

Public Health Vending Machines in New York City: Recommendations and Guidance



The NYC Health Department has established recommendations and guidance for entities considering implementing or currently managing public health vending machine (PHVM) services in NYC. This guidance seeks to promote PHVM services in NYC that are high quality, responsive to community needs, and delivered in a way that ensures the health and safety of participants, staff, and residents.

The NYC Health Department strongly encourages programs operating PHVMs in NYC to comply with the recommendations and guidance detailed in this document. If you have further questions, please email the NYC Health Department at naloxone@health.nyc.gov.

This guidance is subject to updates and amendments.



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Background

Overview of PHVMs in NYC

In 2023, the NYC Health Department supported the launch of the City’s first PHVMs, as part of an ongoing approach to address the overdose crisis. While these machines are the first of their kind in NYC, hundreds of similar machines have operated in Europe and Australia since the 1980s and more than 150 PHVMs are active across the U.S. In other areas, PHVMs may be referred to as “harm reduction vending machines” or “naloxone vending machines,” but the NYC Health Department will refer to machines as “public health vending machines” or “PHVMs” throughout this document.

PHVMs in NYC are managed by community partners and provide a range of health and wellness supplies, free of cost to New Yorkers, including but not limited to: naloxone, fentanyl test strips, safer sex kits, safer use kits (such as safer smoking supplies, safer injection supplies, etc.), and hygiene kits

(see a list of recommendations in “[Appendix E: Product List](#)”). PHVMs aim to reduce stigma by reaching New Yorkers who are not connected to harm reduction services or who are likely to witness or experience an opioid overdose, increasing convenient and anonymous access to no-cost health and wellness supplies.

Since these machines were launched in NYC, tens of thousands of lifesaving supplies have been dispensed in neighborhoods disproportionately impacted by the overdose crisis.

Overdose Prevention in NYC

The Overdose Crisis

NYC is facing a drug overdose crisis. Substances such as fentanyl and xylazine make the drug supply unpredictable and increase the risk of overdose and other drug use-related harms. Following years of increases in overdose deaths across NYC since 2016, the number of overdose deaths decreased by 28% in 2024, mirroring national trends. Although overdose deaths decreased nearly universally across demographic groups and neighborhoods in 2024, the magnitude of this decrease varied between groups and inequities persist. Overdose deaths remain disproportionately high among Black and Latino New Yorkers, residents of the Bronx, and residents of neighborhoods with very high poverty.

Naloxone Access

Naloxone is a safe and effective medication that reverses the effects of an opioid overdose and saves lives. Increased access to free naloxone is part of the City’s plan to reduce overdose deaths, particularly through strategic distribution efforts, such as PHVMs placed in neighborhoods with disproportionately high rates of fatal overdose and limited access to harm reduction services. In NYC, naloxone is available to the public for free through NYC’s extensive network of opioid overdose prevention programs (OOPPs), through PHVMs, by mail, and at local pharmacies. Naloxone is also available for purchase over the counter.

Harm Reduction and Public Health

Harm reduction is a set of practical strategies and ideas aimed at reducing the negative consequences associated with drug use. Harm reduction programs offer easily accessible, anonymous services for people who actively use drugs, those interested in recovery, and their family members. These programs prioritize the health and well-being of their participants and include an array of educational, rehabilitation, care coordination, and outreach components that meet participants where they are and provide person-centered, nonjudgmental services. Learn more from the [National Harm Reduction Coalition](#).

PHVMs are an innovative tool that can expand the scope and capacity of current services provided by harm reduction programs in NYC. PHVMs are unique in providing a 24/7 service that allows convenient and anonymous access for individuals who are unable or unwilling to engage in services at brick-and-mortar sites during regular business hours. This program, like all harm reduction programming, should

be informed by ongoing relationships with community members who use drugs to ensure the program is responsive, evidence-based, and comprehensive in meeting the wide range of health needs among this population.

Implementation Recommendations

Program Administration

Experience

Organizations managing PHVMs in NYC should have experience providing services to and engaging directly with people who use drugs and have the staffing capacity to manage this program. Despite the automated, anonymous nature of the PHVMs, these machines require dedicated staff time to ensure consistent and reliable packing of materials, restocking of machines, and engagement with community members and PHVM participants during and between visits to the PHVMs. Organizations should have the infrastructure and capacity to support these activities, as well as an efficient referral system that connects PHVM participants to additional and alternative health care services.

To support the collective goal of these machines to reach people who are not currently engaged in services, the machines should serve not only as on-demand access points for supplies but also as connection points to supplemental services. Please review this document's "[Staffing](#)" section below to assess programmatic capacity to manage a PHVM in your area.

Naloxone and Syringe Distribution Regulations

To dispense naloxone via the PHVMs, programs should be registered with the New York State Department of Health (NYSDOH) as an OOPP.

- Learn more about becoming an OOPP [here](#) and email naloxone@health.nyc.gov with any questions.
 - See the NYSDOH Policies and Procedures for OOPPs at [Putting the Pieces Together: A Guide for New York State's Registered Opioid Overdose Prevention Programs](#).

If your organization is already a registered OOPP, email naloxone@health.nyc.gov to further discuss adding a PHVM to your OOPP's registration to ensure reporting requirements are met.

