: some analogs, like acetyl fentanyl, are less potent than fentanyl; others, like carfentanil, are many times more potent. Scientific research has identified specific substances, like benzylfentanyl, that are believed to be essentially biologically inactive and have little to no pharmacological potential for abuse but meet the criteria for broad scheduling of fentanyl analogs. Criminalizing substances based solely on their molecular structure does not support evidence-based approaches to reducing harm to consumers and often slows or stops lifesaving discoveries.

In addition to broad scheduling through legislation, other substances, such as benzodiazepines, are added to the schedule on a temporary basis, pending research and medical evaluation. Part O of the Health and Mental Hygiene Article VII legislation proposes adding five benzodiazepines temporarily placed on the federal schedule to Schedule I. Following the federal schedule is not grounded in effective, lifesaving practices. This is the wrong direction for New York.

### Scheduling Substances Accelerates Changes to the Drug Supply and Amplifies Overdose Risk

The scheduling of fentanyl related substances is often done with the belief that by criminalizing different variations of fentanyl there will be fewer overdose deaths. There is no evidence that criminalizing substances reduces fatal overdoses but there is plenty of scholarship on how drug prohibition created the fentanyl crisis<sup>4</sup>; as policy responses have focused on the criminalization of fentanyl and its related substances, deaths have skyrocketed.<sup>5</sup> Rather than eliminating the harms of the adulterated drug supply, data reflects that the criminalization of adulterants including fentanyl analogs results in the introduction of further adulterants. When new and unstable adulterants are added into the drug supply to fill the “void” created by scheduling new substances, we see another wave of the overdose crisis, this time in which multiple substances contribute to overdose deaths, in addition to other harmful symptomology.

Alex Krotulski, PhD serves as Associate Director of Toxicology and Chemistry at The Center for Forensic Science Research & Education and Program Manager for NPS Discovery, which is an open-access drug early warning system operating in the United States. In 2023 he gave a presentation that underscored the above referenced trend. In an analysis about how federal drug scheduling impacts the drug supply, his data presented a correlation between when a substance was added to the federal schedule and the emergence of a new substance into the supply shortly after.<sup>6</sup> However, we need not take only his word for it. In fact, the Drug Enforcement Administration’s own scheduling announcements paint a similar picture. For example, in February

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<sup>3</sup> <https://drugpolicy.org/wp-content/uploads/2025/02/2.3.25-Oppo-Letter-to-HALT-Fentanyl-Act-119th-Congress.pdf>

<sup>4</sup> <https://www.cato.org/commentary/how-drug-prohibition-created-fentanyl-crisis?msclkid=0bb3c679cf4d11ecbde98343c640feff>

<sup>5</sup> <https://www.cdc.gov/mmwr/volumes/70/wr/mm7006a4.htm>

<sup>6</sup> [https://www.youtube.com/watch?v=aZM5aXxQa4E&list=PL3UF3zpX-vpB14\\_5L6U4NRX9yFsy8FX6r&index=7](https://www.youtube.com/watch?v=aZM5aXxQa4E&list=PL3UF3zpX-vpB14_5L6U4NRX9yFsy8FX6r&index=7)

2018, the federal government's announcement of temporary placement of fentanyl analogs in Schedule I, provided the following justification:

DEA has responded to this crisis by issuing eight temporary scheduling orders to control seventeen substances structurally related to fentanyl since 2015. However, this approach has not been completely effective in preventing the emergence of new substances structurally related to fentanyl. This is because when DEA temporarily controls a given substance structurally related to fentanyl, illicit manufacturers located abroad begin producing new such substances through other structural modifications.<sup>7</sup>

Fentanyl continues to dominate the drug supply; however, new non-fentanyl substances are becoming more present. In October 2023, the following explanation was included in the federal announcement to temporarily place two synthetic opioids in Schedule I.

