



CITY OF BURLINGTON, VERMONT
CITY COUNCIL COMMUNITY DEVELOPMENT &
NEIGHBORHOOD REVITALIZATION COMMITTEE
c/o Community & Economic Development Office
City Hall, Room 32 • 149 Church Street • Burlington, VT 05401
802-865-7144 VOX • 802-865-7024 FAX • www.burlingtonvt.gov/cedo

Sharon Bushor Conference Room, 1st Floor, City Hall

Thursday, September 3, 2026, 6:00 PM

Join Zoom Meeting

<https://zoom.us/j/94219150217?pwd=nLyuniIecCy2zBQtFHfalETd0OPLP.1>

Meeting ID: 942 1915 0217

Passcode: 352200

One tap mobile

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Meeting ID: 942 1915 0217

Passcode: 352200

1. Agenda

1.1. Motion to amend/adopt agenda

2. Adopt Minutes

Subject	2.1. Approval of 8/19/26 Minutes
Meeting	September 3, 2026 - CDNR Committee Meeting - Thursday, September 3, 2026, 6:00 PM, Sharon Bushor Conference Room, 1st Floor, City Hall
Category	2. Adopt Minutes
Department	
Type	
Recommended Action	

3. Public Forum

Subject	3.1. PUBLIC FORUM - Verbal Comments
Meeting	September 3, 2026 - CDNR Committee Meeting - Thursday, September 3, 2026, 6:00 PM, Sharon Bushor Conference Room, 1st Floor, City Hall
Category	3. Public Forum

Department

Type

4. Revisiting Syringe Litter Report

Subject	4.1. Discussion - CDNR committee to revisit their previous report/recommendations that were submitted to City Council on 10/21/25
Meeting	September 3, 2026 - CDNR Committee Meeting - Thursday, September 3, 2026, 6:00 PM, Sharon Bushor Conference Room, 1st Floor, City Hall
Category	4. Revisiting Syringe Litter Report
Department	Community & Economic Development Office (CEDO)
Type	
Recommended Action	

5. Adjournment

Subject	5.1. Motion to adjourn
Meeting	September 3, 2026 - CDNR Committee Meeting - Thursday, September 3, 2026, 6:00 PM, Sharon Bushor Conference Room, 1st Floor, City Hall
Category	5. Adjournment
Department	Council and Board
Type	
Recommended Action	



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Councilor Evan Litwin (EL), Chair, Ward 7
Councilor Carter Neubieser (CN), Ward 1
Councilor Allie Schachter (AS), East District
Councilor Laura Sanchez-Parkinson (LSP), Ward 3

CDNR Committee Meeting
Wednesday, August 19, 2026
6:00 – 8:00 PM

Sharon Bushor Conference Room, 1st Floor – City Hall

Committee members: Evan Litwin (EL), Allie Schachter (AS), Laura Sanchez-Parkinson (LSP)

City Staff: Johanna Schneider, CEDO

Other Attendees: Chapin Spencer, DPW; Bill Ward, Permitting & Inspections

Draft Minutes

Meeting Started at 6:00 PM

1. Approve agenda

MOTION by Councilor Litwin, SECOND by Councilor Sanchez-Parkinson, to approve the agenda

VOTING: unanimous; motion carries.

2. Adopt Minutes

MOTION by Councilor Litwin, SECOND by Councilor Sanchez-Parkinson, to approve the 5/20/26 minutes

VOTING: unanimous; motion carries.

3. Public Forum

- Several members from the public spoke to the graffiti abatement item

The programs and services of the City of Burlington are accessible to people with disabilities.

For accessibility information, call 865-7144. For questions about the meeting, contact Christine Curtis at ccurtis@burlingtonvt.gov

4. Continuation of Graffiti Abatement Committee Discussions

- The CDNR committee meeting focused on discussing the creation of a graffiti abatement committee for Burlington. Public commenters shared diverse perspectives, with some advocating for mural projects to deter tagging and others emphasizing the need for simple, quick removal of graffiti, especially on public assets like signs and poles. Directors Chapin Spencer and Bill Ward explained the current city process for addressing graffiti, noting the challenges of resources, liability, and the distinction between public and private property. The discussion explored the potential for community-led volunteer efforts, the complexities of training and insurance, and the importance of not overburdening city staff. Councilors and community members debated the scope of the committee, the role of public art, and the need to empower neighborhood-level solutions. The meeting highlighted the desire to leverage community engagement while addressing practical concerns about cost, safety, and existing city protocols.

5. Adjournment

- ADJOURN at 8:00 p.m. by Councilor Schachter with no objection

Review of Burlington Board of Health Report on Syringe Litter and Community Development and Neighborhood Revitalization Committee Recommendations (CDNR) to the City Council

October 12, 2025

Councilor Evan Litwin, CDNR Chair

Councilor Allie Schachter



INTRODUCTION

In October 2024, the City Council voted to task the Board of Health with a body of work found in the Resolution entitled, [Evaluation and Improvement of Syringe Exchange Programs, Syringe Litter, and the Environmental Impact of Syringe Litter in Burlington](#). **That year, the Howard Center safe recovery site distributed over 944,000 syringes with only 55% of those being returned—leaving over 427,000 syringes unaccounted for. Even if only 10% of those ended up discarded in our community, that represents 1 syringe for nearly every resident in the city of Burlington.** The Council gave the Board of Health a deadline in February of 2025 to report back but that was extended to May 2025 due to a confluence of factors. Members of the Board of Health presented [their report to the Council](#) on May 12, 2025, and the Council subsequently voted to task the Community Development and Neighborhood Revitalization Committee (CDNR) with reviewing the report and returning recommendations to the council in Fall 2025. CDNR held two specialized public work sessions on July 10 and August 7, as well as discussed the matter at our normal meeting dates on August 20 and September 17. Councilor Neubieser was not present at those meetings therefore this document was prepared solely by Councilors Litwin and Schachter. CDNR is grateful for the community members, nonprofit leaders, city employees, and service providers who carved time out of their busy schedules to attend one or more of these evening meetings and offer their perspectives.