To dispense syringes via PHVMs, programs must be registered and waived with the NYSDOH as a syringe exchange program. Note: Dispensing syringes via PHVMs requires an additional approval process with the NYSDOH — see this document's "[Age Restrictions](#)" section.

- Learn more about the NYSDOH AIDS Institute Policies and Procedures for Syringe Exchange Programs [here](#).

- We recommend any syringe dispensing via PHVMs in NYC be accompanied by nearby syringe disposal kiosks, personal sharps containers that can be dispensed from the PHVMs, and signage encouraging community members to call [311](#) if a syringe is found on public property.
 - Programs are responsible for managing the machines, including routine cleanup and incorporating additional syringe disposal mechanisms if the need arises.

Funding Considerations

Funding availability for PHVMs in NYC may vary over time, but here are some considerations for programs looking to fund this project independently:

- Organizations that are OOPPs can receive free naloxone and fentanyl test strips from the NYC Health Department, as well as free printed educational materials by calling [311](#).
- Nonprofits and government entities involved in Second-Tier Syringe Exchange Programs (STSEPs) can procure harm reduction supplies through funding from organizations such as [amFAR](#) and the NYSDOH’s webpage [here](#).
- Federal funds cannot be used to purchase safer smoking supplies due to current U.S. Department of Health and Human Services and Office of National Drug Control Policy regulations. Learn more from the Substance Abuse and Mental Health Services Administration (SAMHSA) [here](#).

Staffing

Organizations should employ experienced and knowledgeable staff to manage the recommended project workflows outlined below. Additionally, organizations managing PHVMs in NYC should maintain and adhere to all training requirements outlined in relevant OOPP and syringe service program (SSP) guidance from NYC and NYS. Staff responsible for engaging with program participants should receive appropriate training to respond to potential overdoses, engage participants, provide safer use and overdose prevention education, and connect participants to care on-site and through referrals. Whenever possible, the NYC Health Department recommends having a dedicated staff member available to manage this project and additional staff trained on essential workflows to assist as needed.

- Administrative Duties
 - Inventory management:
 - Ordering supplies and managing accurate and steady supplies and inventory
 - Packing supplies into kits with proper labeling (see this document’s [“Supplies and Products”](#) section)
 - Managing inventory and restocking the machine in at least one visit per week
 - Ensuring the machine’s automated inventory management system is accurately and promptly updated after every restocking interaction or adjustment of supplies (see this document’s [“Machine Management Platforms”](#) section)
 - Regularly reviewing dispensing reports and participant feedback, as well as making relevant adjustments to supplies or project workflows in response

- Staff management:
 - Training and coordinating staff and/or volunteers to assist with supply management, kit packing, and machine restocking
 - Ensuring all community-facing PHVM staff adhere to all NYC and NYS OOPP and SSP training requirements (listed below) and receive training on conducting outreach and community engagement (such as trainings on harm reduction, first aid, overdose response, naloxone dispensing, cultural competency, de-escalation training, etc. — see [“Appendix F: Other Resources”](#))
 - OOPP training requirements: [Putting the Pieces Together: A Guide for New York State’s Registered Opioid Overdose Prevention Programs](#)
 - SSP training requirements: [NYSDOH AIDS Institute Policies and Procedures for Syringe Exchange Programs](#)
- Community Engagement
 - Engaging with participants while at the machine site for restocking
 - Staff should have experience conducting street outreach and engagement.
 - Staff should be able to provide additional supportive services on demand, including referrals and harm reduction education.
 - Receiving and addressing community concerns regarding the machines or community safety issues that may arise
 - Staff should be prepared to engage with neighbors and community members at the machine site who may have feedback or concerns.
 - Staff should be able to provide relevant educational information about the program and make connections for further conversation with organization leadership when appropriate.
 - Conducting proactive community engagement efforts, before and after machine implementation (see this document’s [“Ongoing Community Engagement”](#) section)
- Machine Maintenance
 - Promptly addressing and responding to any virtual service alerts or interruptions to machine service (for example, internet service issues, power outages, etc.)
 - Communicating service disruptions to participants as soon as possible (for example, put an “Out of Service” sign on the machine with contact information)
 - Reaching out to the machine vendor to resolve issues (by phone or requesting a technician visit the machine)
 - During weekly visits:
 - Ensure machine instructions and signage are visible, and promptly replace any missing or damaged materials (see this document’s [“Written Instructions and Resources”](#) section).
 - Ensure the area around the machine is clean and free from litter.
 - Ensure instances of obstructive vandalism (for example, vandalism that interrupts or disturbs machine operations or blocks items or instructions) are promptly removed.