Following the class-wide scheduling of fentanyl-related substances, there has been an increase in the emergence of synthetic opioids that are not structurally related to fentanyl. Beginning in 2019, a new class of synthetic opioids known as benzimidazole-opioids, commonly referred to as "nitazenes," emerged on the recreational drug market.<sup>8</sup>

### Scheduling Substances Does Not Reduce Drug Supply or Demand

Creating a destabilized drug supply is not the only negative consequence of scheduling substances and adding criminal penalties. Substantial evidence demonstrates that criminal penalties do not have any effect on reducing either the supply of drugs or the demand for them. Studies on tough on crime policies clearly show that incarceration does not decrease the demand for drugs.<sup>9</sup> One study found that states that increase their incarceration rates do not experience a decrease in drug use.<sup>10</sup> When a drug seller is incarcerated, the supply of drugs is not reduced nor is the drug market impacted. Because the drug market is driven by demand rather than supply, research indicates that an incarcerated seller will simply be replaced by another individual to fill the market demand.<sup>11</sup> Moreover, rather than diminishing the harms of drug misuse, criminalizing people who sell and use drugs amplifies the risk of fatal overdoses. A 2023 study found that drug busts were associated with a 23.6% increase in opioid overdose deaths in the following weeks after the seizures.<sup>12</sup> The continued criminalization of substances only serves to offer up harms, including increased stigma

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<sup>7</sup> <https://www.federalregister.gov/documents/2018/02/06/2018-02319/schedules-of-controlled-substances-temporary-placement-of-fentanyl-related-substances-in-schedule-i>

<sup>8</sup> [Federal Register :: Schedules of Controlled Substances: Temporary Placement of N-Desethyl Isotonitazene and N-Piperidinyl Etonitazene in Schedule I](https://www.federalregister.gov/documents/2019/10/01/2019-20319/schedules-of-controlled-substances-temporary-placement-of-n-desethyl-isotonitazene-and-n-piperidinyl-etonitazene-in-schedule-i)

<sup>9</sup> Przybylski, Roger K. "Correctional and Sentencing Reform for Drug Offenders." Colorado Criminal Justice Reform Coalition, Sept. 2009. Available at: [http://www.ccjrc.org/wp-content/uploads/2016/02/Correctional\\_and\\_Sentencing\\_Reform\\_for\\_Drug\\_Offenders.pdf](http://www.ccjrc.org/wp-content/uploads/2016/02/Correctional_and_Sentencing_Reform_for_Drug_Offenders.pdf)

<sup>10</sup> Ibid.

<sup>11</sup> Roger K. Przybylski, *Correctional and Sentencing Reform for Drug Offenders: Research Findings on Selected Key Issues*, Colorado Criminal Justice Reform Coalition (September 2009). Available at: [http://www.ccjrc.org/pdf/Correctional\\_and\\_Sentencing\\_Reform\\_for\\_Drug\\_Offenders.pdf](http://www.ccjrc.org/pdf/Correctional_and_Sentencing_Reform_for_Drug_Offenders.pdf).

<sup>12</sup> <https://reason.com/2023/07/06/drug-busts-are-linked-to-more-overdoses-and-deaths/>

and marginalization, racial and economic disparities in enforcement, and barriers to needed treatment, health, and harm reduction services.<sup>13</sup>

The penalties incurred by being on the Controlled Substances list will not reduce fentanyl and other synthetic drug distribution in New York. The process of adding fentanyl and other substances to drug formulations (including cutting heroin and other drugs with fentanyl) is usually done early in the production process. According to the Drug Enforcement Administration, these substances are generally added to heroin before it enters the U.S.<sup>14</sup> Low-level sellers thus may not know they are distributing fentanyl. These proposals would not reduce the inclusion of fentanyl in the drug supply, as it takes place high in the distribution chain.

### Scheduling Fentanyl Analogs and Novel Substances Undermines Drug Checking Services

In 2023, the New York State Department of Health launched a drug checking program in four Upstate regions - Central New York, Southern Tier, Mohawk Valley, and the Capital Region - on top of 5 existing drug checking programs across New York City. Distinct from the more broadly accessible fentanyl testing strips – which only confirm the presence of the substance through a positive or negative result – drug checking technology offers granular level information on the various substances that may be present in a sample, down to the percentage. With this information, technicians can provide consumers with education and resources to use more safely. The availability and accessibility of this technology is a crucial component in the state’s public health solutions to the overdose crisis.

However, to be most effective, community members need to trust that knowing what is in their drugs will not be used to criminalize them. Scheduling additional substances is wholly at odds and incompatible with the State’s drug checking programs. The expansion of drug checking services should be paired with thorough research and de-scheduling of substances to ensure our public health investments are not undermined by fear of criminalization.