Just one week after CDNR held its final public meeting to gather stakeholder input on the Board of Health report, which acknowledged that needle sticks posed an increased public danger to children due to their curiosity and vulnerability, [a South Burlington child was victim to a needle stick](#) they found in a tree on their elementary school playground after it was presumably thrown over the fence from a syringe user in the adjacent McDonald's parking lot—an issue the school has noticed. Given just how many syringes are necessary for those using fast-acting drugs like Fentanyl intravenously, we firmly believe that our community is at an inflection point and we must balance everyone's needs equitably. CDNR urges the City Council, Syringe Service Program (SSP) providers, and the State of Vermont to thoughtfully and transparently analyze what is working, what is not, and institute changes for the greater public's benefit. Our Committee is grateful for the opportunity to offer the below recommendations in hopes of realizing substantive change for Burlingtonians and our many visitors.

STAKEHOLDER OUTREACH AND OTHER DATA SOURCES

In addition to normal public outreach mechanisms, representatives from the following entities were invited to attend a CDNR working session: AFSCME; Building Burlington's Future; Burlington Business Association; Burlington School District (BSD); BSD School Board; Casella Waste; Church Street Marketplace Commission; COTS; Department of Parks, Recreation & Waterfront; Department of Permitting & Inspections; Department of Public Works; Farrell Properties; Flynn Theater; Frog & Toad Day Care; Howard Center; Lund Center; the Mayor's Office; Peace & Justice Center; Turning Point; Vermont Cares; Vermont Harm Reduction Advocates; Vermonters for Criminal Justice Reform; Ward 3 NPA Steering Committee; YMCA of Greater Burlington; and several Clarke Street residents and Vermont legislators.

It is important to note that CDNR only had access to data and documents related to the Howard Center Safe Recovery site at 45 Clarke Street and not other SSPs like Vermont Cares and Vermonters for Criminal Justice Reform (VCJR) because the Department of Health only funds Howard Center's site. Invitations sent this summer to Vermont Cares and VCJR were not responded to.

CDNR members also researched existing syringe litter clean-up programs in other cities, prioritizing those referenced in the Board of Health's report: [Boston's Community Syringe Redemption Program](#), [Philadelphia's Project Reach](#), and [Portland, Oregon's Adopt One Block](#). Each of these programs' costs, benefits, and impact were analyzed and are included as an Appendix at the end of this report.

In addition, CDNR reviewed a variety of documents associated with Vermont's Syringe Service Providers (SSPs) like those operated by the Howard Center on Clarke Street. This included several years of quarterly grant reports and grant agreements, as well as the 2012 SSP operating guidelines published by the Vermont Department of Health and the [May 2025 update](#). Data from these documents are referenced throughout this report.

KEY TAKEAWAYS FROM PUBLIC MEETINGS

Several key themes emerged that inform the recommendations in this report.

1. **There is broad acknowledgment that Syringe Service Programs (SSPs) reduce disease transmission and offer pathways to treatment and recovery services. At the same time, it is also true that improperly discarded syringes pose significant public health and safety challenges, as well as hurdles for those in recovery. We must center whole communities when defining harm reduction; Patients do not exist in a vacuum.**
 - a. CDNR heard from a downtown employee who was stuck while cleaning up used syringes at the workplace. The employee shared the high emotional cost of being stuck and the fear of waiting for test results to confirm whether or not a lifelong disease was contracted. In addition, the prophylactic medication used to prevent HIV transmission costs hundreds of dollars per day and requires a 28-day course, the costs of which were incurred by the employer. This was one of several stories of accidental needle sticks that was shared with CDNR Committee members in the course of writing this report.
 - b. We also heard significant concerns that while SSPs are responsible for thousands of used syringes being discarded in our community, they are not taking an active enough role in addressing syringe litter. CDNR commends the ways in which Howard Center has offered to take a more active role in syringe litter clean-up efforts in and around Clarke Street.
 - c. Substance Use Disorder (SUD) may be one of the few medical conditions that has direct harm to community members, and those who are not afflicted with the disease and residents often feel asked to overlook that harm. As municipal leaders and representatives of the public we have an obligation to reconcile that.
 - d. For individuals in recovery, the high prevalence of used syringes around Burlington is a trigger and so those who have successfully completed treatment often avoid coming downtown. While our City offers robust support to people actively using substances, some people in recovery do not consider Burlington to be a safe or welcoming place for them. If recovery and the elimination of illicit substance use is our ultimate goal, then we must reconsider how we are balancing harm reduction with recovery-oriented approaches.
 - e. We heard repeatedly from neighbors of the Howard Center's SSP on Clarke Street that there is troubling drug-related activity in and around the SSP, including open air drug use and dealing, overdoses, and disruptive behavior, that significantly impacts quality of life for the neighbors on and around this block. Concerns about more syringe litter and substance use in our downtown were also expressed by the Ward 3 NPA Steering Committee, who recently passed an [advisory resolution](#) strongly opposing the establishment of an overdose prevention center within the downtown core or the Central Business District;