- Program/Contract Management:
 - o Developing and maintaining up-to-date policies and procedures for the PHVM program to ensure responsibilities and workflows are fully outlined (see this document’s [“Policies and Procedures”](#) section)
 - o If receiving funds from or working in partnership with the NYC Health Department or another entity, having dedicated staff to support coordination of the program and contract management, including data management, reporting, and compliance

Policies and Procedures

Organizations managing PHVMs in NYC should develop a “Policies and Procedures” document that outlines key aspects of managing their PHVM to ensure standardized operations and project workflows. The NYC Health Department recommends including the following content:

Topic	Policy and Procedures Recommendation
Project Overview	<ul style="list-style-type: none"> • General information on public health vending machines • Background and goals of the project, including funding mechanism and any program partners and their roles and responsibilities
Organization Information	<ul style="list-style-type: none"> • General organization overview, services provided, and PHVM locations
Staffing	<ul style="list-style-type: none"> • List of program staff, their roles and responsibilities, and any training or education requirements
Vending Machine Procurement and Logistics	<ul style="list-style-type: none"> • Information on the machine supplier; process for machine purchasing and delivery • Information on essential trainings for the machine and software operations, including copies of any training manuals or guides • Contact information for internal and external technical support services
Project Workflow	<ul style="list-style-type: none"> • Information documenting the work done prior to machine launch, including community engagement efforts, launch checklists, and participant machine access instructions • Information on inventory and machine management, including supply ordering and management, kit packing, and machine restocking • Protocols for responding to emergencies and technical issues at the machine, such as power outages, medical emergencies, and maintenance issues
Data Management Workflow	<ul style="list-style-type: none"> • Information outlining data collection, extraction, cleaning, analysis, and reporting procedures

Participant and Community Engagement	<ul style="list-style-type: none"> Information outlining protocols for recruiting and engaging program participants and engaging community members before and after the program launch
Program Monitoring and Evaluation	<ul style="list-style-type: none"> Information outlining protocols and procedures for monitoring and evaluating project impact and achievement of intended project goals and outcomes

Community Engagement

Community Needs Assessment

Organizations should be able to demonstrate community need and interest in a PHVM before launching the program, ideally through a formal community needs assessment process. It is important to gather feedback from prospective participants because it provides an opportunity to begin building trust and a sense of ownership in the project among the community, in addition to gathering direct insight on program implementation (such as materials to include, machine placement, language translation needs, etc.). See the guidance below on how to conduct a community needs assessment for the purposes of starting a PHVM program.

Design and Planning

Define the intended audience for the needs assessment. Consider the following: Who is using drugs in the community? Where do drug purchases and use take place? What barriers exist for people who use drugs in the community? Who is your program currently not reaching? Consider age, race, gender, ethnicity, languages spoken, housing status, immigration status, cultural implications of drug use, current scope of outreach locations, timing of outreach, language accessibility, etc.

Organizations should aim to primarily reach people who use drugs in the area where the machine will be located, given they are the primary audience for the PHVM. Additionally, programs should aim to reach individuals who are not already connected to the organization’s services to gain insight into programmatic gaps that can be filled by the PHVM.

Ensure there is capacity among staff to conduct the needs assessment in a culturally relevant way. Consider providing training and guidance to staff with lived experience of drug use to conduct the needs assessment. Ensure there is capacity for translating relevant materials or having multilingual staff available to conduct the needs assessment.

Data Collection and Analysis

- Determine what information you want to gather from participants in the needs assessment to inform decisions about the PHVM program.
 - o Consider what decisions are within your control and which components of the program should be informed by community feedback (see more detail in this document’s [“Informational Questions”](#) section).

- Determine what data collection method works best to collect this information.
 - o Consider surveys, listening sessions, one-on-one interviews (see more detail in “[Appendix A: Needs Assessment](#)”).
- Determine an appropriate recruitment strategy.
 - o Consider utilizing existing street outreach activities to conduct the needs assessment and developing flyers or posters to advertise the needs assessment more broadly. Also, consider making visits to nearby community-based organizations to meet with their staff and engage with their participants directly.
- Begin collecting data.
 - o When conducting the needs assessment, it is important to provide participants with an explanation of: the purpose of the needs assessment, how confidentiality and anonymity will be maintained, that state participation is optional, any relevant compensation and/or incentive details, and ongoing opportunities to ask questions.
 - o Always ensure there is safe and secure storing of needs assessment data to protect participant privacy and anonymity.
- Analyze and interpret the data.
 - o Organizations may want to summarize the data to inform decision-making. Consider sharing data with partners and the community, and reflect on what went well and where to improve next time. Most importantly, incorporate lessons learned and information gathered from the needs assessment into programmatic operations and decisions to the best of your ability.

Ongoing Community Engagement

Once the need for a PHVM has been demonstrated, organizations should begin ongoing community engagement in the area where the machine will be placed. Positive and supportive relationships with community partners help to build trust in communities and allow for ongoing, open communication when challenges arise. Given the newness of the PHVM programs and strategy, it is important to provide education on the goals and intention of the project and ensure community feedback is incorporated into program operations, whenever relevant and necessary. See the guidance below for how to approach community engagement in an ongoing and meaningful way.

Before Launch

It is essential to begin engaging community partners around the planned PHVM project as soon as possible. The community needs assessment process presented here is one component of community engagement, but additional engagement activities can include presentations at Community Board or Town Hall meetings and meetings with local elected officials, police precincts, businesses, schools or day care facilities, hospitals or health centers, and local community-based organizations — ideally those who may also work with people who use drugs.

In these prelaunch conversations, it is important to provide some information on the background of your organization, the goals of the project, information on the impact of this type of project or similar programs in other communities, and space for community members and/or stakeholders to ask questions. Remember that many people may not have a full grasp of harm reduction principles, and it

may take some time to introduce these concepts in the context of this new initiative. See [Appendix F](#) for more guidance and information on how to best embed education in your engagement activities.

After Launch

Once the PHVM is open and operating, it is important to reengage with existing community partners and establish new partnerships to both promote the new program and provide contact information if any questions or concerns arise.