For example, New York’s Good Samaritan law encourages people to contact emergency services in case of an overdose.<sup>15</sup> The threat of police involvement and over a decade in prison may make an individual hesitant to call emergency services or run from the scene rather than help the victim. The history of the Good Samaritan law provides us with a guide to why we should be rooted in harm reduction. Passed in 2011, it was championed in the Senate by Republican Senator John DeFrancisco. As Senator DeFrancisco said in his statement on the bill’s signing, “fear of

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<sup>13</sup> See, e.g., Samuel R. Friedman et al., Relationships of Deterrence and Law Enforcement to Drug-Related Harms Among Drug Injectors in US Metropolitan Areas, 20(1) AIDS 93, 93-99 (2006); Caitlin Elizabeth Hughes and Alex Stevens, What Can We Learn from the Portuguese Decriminalization of Illicit Drugs?, 6 British Journal of Criminology 50 (2010).

<sup>14</sup> United States. Drug Enforcement Administration. Strategic Intelligence Section. *Counterfeit Prescription Pills Containing Fentanyl: A Global Threat*. 2016. <https://www.dea.gov/docs/Counterfeit%20Prescription%20Pills.pdf>

<sup>15</sup> See Assembly Bill 472 (Ammiano 2012) found at [http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab\\_0451-0500/ab\\_472\\_bill\\_20120917\\_chaptered.pdf](http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0451-0500/ab_472_bill_20120917_chaptered.pdf)

prosecution has become an obstacle in seeking medical care for someone suffering from a drug or alcohol overdose.”<sup>16</sup>

Furthermore, under New York law, the act of sharing substances – which is common practice with those who use drugs – is considered sale. As drug checking machines come online, individuals – especially those who may share substances with others – may avoid utilizing these crucial services in fear that knowing what is in their substance will enhance the potential for criminal penalties. Criminalizing substances is wholly at odds and incompatible with the State’s harm reduction plan to provide drug testing services and is likely to undermine the health-based work New York is doing to prevent overdose deaths. Harm reduction education about the drug supply does not rely on scheduling classifications to inform people about the effect substances may have in the body. Rather, this education relies on a feedback loop between service providers and consumers to ascertain from consumers whether the result of a drug sample analysis is consistent with what they expected in the supply and whether the supply is producing unintended effects. With this information, drug checking technicians report that when consumers know what’s in their supply, they do take measures to reduce their exposure to the substances that produce undesired effects or harms. This information, gathered because of the trusting relationships between service providers and consumers, is critical to our understanding of the supply and its impact on consumers, and is key to informing our policy responses.

### Scheduling Fentanyl Analogs and Novel Substances Hinders Lifesaving Research

Some of the most important medications developed to reduce overdose deaths are the result of research on opioid derivatives. Broad scheduling criminalizes substances that hold lifesaving potential by inhibiting the kind of research that has developed medications to respond to the current overdose crisis. For example, naloxone, commonly sold under the brand name Narcan, has become one of New York State’s most widely used tools to prevent overdose deaths. Naloxone is specifically exempted from New York’s Schedule II because although it has some shared properties of substances on Schedule II, it acts as an opioid antagonist, which counteracts the effects of opioids. Naltrexone, a medication used to curb alcohol and opioid withdrawal and cravings, is likewise exempted from New York’s Schedule II. In a May 2023 letter to Congress, a collective of scientists and researchers urged against broad scheduling because it prevents most researchers from studying substances. Regarding fentanyl analogs they wrote, “... there is evidence that [fentanyl related substances] may hold the key to better life-saving treatments for fentanyl abuse and overdose. However, research on Schedule 1 substances is prohibitively difficult for most researchers. Placing substances into Schedule 1 has the effect of severely limiting further research and development, which in this case could preclude the development of life-saving therapies.”

As New York works to reverse the growing tide of overdose deaths, our policy decisions must be rooted in strategies proven to reduce overdose deaths.

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<sup>16</sup> *Senator DeFrancisco’s “Good Samaritan Bill” Signed into Law*, The New York State Senate, July 22, 2011. <https://www.nysenate.gov/newsroom/press-releases/john-defrancisco/senator-defrancisco%E2%80%99s-%E2%80%9Cgood-samaritan-bill%E2%80%9D-signed-law>.