- f. CDNR members and members of the general public hear regularly about residents and visitors encountering large deposits of needles in and around our downtown.
- 2. Our existing data tracking tools are insufficient to understand and adequately address the true extent of syringe litter in our community.**
- a. [SeeClickFix](#) is a widely used tool for reporting instances of syringe litter and other concerns across the City. However, SeeClickFix is limited in its reporting capabilities, since it only captures the number of reports of syringe litter. It does not capture the number of syringes found per report. Moreover, many community members do not use SeeClickFix because they either do not know about it, or they would prefer to address the syringe litter on the spot rather than file a report for it to be dealt with by a City representative at a later time.
 - b. There are no standardized data tracking tools currently being used by volunteers and community groups who clean up syringe litter, so the syringes they clean up are often unreported.
 - c. Many businesses, schools, and other organizations have taken to establishing their own syringe litter mitigation efforts out of necessity. They are not coordinating with the City or any external volunteer groups, so this syringe litter also goes unreported by our current tracking mechanisms.
 - d. Despite these shortcomings, the Board of Health still noted that SeeClickFix syringe litter reports have hovered between 800 and 1,000 for the past three years. This represents a small fraction of the total syringe litter in our community.
- 3. While staff, service providers, residents, and volunteers have shown remarkable initiative through weekly syringe clean-ups and other ad hoc efforts, the current system relies too heavily on unfunded volunteer labor, does not adequately address safety concerns, is not guided by a cohesive strategy, and lacks clear accountability mechanisms.**
- a. CDNR learned of several grassroots initiatives to address syringe litter in our community, including by the Peace & Justice Center, the Greater Burlington YMCA, and an ad hoc group of volunteers that goes out on Sunday mornings.
 - b. These volunteer groups lack central coordination. While their work is admirable and is making an impact, they would benefit from shared data tracking mechanisms, uniform safety training, and high-quality properly-vetted PPE and other necessary materials.
 - c. There is an opportunity for the City to provide low-cost but critical backbone support to these volunteer groups, and others that may step forward. Theresa Vezina, the City's Special Assistant on Overdose Prevention Center Implementation, has begun exploring ways to do this in the short-term and CDNR supports her efforts and those of the volunteers.

ACTIONABLE RECOMMENDATIONS

In order to better address syringe litter in our community, CDNR recommends the City Council, with opportunity for input from the Mayor's Office, the Board of Health, other City staff, and community partners including the SSP service providers operating in Burlington, evaluate and consider undertaking the following recommendations:

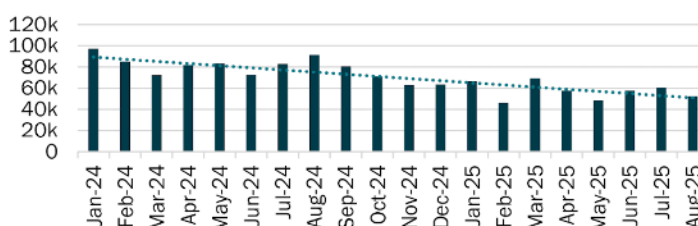
Adopt a whole community perspective when embracing principles of harm reduction

- 1. Recommend that the council adopt a whole communities definition and approach to harm reduction principles that incorporates the diverse needs of all members of the public.**
 - a. Convene a group of diverse stakeholders to define and adopt a citywide definition and pillars that should guide harm reduction work occurring in the city. Harm reduction must center patients and build trust with those afflicted by Substance Use Disorder and much of their work is HIPPA-protected. Simultaneously we must also hold the need to protect other vulnerable populations including children and those in recovery. We must acknowledge that patients with Substance Use Disorder and those using SSP services do not exist in a vacuum; they live in neighborhoods and communities.
 - b. Engage the Department of Health and state agencies in this work.
- 2. Recommend that the council ask the Agency of Human Services (AHS) field rep to work with SSPs to require that each outgoing syringe transaction include a notice that effectively communicates what is at risk if syringes continue to be discarded inappropriately.**
 - a. While the Board of Health reported that most SSP service users dispose of their syringes appropriately, CDNR was unable to find any quantitative data that supported this assertion. When Director of Permitting & Inspections, Bill Ward, who staffs the Board of Health, attended CDNR's July meeting, he acknowledged that this was likely self-reported through interviews with the Howard Center. CDNR feels that this is not a data-informed statement, and our Committee believes that the only figure we can work from is documented syringes that are unaccounted for through return.
 - b. While it is not the position of CDNR or the City Council, as evidenced by the language supporting SSPs in the original resolution, we believe that the discarding of syringes inappropriately poses a public health and safety risk and threatens the continued viability of SSPs in Burlington. This may prove to be an effective communication tool and behavioral deterrent rooted in mutual respect and shared accountability.