Consider developing flyers or educational handouts that can be shared with community partners, with the machine address and contact information listed. Additionally, consider conducting outreach in the neighborhood to nearby businesses and nonprofits after launching the PHVM to share the machine's location and leave flyers or handouts. This can be particularly helpful if there isn't as much time for planned meetings or presentations and if the PHVM is not located near your organization's brick-and-mortar site(s).

Ongoing Participant Engagement

Throughout the implementation of the PHVM, program participants and people who use drugs should remain at the center of this work. Organizations should factor in time for regular participant engagement and neighborhood outreach activities to engage potential new participants, educate the community, build trust with participants, promote the program, and provide additional resources such as referrals and connections to care. This ongoing engagement can support your program's ability to receive regular, ongoing feedback and address community or participant concerns in a timely manner.

These are some considerations to ensure PHVMs serve as a connection point to resources and additional support services.

- Clearly display program contact information on the PHVM in accessible language that is reflective of the community.
- Engage with participants during machine restocking, offering training on using the PHVM and machine supplies and sharing referrals to additional resources and support upon request.
- Respond to feedback from participants on machine products, accessibility, and other aspects of the project whenever possible.

Machine Logistics

Location and Placement

Organizations should ensure PHVMs are in areas that are easily accessible and strategically placed in areas of high need. Organizations should reach out to the NYC Health Department, and any other relevant City agencies or community partners, for support and guidance on identifying and seeking necessary approvals for locations. See the guidelines below for consideration when selecting a location.

1. Machines should be placed outdoors, with 24/7 access, whenever possible, to ensure the machines serve the purpose of expanded access for individuals unable to access OOPPs or SSPs during normal business hours.
 - a. If placed outdoors:
 - i. Machines should have temperature control capacity for safe dispensing of certain supplies (such as naloxone, Plan B, etc.).
 - ii. Machines should be placed on private property.
 1. If seeking to place a machine outdoors at a site that your organization rents, it is strongly suggested to seek approval from the property owners and management.
 2. If seeking to place a machine on outdoor public property (such as the sidewalk), programs must receive official approval from the NYC Department of Transportation (DOT). Programs can reach out to the NYC Health Department for support in assessing the feasibility of these sites and getting connected to the NYC DOT.
 - a. Machines located indoors should be in a publicly accessible space with weekend and evening hours of access available.
 - iii. Note: Consider bolting or otherwise securing vending machines to a stable surface to prevent theft or obstructive vandalism. Property owners may need to approve these measures in advance.
 - b. If placed indoors:
 - i. Machines should be placed in a publicly accessible space (such as areas with unlocked doors, no security barriers, no sign-in sheets, etc.).
 - ii. Machines should be placed in a space that is accessible and amenable to harm reduction services.
 1. If seeking to place a machine indoors at a site that your organization rents, it is strongly recommended to seek approval from the property owners and management and to alert the other tenants.
2. Machines should be placed in areas with stable power and internet (Ethernet cable) connection.
3. Machines should not be placed in areas that are heavily surveilled (such as areas with security cameras or near police stations, etc.) to reduce the chilling effect cameras and surveillance may produce due to stigma associated with drug use.
4. Machines should be prioritized for placement in areas that meet the following criteria:
 - a. Neighborhoods with disproportionately high rates of overdose.
 - b. Neighborhoods with limited access to harm reduction services.
 - c. Areas within walking distance of public transportation (such as a bus stop or train station).
5. If the organization does not own private property, does not receive approval from the NYC DOT, or cannot place the machine on rental space, consider reaching out to a neighboring community-based organization, health center, hospital, or local business to assess interest in partnership and acting as the machine host site.
6. Organizations should ensure relevant community partners (neighbors, community boards, elected officials, business owners, other community-based organizations, etc.) are engaged

throughout the process of determining a location for the machine. Organizations should avoid placement in areas where there is strong community opposition or concern. See this document's "[Community Engagement](#)" section for more guidance.

Access Mechanism

PHVMs can have various mechanisms for participant access, each with benefits and drawbacks for participants, project management, and/or data collection. Low-barrier access options include collecting limited participant information to complete a transaction or posting an access code publicly on the machine, while higher-barrier options include requiring in-person or phone registration to receive a personal access card or code. Organizations managing PHVMs in NYC should prioritize anonymous, low-barrier access for PHVMs to ensure the machines are easy to use and limit unnecessary data collection. Organizations should try to gather insights from community members, those likely to utilize the machine, and relevant funding partners on acceptable access options. It is important to consider the logistical barriers (both real and perceived) for requiring participant registration to access a PHVM, such as in-person or virtual enrollment, as this will likely deter folks from using the machine, particularly those who are not already connected to services.

Depending on the make and/or model, machines may be limited in their ability to collect and validate certain data such as age or ZIP code. Be sure to discuss these limitations with the machine vendor before purchasing and making decisions about access mechanisms. (See more detail about these kinds of machine capabilities in this document's "[Machine Usage Management and Tracking](#)" section).

See the NYC Health Department recommendations below for low-barrier access at PHVMs. These access mechanisms are dependent on whether syringes will be available in the machine — if so, it is an NYS requirement to collect age data. (See more information in this document's "[Age Restrictions](#)" section.)