## Scheduling Substances Perpetuates Failed War on Drugs Logic

Persistent gaps in access to health care and a stark rise in homelessness across the state<sup>17</sup> are significantly contributing to the visibility of unaddressed health needs. Unfortunately, rather than meet the basic needs of New Yorkers, there is pressure to revert to the failed policies that catalyzed mass incarceration and skyrocketing overdose deaths. The number of unhoused people increased by 53.1% across New York from January 2023 to 2024, with more than 158,000 New Yorkers experiencing homelessness.<sup>18</sup> The State has an important role to play in fully committing to health-based interventions while continuing to undo drug war policies. Recent reporting makes clear that there are vast gaps in access to treatment for substance use disorders across the state, and specifically in Upstate regions.<sup>19</sup> State-led efforts to increase access to medication-assisted treatment – the gold standard for treating opioid use disorder – seek to narrow these access gaps. These efforts must be matched by a commitment to continue undoing the criminalization and stigma that create barriers to care. This is particularly necessary in the face of local resistance to the placement of treatment clinics<sup>20</sup> and public shaming of people who use drugs.

There is ample evidence indicating that relying on law enforcement intervention is detrimental to those who use drugs or witness a drug overdose. Those who favor the use and proliferation of drug-induced homicide measures and severe sentencing for drug sellers contend that the threat of harsh sentencing will deter drug use, drug selling, and prevent fatal overdose. This logic is fundamentally false, and decades of ineffectual drug war policies provide evidence to refute the notion. Arresting and detaining a person for selling, or giving, a small amount of drugs to another person does nothing to interrupt the availability of opioids or any other illegal substance. While these statutes do nothing to decrease use, they do increase drug-war-fueled racial disparities in the criminal justice system. There is abundant research showing that racial bias influences prosecutors' decision-making, and there is no reason to believe that this will not be evident in the enforcement of drug-induced homicide laws.

The real effect of increased criminalization is the inevitable punishment and stigmatization of individuals who use drugs while also placing these very people within a criminal legal system that is not designed to provide treatment. In fact, convictions can serve as an additional barrier to those who are attempting to move on with their life or those who want to focus on treatment and recovery. Furthermore, the imposition of harsh penalties – especially for sale – only exacerbates issues for people who use drugs and may suffer from the disease of addiction. Individuals who sell or distribute substances often do so to support their own substance use disorder.

A preponderance of evidence demonstrates that criminalization disproportionately harms people from low-income and disinvested communities, which overwhelmingly comprise Black and Brown people. By continuing with a 'tough-on-crime' approach, Black and Brown communities

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<sup>17</sup> <https://www.osc.ny.gov/press/releases/2025/01/dinapoli-numbers-homeless-population-doubled-new-york>

<sup>18</sup> "DiNapoli: Numbers of Homeless Population Doubled in New York" Office of the New York State Comptroller. <https://www.osc.ny.gov/press/releases/2025/01/dinapoli-numbers-homeless-population-doubled-new-york>

<sup>19</sup> <https://nysfocus.com/2024/01/23/hochul-methadone-fentanyl-opioid-crisis>

<sup>20</sup> <https://www.timesunion.com/state/article/albany-county-legislator-voracious-fight-18277895.php>

will experience the consequences most harshly. In fact, one recent study of federal charges revealed that 75% of all individuals sentenced for fentanyl trafficking were people of color.<sup>21</sup> In this way, despite recent rhetoric about a “gentler” approach to substance use, increasing penalties on fentanyl and other synthetic substances is akin to the devastating crack vs. powder cocaine disparities of the past, which will only further increase racial disparities in arrest. Moreover, the continued criminalization of drugs keeps people trapped in a recurrent cycle, increasing painful experiences that are often self-medicated with substance use. Instead of helping end drug use, criminalization impacts communities twofold.

In stark contrast to criminalization, empirical evidence from the US and around the world suggests that eliminating criminal penalties would not significantly change rates of drug use.<sup>22</sup> In Baltimore, a no-prosecution policy for minor drug possession led to fewer 911 calls, fewer arrests, and almost no rearrests for people whose charges were dropped due to the policy.<sup>23</sup> Portugal decriminalized drug possession in 2001, and more than two decades later, drug use has remained about the same – but arrests, incarceration, disease, overdose and other harms are all down.<sup>24</sup> Other countries that have decriminalized all or some drugs have not experienced significant increases in non-drug crimes and some have even seen reductions in theft and other offenses. Aggressive policing may in fact lead to more crime because policing diverts resources away from combatting more serious crime.