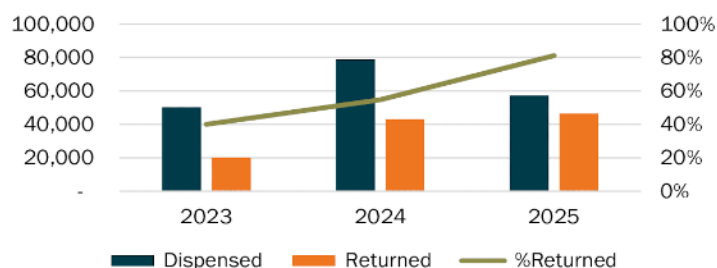
Safe Recovery | Needle Data Jan-24 to Aug-25

	Dispensed	Returned	%
Jan-24	97,364	97,460	100%
Feb-24	85,108	82,879	97%
Mar-24	72,311	55,616	77%
Apr-24	81,647	25,327	31%
May-24	83,334	15,836	19%
Jun-24	72,439	85,956	119%
Jul-24	82,752	16,793	20%
Aug-24	91,346	18,379	20%
Sep-24	80,480	28,489	35%
Oct-24	71,034	30,143	42%
Nov-24	62,708	10,879	17%
Dec-24	63,586	48,578	76%
Jan-25	66,330	71,773	108%
Feb-25	46,257	65,051	141%
Mar-25	69,035	21,293	31%
Apr-25	57,615	43,612	76%
May-25	48,542	34,105	70%
Jun-25	57,443	29,231	51%
Jul-25	60,301	58,330	97%
Aug-25	52,115	47,986	92%

Dispensed

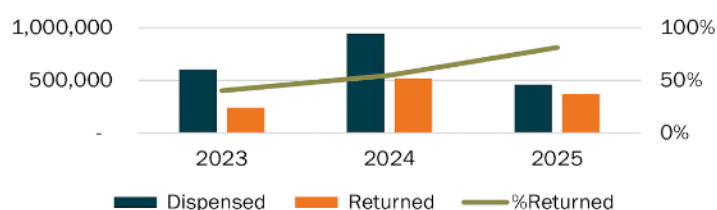


Monthly Average



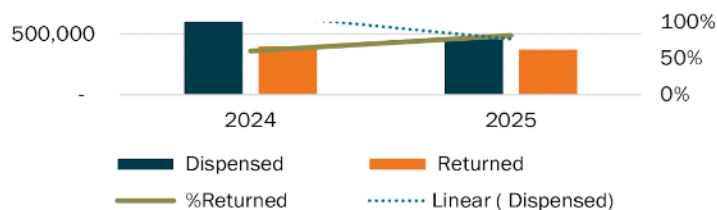
Monthly Average	Dispensed	Returned	%Returned
2023	50,117	20,068	40%
2024	78,676	43,028	55%
2025	57,205	46,423	81%

Annual



Annual	Dispensed	Returned	%Returned
2023	601,400	240,817	40%
2024	944,109	516,335	55%
2025	457,638	371,381	81%

Jan - Aug



As you will see, the data shows we are seeing an increased number of syringes being returned. We believe this is due to increased education and more diligent conversations between staff and clients about returning syringes. Please note data is estimated.

3. **Recommend that the council request the Department of Health audit and analyze the cost of accidental needle sticks to employers, individuals, and insurers.**
 - a. CDNR heard testimony from a downtown employee who experienced an accidental needle stick while cleaning up syringe litter at the workplace, which has become a regular part of their job. This individual talked about the impact on their life but also the sheer cost of the preventative drugs they had to be prescribed that their employer had to pay for, beyond the Emergency Room bill.
 - b. Request that when this data is available, that it be forwarded to the Council.

Improve syringe litter data tracking mechanisms

1. **Recommend that the council instruct that the city add a quantitative box to SeeClickFix so that the number of needles can be included when syringe litter reports are made.**
2. **Recommend that the city encourage the public, business community, and others to submit all known incidents of syringe litter to SeeClickFix or another centralized data tool.**
3. **Recommend that the city request the Department of Health launch a system whereby the public, employers, and the UVM Medical Center can report needle stick incidents.**
 - a. CDNR was unable to find any accessible tool whereby those who have been victim to accidental needle sticks can report the incident. Understanding how and where these are occurring will be helpful data to have. In addition, CDNR sees this as a matter of class-conscious equity as many individuals who are experiencing these events are performing jobs such as landscaping, custodial work, property maintenance and management, trash and recycling handling, and other jobs that traditionally may be paid significantly below Burlington's median income levels. CDNR wishes to create space for those voices and stories to better understand the impact of syringe litter in our community and underscore that their experiences and safety matters.

Increase the number of used syringe collection sites

1. **Recommend that the city request a report within 6 months on the impact of additional disposal boxes recently purchased by the Board of Health, which are placed in key hot spots in the city.**
 - a. We support efforts by volunteer groups and the Board of Health to expand secure syringe collection receptacles in hot spots.
 - b. CDNR believes that some local businesses may also support hosting a box as part of a pilot project to provide more safe disposal options in our downtown core.

- c. CDNR feels strongly that these sites should not be expanded rapidly beyond this initial pilot, until a report on the impact of these pilot sites is completed and has been shared with CDNR and/or the Council.