For non-syringe vending machines:

- 1. Enter the NYC ZIP code where you live or stay most often.
- 2. Enter the code of the item you wish to dispense.

For syringe vending machines:

- 1. Enter the NYC ZIP code where you live or stay most often.
- 2. Enter your age.
- 3. Enter the code of the item you wish to dispense.

Age Restrictions

Organizations should prioritize low-barrier access to supplies and adhere to NYS guidance on age restrictions for products. The NYC Health Department recommends that access to products should not be age-restricted unless required by state policies or regulations.

- **Naloxone:** There are no age restrictions for naloxone access in NYS or requirements to collect the age of product recipients.

- **Fentanyl test strips and xylazine test strips:** There are no age restrictions for access in NYS or requirements to collect the age of product recipients.
- **Syringes:** Per the [NYSDOH AIDS Institute Policies and Procedures](#), PHVM programs dispensing syringes are required to collect age data to ensure compliance with reporting requirements for syringe distribution to the NYSDOH. There is no minimum age to receive syringes, but programs must make themselves available to conduct special assessments for anyone under age 18 who requests syringes. For more information, see Section VII of the [NYSDOH AIDS Institute Policies and Procedures](#).
 - o Programs should wait to begin collecting age information until syringe approval has been granted by the NYSDOH and syringes are added in the machine.
 - o There should be clear instructions and information at the machine site, as well as packed with each syringe kit, providing information on how individuals under 18 can be connected to services for further support and evaluation.
 - In reviewing dispensing data reports, organizations should note any instances of syringe dispensing to those under 18. If this happens, organizations should respond with proactive outreach in the corresponding area, as well as additional materials at the machine site, to encourage engagement with services for those under 18.
 - Organizations should incorporate a section in their Policies and Procedures document that outlines how they plan to conduct this follow-up and outreach (see this document’s [“Policies and Procedures”](#) section).

Written Instructions and Resources

Instructions for using a PHVM should be visibly displayed on the front of the machine. Instructions should be translated into languages other than English, in alignment with the cultural and linguistic needs of the community in the area. Written instructions should clearly describe how to use the machine in an easy, step-by-step format. Instructions should also direct participants to dispense for personal use only and provide other options to access machine supplies, such as mobile outreach or brick-and-mortar program locations, when the machine is out of stock.

In addition to the step-by-step instructions, programs should post information at the machine site with their contact information (phone and email) to ensure community members and participants can reach out with questions and feedback. If possible, consider including other supplemental resources or information at or near the machine site, such as information for other community partners, upcoming events, educational information, and more.

See [“Appendix C: Instructions”](#) for examples of PHVM instructions and contact information for existing machines in NYC.

Branding and Machine Artwork

PHVMs purchased by the NYC Health Department have standardized graphic design, as seen in [“Appendix D: Machine Images.”](#) Organizations purchasing their own PHVMs should select or design

artwork and branding that reflects the goal and vision of the project and culture of their local community. Special attention and focus on addressing barriers to access, such as perceived stigma, should be considered. Consider avoiding large logos or branding and focus on visual imagery that conveys the purpose and accessibility of the machine. Organizations are encouraged to consult with key stakeholders to gather community perspective to inform machine artwork and branding.

See [Appendix D](#) for images of the PHVM graphic design for existing machines in NYC.

Products and Materials

Equipment

Organizations should procure functional, reliable vending machines and accompanying products that meet these requirements below:

Vending Machines

- If possible, vending machines should be temperature-controlled and include software that tracks dispensing trends and inventory in real time.
- If programs are unable to purchase these same machines, they should consider purchasing a machine with similar inventory and dispensing tracking abilities via an internet-based, real-time platform.
 - o These capabilities significantly decrease the need for manual tracking of inventory and allow for more consistent, reliable, and on-demand data.
 - If programs are unable to purchase these kinds of machines, build in additional staff time for manual inventory tracking and data reporting.
- If placed outdoors, machines should have temperature-control capacity for safe dispensing of certain supplies (such as naloxone, Plan B, etc.).
 - o Temperature ranges should align with guidance in product manufacturer instructions.
- If programs are using an internet-based machine, such as the models from [IDS Vending](#), be aware that there can be connection limitations based on the machine's location and the mechanism by which the machine receives internet service (hardwire Ethernet connection versus wireless Wi-Fi modem).
 - o Whenever possible, it is recommended and preferred to use a hardwire Ethernet connection for more stable and consistent internet access.
- Programs should partner with a machine vendor that has an accessible and reliable customer service support system — ideally staffed with a virtual tech support hotline and the ability to deploy technicians on-site to support physical machine issues.

Waste and Syringe Litter Receptacles

- Programs should install or co-locate trash receptacles next to or near the machine to reduce litter and support easy access to proper disposal of trash.
- Programs should also install or co-locate sharps disposal kiosks or drop boxes next to or near the machine to reduce syringe litter and support easy access to proper disposal of syringes.
 - o This is recommended regardless of whether the machine is dispensing syringes.

Supplies and Products

Organizations should stock the machine with a variety of health and wellness supplies that meet the needs of their local community, with priority for lifesaving harm reduction supplies, particularly naloxone. It is strongly recommended that this list of products is determined in collaboration with or consultation with people who use drugs in the community where the machine is located. (See this document's "[Community Needs Assessment](#)" section for more information).