The steady work to undo the harms of drug war policies is seen in data and felt in the lives of countless New Yorkers who are not experiencing the harms of criminalization. Over the past two decades, hard-fought reforms to New York’s criminal legal system have been spurred by the evidence that arrest and incarceration are not solutions to poverty, health care needs, and fractures in our social services systems. These monumental reforms have aimed to repair and undo the harms caused both by mass incarceration and the drug war and have seen the prison population steadily decline. We cannot go backwards – as was established in 2009 when the draconian Rockefeller Drug Laws were dismantled, criminalization is not a solution to drug use.

### **Instead of criminalization, the Legislature can save lives by:**

*Passing the Drug Checking Services Act (A808/S56):* State legislation to protect drug checking services would extend legal immunity to all parties involved in the drug checking infrastructure. This includes participants who would test their samples, technicians who operate the drug checking machines, and the organization who hosts the drug checking services.

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<sup>21</sup> “Public Data Presentation for Synthetic Cathinones, Synthetic Cannabinoids and Fentanyl and Fentanyl Analogues Amendments,” United States Sentencing Commission, January 2018, [https://www.ussc.gov/sites/default/files/pdf/research-and-publications/data-briefings/2018\\_synthetic-drugs.pdf](https://www.ussc.gov/sites/default/files/pdf/research-and-publications/data-briefings/2018_synthetic-drugs.pdf).

<sup>22</sup> Cabral, Tiago S. [“The 15th Anniversary of the Portuguese Drug Policy: Its History, Its Success and Its Future.”](#) *Drug Science, Policy and Law* 3 no. 0 (January 2017): 1-5.

<sup>23</sup> Rouhani, S., Tomko, C., Weicker N.P., & Sherman S.G. (2021). [Evaluation of Prosecutorial Policy Reforms Eliminating Criminal Penalties for Drug Possession and Sex Work in Baltimore, Maryland.](#) *Johns Hopkins Bloomberg School of Public Health.*

<sup>24</sup> Drug Policy Alliance. (n.d.). [Drug Decriminalization in Portugal.](#)

This bill also protects the anonymity of participants, and results of any drug checking cannot be entered as evidence in any civil, criminal, or administrative proceedings.

This legislation takes an important step in separating the criminal-legal system from an essential public health tool, making it clear to New Yorkers that our state's drug checking program is about care, not criminalization.

*Passing the Overdose Prevention and Recovery Act (A69/S55):* The Department of Health's Office of Drug User Health (ODUH) funds and supports Drug User Health Hubs and Syringe Service Programs, which reduce the spread of infectious diseases and overdose deaths through the provision of clean supplies, drug checking services, access to treatment and social supports, and harm reduction education. The National Institute on Drug Abuse recently cited these programs as enormously effective, but underutilized.<sup>25</sup> ODUH is a critical part of the Department of Health's public health infrastructure and must be stably funded. New York has continuous funding through the Opioid Stewardship fund, totaling \$200,000,000.

*Protecting Overdose Prevention Centers:* OPCs are wellness hubs that prevent overdose deaths and connect people to wraparound services such as drug treatment, healthcare, and housing, providing spaces of healing and community while diverting drug litter away from public parks and streets. OPCs have proven to prevent fatal overdoses especially for high-risk populations, like street homeless individuals, and they foster stigma-free spaces for engaging a population traditionally unlikely to participate in or have access to formal health care services. New York's OPCs have been successfully operating for three years with New York City approval, providing lifesaving care to people at high-risk of overdose death over 160,000 times<sup>26</sup> and diverting public drug use and drug litter from parks and streets. Fewer syringes on the street, in parks, and in other public places means a safer environment for our kids to play in, and for sanitation and parks department employees to work in. Less public drug use means a more comfortable, safe, and predictable environment for everyone, drug-users and non-drug users alike. New York State must authorize an additional layer of protection to these sites and support local efforts to expand OPCs in the Bronx and across the state.

Now is the time for legislators to reject punitive measures and invest in a system that values health and humanity, saving lives, reducing harm, and advancing justice for all New Yorkers and every community.

## **The Drug Policy Alliance urges the Legislature and Executive to reject Part O of the Health and Mental Hygiene Article VII Budget.**

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<sup>25</sup> <https://nida.nih.gov/about-nida/noras-blog/2024/11/syringe-services-for-people-who-inject-drugs-are-enormously-effective-but-remain-underused>

<sup>26</sup> <https://onpointnyc.org/>