Support sustainable, community-powered syringe clean-up efforts

1. **Recommend that the council support the efforts of Theresa Vezina and the Mayor's office to provide early-stage operational and organizational support to volunteer groups currently operating community-driven syringe litter clean-up efforts.**
 - a. Theresa Vezina, Burlington's Special Assistant on Overdose Prevention Center Implementation, has begun providing operational guidance, training, and coordination to several community-led syringe clean-up efforts in partnership with Howard Center and other providers, which CDNR believes is important and vital to ensure longer-term viability of such efforts.
 - b. We support allocating a modest amount of city financial resources to this backbone coordination and support for volunteer-led syringe litter clean-up efforts to kickstart this effort and set it up for success.
 - c. We also recommend supporting the efforts by volunteer groups and the Board of Health to expand secure syringe collection receptacles in hot spots and to engage volunteers in managing those additional receptacles.
 - d. We recommend asking clean-up volunteers to report back using a standard form after each shift on the number of syringes collected and location, and that the city maintain this data as a supplement to SeeClickFix data.
2. **Recommend that the city not assume permanent support of the aforementioned work of Theresa Vezina and the Mayor's office, but rather that the AHS field rep and Dept. of Health offload that in due time to the SSPs and the Dept. of Health.**
3. **Recommend that the city explore partnership opportunities with the Community Justice Center (CJC) to support syringe litter clean-up efforts.**
 - a. We see an opportunity to integrate syringe litter clean-up efforts with workforce development and/or recovery employment programs currently underway at the CJC, as well as community service hours as part of deferred adjudication. The CJC has expressed an openness to this as well.

Better mitigate known hot spots for public safety concerns

1. **Recommend that the Department of Public Works and the Burlington Parks, Recreation, and Waterfront Department identify and prioritize the clean-up of hazardous abandoned campsites or outdoor waste where syringes may be present and posing environmental risk.**

- a. The Council should engage appropriate city departments and the public to identify places where syringes may be present that are presenting an environmental hazard, particularly abandoned campsites or illegal dump sites especially around waterways or environmentally sensitive spaces or those near schools, playgrounds, parks, the waterfront, and the bike path. The departments and volunteer groups should then make a coordinated clean up effort.
 - b. We recommend doing this before winter snow sets in and downed leaves make it easier to see and access wooded spaces.
2. **Recommend that the council request the Burlington Police Department to increase enforcement of drug dealing in the most-impacted neighborhoods around the Howard Center Safe Recovery Site on Clarke Street.**
 - a. We have consistently heard testimony from neighborhood residents both to the Council and at CDNR that drug dealing has increased in and around the Clarke Street neighborhood for a variety of reasons. We believe that the residents who have spoken up want and deserve increased police presence and deterrent efforts in the area. CDNR wants to be clear that we agree there are a multitude of factors that are likely contributing to this dynamic that go beyond the Howard Center site.

Enhance oversight of Safe Syringe Programs (SSPs)

1. **Recommend that the council require SSPs operating in Burlington to activate an advisory committee with the support of the AHS field rep.**
 - a. This is taken directly from their long-standing operating guides from 2012 and 2025: The organization that implements a syringe exchange program shall convene an advisory committee meeting quarterly for the first two years of the exchange's operation. If the SEP operates for two years without incident, and at the end of these two years has no unresolved issues identified by the community advisory board, the SEP will be allowed to hold meetings at least once a year and as needed. This advisory committee will provide guidance to the syringe exchange program, and will support communication between the syringe exchange program and the community. The advisory committee should consist of individuals who can support the program in reaching the goals of syringe exchange and maintain the safety of the consumers. The following may be invited to attend the community advisory meetings: • SEP staff • health care workers and the public • former injection drug users • staff from a drug treatment facilities in the catchment area of the syringe exchange program • business owners • community leaders • law enforcement • other individuals and organizations in the entire service area – including the area served through outreach. The syringe exchange program shall demonstrate good faith efforts to maintain open communication with the community at large, including local government, health care providers, law enforcement, and others about the scope

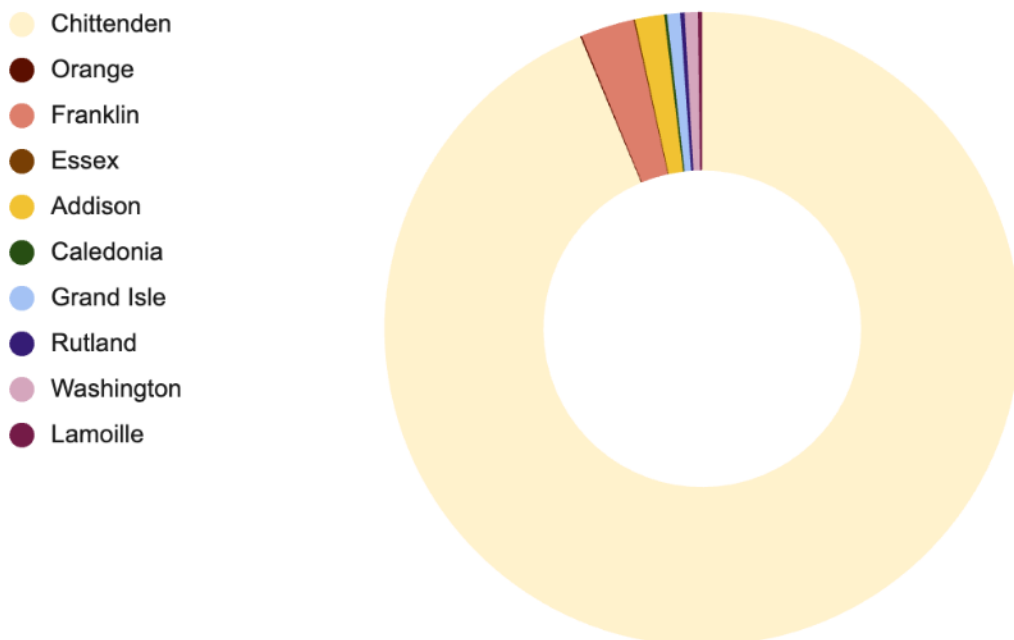
of services provided by the syringe exchange program. The advisory meetings may be an appropriate venue for this.