The NYC Health Department recommends programs also dispense supplies that are not directly related to overdose prevention, as an essential engagement tool and a well-established harm reduction practice, whenever possible. By providing convenient, anonymous, and free access to various essential health supplies, the program shows individuals that their health is more than just their drug use. If a program has sufficient resources, it is recommended that there are no restrictions or limits on the quantity of supplies participants can receive per interaction. Access to these supplies via PHVMs also works to reduce stigma and reject the perception that these machines are just for people who use drugs. Normalizing access to lifesaving harm reduction supplies in the same space as access to basic health and hygiene supplies is an important step toward reducing stigma and promoting health and well-being for all New Yorkers (see this document's "[Harm Reduction and Public Health](#)" section).

The grouping and packaging of products for dispensing should be informed by programmatic experience of supply distribution at mobile outreach or brick-and-mortar locations. The type and number of products within each kit should take into consideration community needs, feedback, and dispensing patterns. Determining products and packaging of kits is a dynamic, evolving process. As possible, programs should regularly use participant and staff feedback to review products and kit contents to ensure the program is responsive to community needs and preferences. All kits in the vending machine should have labels listing their contents that are large enough for participants to read prior to dispensing.

Product kits should include relevant paper educational materials to promote harm reduction and safer drug use practices, overdose prevention information, product instructions, and other resources. [Appendix E](#) includes a list of potential orderable educational resources to include in harm reduction product kits. The resources can be ordered in NYC by contacting [311](#). See [Appendix E](#) for recommended categories of supplies and educational materials to include, sample kit contents, and product quantities currently used by NYC PHVMs.

[Machine Usage Management and Tracking](#)

Machine Management Platforms

Organizations should procure vending machines that have a linked data management platform allowing for real-time tracking and reporting on machine status and activities. Recommended management capabilities include:

- **Alert systems:** The ability to set and receive real-time alerts for low machine inventory, internet and power connectivity issues, and machine temperatures outside of preset range.

- **Inventory management and tracking:** The ability to input machine supplies and utilize a virtual planogram (a visual representation of products on display) to ensure proper product placement in the machine, check current machine inventory, and view usage over time.
- **Machine usage:** The ability to create, view, and export reports on machine transactions. Recommended data available for each transaction should include transaction date and time, any individual-level data such as ZIP code, and item dispensed. Transaction reports should be exportable to allow for further data analysis.
- **Validated ID:** The ability to import a list of validated ID codes that could be used to access the machine. For example, if you want to ensure people enter accurate ZIP codes into the machine, use a machine model that allows you to upload a list of approved/validated ZIP codes.

The NYC Health department uses vending machines from [IDS Vending](#), which has an accompanying data management portal that provides the management features mentioned in the previous bulleted list and customer service support for any questions on using the machine management platform.

Participant Security and Data Privacy

Despite not collecting any personal identifying information via PHVMs, programs should conduct due diligence to ensure participants feel safe and comfortable using this service, particularly given the outdoor, 24/7 nature of the machines. Organizations should develop and implement appropriate physical, technical, and organizational safeguards to protect the privacy and security of individuals using the machines. Such safeguards can include policies and practices around staff engaging with participants respectfully and addressing any safety concerns for participants and community members. When staff engage with participants to support referrals or connections to other services, ensure adherence with the organization's existing protocols that protect privacy and personal health information (PHI).

Any data collected from PHVM participants should be stored in a secure location. Electronic data should be stored in a password-protected drive, and paper forms should be kept in a locked cabinet. Encryption should be enabled to protect data. All data should be kept confidential, and access should be restricted to staff who need the data to fulfill their responsibilities. Identifiers should only be used by staff for service provision purposes. Data that is reported publicly should be in the aggregate form to prevent the identification of participants.

Sharing Data and Reporting

Organizations should consider opportunities to share aggregated PHVM project data during community and participant engagement activities and in program materials. Strategically incorporating talking points based on PHVM utilization data into regular engagement activities and program promotional materials can help convey program utilization and impact and build trust with participants and community members. Potential data points to share include popular products, dispensing totals over time, and other data collected during transactions, such as popular ZIP codes.

When sharing aggregate data on PHVMs, the guidance below is recommended to maintain data security and clarity:

- Have a defined time period for data sharing, and as much as possible, have the time period include complete months or years.
 - For incomplete months of data, round to the nearest complete month (for example, “from June 2023 to April 2024” rather than “from June 2, 2023, through May 15, 2024”).
- Do not share any exact quantities that are less than 10. List it as less than 10 instead.
 - For example, if nine naloxone kits are dispensed, say “fewer than 10 kits dispensed,” and if seven PHVM transactions came from ZIP code 10004, say “fewer than 10 transactions from 10004.”
- If interested in sharing top ZIP codes per item or for overall utilization, we suggest sharing no more than five ZIP codes, provided no ZIP code has less than 10 uses. For example, if the fifth most common ZIP code shows up in nine transactions or less, do not share data for that ZIP code.

Appendices

Appendix A: Needs Assessment

Informational Questions

Type of Information	Questions to Ask
PHVM Participant Information	<ol style="list-style-type: none"> 1. Are you currently a client of this organization? 2. How do you identify your gender? 3. How do you identify your race? 4. What is your age? 5. How do you define your sexual orientation? 6. What language do you primarily speak? 7. Do you have any difficulty performing your daily activities because of any physical, mental, or emotional challenges?
PHVM Placement or Location Ideas and Considerations	<ol style="list-style-type: none"> 1. How would the vending machine's placement influence how likely you'd be to use it? 2. Would you be more or less likely to use it if it was placed in an area crowded with pedestrians or an area that is less crowded? 3. If you could place the machine in any location in this community, where would you like it to be located? 4. In case of emergency or times of urgency, what factors would contribute to your ability or likelihood to use the machine? 5. Do you have any additional thoughts or suggestions about the placement of the vending machines?
PHVM Supplies Ideas and Considerations	<ol style="list-style-type: none"> 1. What supplies would you like us to stock in the vending machine? 2. Do you have any additional thoughts, questions, or suggestions about the supplies that will be in or near the vending machine?
Interest and Support for the PHVM Program	<ol style="list-style-type: none"> 1. How likely do you think you would be to use this vending machine? 2. What are some of your initial thoughts about this vending machine? Do you have any suggestions or concerns?

Methods

Method	Definition	Process	Considerations
Survey	A written set of predetermined questions aimed at gathering specific information or gaining knowledge from a particular group of people.	<ul style="list-style-type: none"> Physical (pen/paper) Electronic 	<ul style="list-style-type: none"> Can reach a larger number of people with less time and fewer staff Includes less need for follow-up questions, as most questions are straightforward Provides an anonymous and remote/virtual opportunity for engagement
Listening Session	A facilitated discussion with a group of people, aimed at collecting information about their experience.	<ul style="list-style-type: none"> In person Phone Virtual 	<ul style="list-style-type: none"> Can reach a larger number of people, but takes more time for staff and participants Includes less in-depth or specific responses, given the larger group dynamic Provides an opportunity to ask open-ended and follow-up questions Requires a skilled facilitator and notetaker
One-on-One Interview	A partially structured or fully structured conversation between two people.	<ul style="list-style-type: none"> In person Phone Virtual 	<ul style="list-style-type: none"> Can help get more in-depth responses from a smaller set of individuals Provides an opportunity to ask open-ended and follow-up questions Requires a skilled facilitator and notetaker

Appendix B: Community Engagement

Meeting Preparation and Follow-Up

When preparing for meetings with community partners, consider the following tips:

Planning/Preparation	Meetings/Logistics	Follow-Up
<ul style="list-style-type: none"> • Determine the purpose: What do you want people to walk away with? What is the “ask”? (For example, a letter of support? Feedback on plans? Referral partnership?) • Consider the unique needs and interests of groups/individuals you are meeting with: <ul style="list-style-type: none"> ○ What is “in it” for them? ○ If I was in their shoes, why would I care? ○ How can the message be delivered most effectively? Who is the best messenger? • Tailor messaging to your audience and come prepared to answer difficult questions, but do not overpromise what you can do for the community. • Make sure all communications and materials are accurate, clear, easy to understand, and accessible. • Be flexible and responsive to community needs and feedback throughout the planning process. 	<ul style="list-style-type: none"> • Find accessible locations, dates, and times for meetings. • Assign specific roles to all staff involved (planning, execution, and follow-up). • Give yourself plenty of time for promotion if you are hoping for a large turnout. • Consider bringing food/refreshments. • Take notes and mark attendance at or after meetings to keep track of activities. <ul style="list-style-type: none"> ○ Make notes of questions asked, topics covered, and need for follow-up. 	<ul style="list-style-type: none"> • Debrief meetings/activities with your team: <ul style="list-style-type: none"> ○ What went well? How can we build upon that momentum? ○ Is what you are saying getting people’s attention? How could you tell? ○ Ask allies or community partners for honest feedback ○ Who wasn’t in the room? Why? ○ Whose voices were loudest? Who was unable to share their perspective? • Coordinate follow-up thank-you emails/notes or schedule follow-up meetings to explore opportunities for future partnership. • Incorporate feedback into practice. <ul style="list-style-type: none"> ○ If you received specific feedback about the PHVM, consider incorporating this feedback into your plans. ○ If the feedback was not relevant or not aligned with your goals, still follow up to explain why. • Continue relationship building: Plan opportunities to gather feedback and be adaptable throughout the implementation phase, demonstrate the impact of the project, and share your successes and challenges with the community.

Appendix C: Instructions

Public Health Vending Machine Instructions


To access **free** supplies:

- 1** When asked for your "ID," enter the NYC ZIP code in which you live or most often stay using the keypad, then press the pound sign (#).
- 2** Enter the number listed under the item you want using the keypad when asked, then press the pound sign (#).
- 3** Wait for the item to dispense, then take it from the slot at the bottom of the machine.
- 4** Repeat Steps 1 through 3 for each item you want.

Please limit to personal use and only take one of each item as needed. This machine is restocked weekly.

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Contact Information Example:



All supplies are provided for free by the AIDS Center of Queens County, in partnership with the NYC Health Department.

If you need additional supplies or the machine is out of stock, contact:

AIDS Center of Queens County
917-670-5687
egonzalez@acqc.org

For more information and machine locations, visit nyc.gov/alcoholanddrugs or scan the QR code.