- b. CDNR received verbal commitment from Howard Center leadership who attended our September meeting that they were also interested in pursuing this.
 - c. Councilor Litwin found several instances where data or supplemental narratives submitted to the Vermont Department of Health were either concerning enough that technical assistance should have been offered or provided, or flagged additional questions.
 - i. i.e., in Q2 of 2025, the Howard Center reported that over 350 of their clients had been mass-evicted from the Motel program that quarter alone, however that number seemed high when compared with State reporting of those numbers being 100 adults and 60 children for Chittenden County, and 800 adults and 300 children Statewide.
 - ii. i.e., data for treatment referrals appears to be alarmingly low, so much so that it calls into question whether even the Operating Manual protocols are being followed consistently at that location.
 - iii. i.e., Following the Council's unanimous resolution charging the Board of Health with reviewing the operational effectiveness of SSPs and their efforts to mitigate syringe litter, it was reported by Howard Center back to the Department of Health that they have, "experienced strain from external forces, particularly investigation from the Burlington city council on the effectiveness of harm reduction programs." **CDNR wants to reiterate that the Council has consistently held since we passed this [resolution in October 2024](#), that, "syringe exchange programs play a critical role in harm reduction, reduce the spread of disease and infection, and support individuals in managing substance use while also providing education and resources to address the environmental impact of improperly discarded syringes." Our committee believes oversight and analysis is an essential part of program improvement and longevity—particularly when operational aspects of that program have resulted in negative impacts for others.**
2. **Recommend that the council ask the AHS field rep to audit patient identifiers where single-visit syringe provision is high and if these visits constitute violations of their operating rules.**
- a. Operating Rule: Syringe exchange will only take place in a person to person interaction between the client and program staff and volunteers. Syringes or other safer injection supplies will not be mailed.
 - i. *Anecdotally, Councilor Litwin has heard that some individuals may be acquiring large numbers of syringes "rigs" and then reselling them on the street. Since Safe Recovery is open most days, it may be increasingly necessary to give out smaller batches of syringes to avoid this dynamic and increase the number of one-on-one touchpoints or opportunities for*

recovery. This would also be an opportunity to improve syringe return rates.

- b. Testimony by Howard Center leadership at the CDNR September meeting indicated that larger numbers of syringes are being provided to non-Burlington residents who use the SSP site on Clarke Street and these individuals are sometimes returning upwards of 5,000 syringes at a time. CDNR believes this practice should be looked at more closely by the Department of Health and that Franklin County residents should be utilizing their mobile SSP for pick-ups.
- c. CDNR believes that the Department of Health should also deaggregate SSP service users from within Chittenden County to better understand how other communities could benefit from mobile SSPs as well.

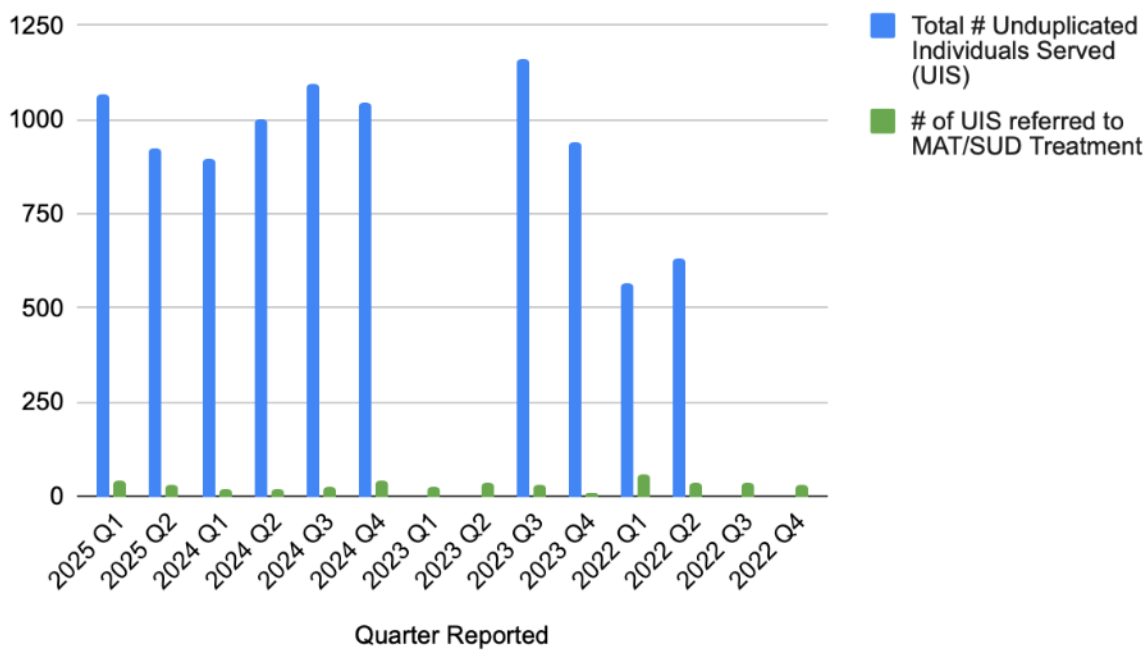
2025 Howard Center SSP Users by County



- 3. **Recommend that the council ask the AHS field rep to investigate why SSP referrals and accessing of substance use disorder treatment programs are so low and consider setting a performance improvement plan in this area. Engage recovery service providers such as Turning Point of Chittenden County in the evaluation.**
 - a. Program staff and volunteers must be able to refer individuals to prevention programs related to transmission of HIV, viral hepatitis and other blood-borne and sexually transmitted diseases if this training cannot be offered on site. Syringe exchange programs shall also provide information and referrals including access to substance abuse treatment programs.

- b. During CDNR's September meeting, the Howard Center staff who attended questioned whether the referral data was fully accurate. This referral data was taken directly from quarterly status reports provided by the Howard Center to the Department of Health. Howard Center said they would look for additional data they thought might not be covered in their QSRs however they never provided that data by the time of publication of CDNR's final recommendations. Councilor Litwin reminded them of this in an email on 9/24/25 and Howard Center advised they'd be sending the data and a response to the CDNR meeting from Beth Holden in an email on 9/25/25.

2025-2022 MAT/SUD Treatment Referral Rate



4. **Recommend that the council request that the AHS field rep forward reports to the council twice per year and that the AHS field rep work with CDNR to identify key performance indicators the council has a particular interest in receiving updates on. Require SSPs operating in Burlington to participate in this. Communication should be improved, transparent, and accountable.**

a. Referring to section B (6 & 7) of the Operating Guidelines:

- i. The syringe exchange program shall demonstrate cooperation with the advisory committee. This cooperation will be demonstrated by tracking, and providing to the VDH advisory committee meeting attendance records, agendas, meeting minutes, and any other collaborative information.
- ii. The syringe exchange program shall demonstrate its methods of communication with the community at large, including local government,

health care providers, parents, business community, law enforcement, and general public. Examples of this would be through submitting quarterly reports to VDH on referrals made, trainings conducted, meetings with the community and updates on other program issues.

5. **Recommend that the City Council request the AHS field rep require syringe numbers collected and distributed be reported in their QSR reports and ask that this be forwarded on to the council.**
 - a. Currently the number of syringes distributed and collected are not being reported in publicly accessible Quality Service Reports (QSRs). CDNR had to request this information directly from the Howard Center. We recommend that these numbers be transparently accessible to the public and that the Council receive these in the updates referenced in recommendation 4 of this section.
6. **Recommend that the council take the proper legal steps to require that any SSPs operating in Burlington submit a syringe litter mitigation and clean-up plan to the council before Spring 2026.**
 - a. **In 2024 alone, the Howard Center Safe Recovery site documented approximately 427,774 unaccounted for syringes. That is over 35,000 syringes missing from the system every month.** While this does not mean they are all disposed of inappropriately or even in Burlington, we believe that likely a substantial number of those are in our community's streets, parks, wooded areas, waterways, sewers, and trash system. Ultimately, CDNR believes that if Burlington is being asked to support this harm reduction initiative by locating the services here, we also expect that the funders and providers of the syringes be primarily responsible for their mitigation and clean-up and bear the costs of any reasonable efforts so as not to further burden an already beleaguered municipal budget and public.
 - b. In Howard Center's Q3 2023 QSR to the Department of Health, Safe Recovery wrote, "Syringe Litter has increased and there has been a lot of community feedback and scrutiny of our services." However, we were unable to find evidence that Howard Center asked for technical assistance, support, or additional funding from the State in dealing with the issue.
 - c. CDNR believes that the Department of Health should be amply funding intentional initiatives to incentivize the return of syringes by SSP service users. Howard Center moved away from providing gift cards to providing snacks, which we do not believe is a sufficient motivator. This could also incentivize the clean-up of improperly discarded syringes. If properly funded, SSPs and community partners could potentially lead clean-up crews where gift cards or other strong incentives are provided.

Explore integration opportunities for SSPs with the Overdose Prevention Center (OPC) as part of the OPC planning process

1. **Recommend that the council explore requiring the co-location of SSP services in the new Overdose Prevention Center (OPC) once open.**
 - a. Howard Center's Safe Recovery building on Clarke Street resides within the Neighborhood Revitalization Strategy Area (NRSA), as identified by the US Department of Housing and Urban Development, opening up more potential uses and funding for that space. We believe this is an opportunity for Howard Center to transition the location at 45 Clarke Street to become much-needed recovery housing with the right support and funding from federal, state, and local partners. Given the nature of the neighborhood complaints, the sheer number of syringes necessary now to support those addicted to modern-day drugs like Fentanyl, the dense residential environment, and the difficulty Howard Center experiences managing occurrences off-property, CDNR feels that this may no longer be an appropriate location for an SSP and this deserves ongoing monitoring and analysis by the City. Our Committee urges the City to work intentionally and expeditiously to explore co-location or relocation options.
 - b. **Request that CEDO offer technical assistance and collaborative support to the Howard Center to locate and apply for available [federal] funding to convert 45 Clarke Street into recovery housing.**

APPENDIX

Councilor Schachter conducted a SWOT analysis of three syringe litter clean-up programs to inform our work. A brief overview of each program is below, and is followed by a visual summary of the findings. The program referenced earlier in this report that is led by Theresa Vezina and the Mayor's office most closely represents Portland's AdoptOneBlock model. It's also important to note that for all of these programs, and for any program the City of Burlington adopts, handling used syringes involves risk of injuries or infection. It requires PPE, training, and materials to ensure safe disposal. Any accident can lead to liability concerns or reduced public trust, so implementation of appropriate training and safety protocols is of paramount importance. As referenced in our recommendations, we also see an important role for the Department of Health to play in launching, supporting, and maintaining an initiative like this, while also partnering with Burlington's business community and municipal leaders.

Boston's Community Syringe Redemption Program (CSRP)

This program pays enrolled adults a small cash incentive to return used syringes as a way of reducing unsafe needle litter in public spaces. Launched in December 2020, the program quickly expanded to multiple neighborhoods and collected over 5 million syringes, averaging over 5,000 daily. In addition to syringe collection, CSRP distributes masks, naloxone, and serves as a point of engagement for people who use drugs. The program also appears to have reduced citywide service requests for needle cleanup by roughly 50%. The program's funding from pandemic relief sources ended at the end of 2024, but it has been revived as part of Boston's Back2Work program. While this program provides a low-barrier, low-threshold income opportunity, it also requires fairly extensive funding and logistical oversight to operate.

Philadelphia's Project Reach

This is a harm-reduction-oriented sanitation initiative under Philadelphia's Substance Use Prevention & Harm Reduction (SUPHR) division that focuses on neighborhoods most affected by substance use. With oversight from dedicated City staff, this program removes discarded syringes and other drug-related litter, provides general trash cleanup, distributes naloxone and fentanyl test strips, and offers educational materials and referrals to supportive services. A component of the program, Block2Block (B2B), uses "same-day pay" employment to engage community members in cleanup work, including safe syringe disposal. Project Reach also operates several public needle drop-box locations, and works to expand public restroom and biohazard cleanup services to reduce harms from human waste.

Portland, Oregon's AdoptOneBlock

AdoptOneBlock is a volunteer-driven cleanup initiative that empowers community volunteers to "adopt" a block (or more) to keep clean on their own schedule, with free cleanup supplies delivered to them when needed. The program has grown to over 10,000 Block Ambassadors adopting more than 12,000 blocks, removing hundreds of gallons of litter, debris, and trash, while also fostering stronger neighborhood connections. It also organizes larger scale cleanups (Block Brigade and "We Believe in Portland" events) in coordination with businesses and community groups for areas needing more heavy lifting. This program offers the lowest cost per

syringe collected and has the greatest community-building impact of the programs researched for this report.

SWOT Analysis

Dimension	Boston — Community Syringe Redemption Program (CSRP)	Philadelphia — Project Reach	Portland — AdoptOneBlock
Primary Focus	Syringe and harm-reduction litter removal through cash incentives	Syringe, trash, and biohazard cleanup integrated with harm-reduction and outreach	General litter cleanup (some syringe handling) via volunteer stewardship
Program Type	Incentive-based (cash per syringe)	Paid low-barrier employment + harm reduction services	Volunteer-based civic engagement
Scale / Reach	~5 million syringes collected (2020–2024)	Tens of thousands of syringes per year; multiple teams citywide	12,000+ blocks adopted across Oregon/Washington
Strengths	Extremely high collection volume; direct reduction in syringe litter; creates economic participation opportunities for individuals; links to harm-reduction supplies	Integrates cleanup with public health; same-day pay jobs; cross-agency collaboration; builds skills and engagement	Low-cost, scalable, community-driven; free supplies for volunteers; high geographic reach; encourages civic pride
Weaknesses	Funding-intensive; potential for misuse; requires strong logistics and oversight	Complex coordination; limited employment duration; resource constraints	Not syringe-specific; uneven volunteer participation; limited hazardous-waste expertise; safety risk without training
Opportunities	Integrate with workforce development or treatment referrals; data-driven targeting; partnerships for sustainability	Expand same-day employment; increase sharps boxes/restrooms; broaden partnerships	Add training/resources for hazardous waste; partner with harm-reduction agencies; incentivize volunteers
Threats	Political opposition or funding cuts; legal/liability risks; safety incidents	Public stigma and political resistance; worker safety hazards; budget volatility	Volunteer burnout; uneven coverage; liability concerns
Funding Model	Public health grants, philanthropic support	City-funded (SUPHR) + grants	Donations, sponsorships, community partnerships
Sustainability Rating	Moderate — requires ongoing funding stream	Moderate–High — publicly integrated program	High — low-cost volunteer structure
Impact on Syringe Litter (Direct)	Very High	High	Moderate
Integration with Harm Reduction Services	High	Very High	Low
Community Engagement	Moderate	High	Very High
Cost per Impact Unit (relative)	High	Medium	Low