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Appendix D: Machine Images



Appendix E: Product List

Recommended PHVM Supplies and Kit Contents		
Kit Name	Contents	Educational Materials and Webpages for Staff Reference
Supply Category: Hygiene		
Hygiene Kit (Example A)	Soap, deodorant, comb, toothpaste, toothbrush, sunscreen, towelettes	For staff reference: Hygiene Basics Water, Sanitation, and Environmentally Related Hygiene (WASH) CDC
Hygiene Kit (Example B)	Toothbrush, toothpaste, comb, coin (compressed) towelette, bar of soap	See above.
Hygiene Kit (Example C)	Soap, deodorant, comb, toothpaste, toothbrush, sunscreen, lotion, two (2) towels, five (5) condoms, cosmetic kit (including cotton swabs, nail file, cotton pad)	See above.
Hygiene Kit With Tampons	Soap, deodorant, comb, toothpaste, toothbrush, sunscreen, lotion, two (2) towels, three (3) tampons, sanitary pad, razor, cosmetic kit (including cotton swabs, nail file, cotton pad)	See above.
Hygiene Kit With Pads	Soap, deodorant, comb, toothpaste, toothbrush, sunscreen, lotion, two (2) towels, three (3) sanitary pads, razor, cosmetic kit (including cotton swabs, nail file, cotton pad)	See above.
Menstrual Kit	Four (4) menstrual pads, one (1) towelette	See above.
Razor	One (1) razor	See above.
Supply Category: Sexual Health		
Condoms (Example A)	Five (5) internal (“female”) condoms, five (5) external (“male”) condoms, five (5) packets of lubricant	For staff reference: Condoms - NYC Health
Condoms (Example B)	10 latex condoms, one (1) packet of lubricant	See above.
Condoms (Example C)	10 male condoms, 10 packets of lubricant	See above.
Plan B	One (1) Plan B emergency contraceptive	For staff reference: Plan B Morning-After Pill How Plan B Works and Side Effects Planned Parenthood

Kit Name	Contents	Educational Materials and Webpages for Staff Reference
Supply Category: Naloxone		
Naloxone Kit	Two (2) naloxone kits, gloves, one (1) rescue breathing face shield, instructions	<p>For staff reference: Naloxone - NYC Health</p> <p>Materials: What Is Naloxone? How to Use Intranasal (Nasal Spray) Naloxone (PDF)</p> <p>Other languages: Español Русский Kreyòl ayisyen 한국어 বাংলা Italiano Polski العربية Français עברית اردو</p>
Supply Category: First Aid Kits		
Wound Care/First Aid Kit	One (1) pair of gloves, two (2) gauze pads, two (2) large 2 x 4-inch Band-Aids, two (2) small 1 x 3-inch Band-Aids, two (2) antiseptic BZK towelettes, one (1) triple antibiotic ointment, two (2) alcohol wipe pads, one (1) ibuprofen packet (contains two 200 mg tablets), one (1) 5 g A&D ointment	<p>Materials: Wound Care Palm Card (PDF)</p>
Wound Care Kit (Example A)	Two (2) small gauze pads, two (2) large gauze pads, two (2) large 2 x 4-inch Band-Aids, two (2) small 1 x 3-inch Band-Aids, one (1) drape, one (1) roll of medical tape, one (1) safety pin, one (1) pair of transfer forceps, one (1) polybag with twist tie, one (1) abdominal pad, one (1) pair of small scissors, one (1) pair of Posi-Grip forceps, three (3) PVP iodophor (PVP-I) swabsticks	
Wound Care Kit (Example B)	One (1) pair of non-latex gloves, two (2) large 2 x 4-inch Band-Aids, two (2) small 1 x 2-inch Band-Aids, two (2) packets of antibiotic ointment, two (2) sterile pads, four (4) alcohol wipe pads, four (4) benzalkonium chloride pads, saline water	
Gloves	Two (2) pairs of latex gloves	
Alcohol Wipes and Bandages	Four (4) alcohol wipe pads, four (4) bandages	

Kit Name		Contents	Educational Materials and Webpages for Staff Reference
Supply Category: Safer Use Kits			
Safer Smoking	Safer Smoking Kit (Crack)	Six (6) screens, pipes, Chore Boy pads (steel wool), mouthpieces, bamboo push straws, alcohol wipe pads, Vaseline packets, gum	For staff reference: Alcohol and Drug Use - NYC Health
	Safer Smoking Kit (Meth)	One (1) bubble pipe, one (1) mouthpiece, one (1) lip balm, one (1) foam sleeve	Materials: Take Care Take Charge: Safety Tips for People Who Use or Inject Drugs (PDF)
	Chore Boys	Two (2) individual Chore Boy pads (steel wool)	Other Languages: Español Русский Kreyòl ayisyen 한국어 العربية বাংলা Italiano Polski Français اردو יידיש Reduce Your Risk of Overdose, Hepatitis C, and HIV (PDF) Other Languages: Español Русский Kreyòl ayisyen 한국어 العربية বাংলা Italiano Polski Français اردو יידיש
Safer Injection	Syringes	27 1-cc syringes (various quantities), 27 1/2-cc syringes (various quantities)	See above.
	Safer Injection Kit	One (1) packet of 10 cookers, five (5) sterile waters	
	Tourniquets	Three (3) tourniquets	
Safer Snorting	Safer Snorting Kit	Three (3) pipes, colored straws, plastic card, sterile water, Vaseline packets, gum	See above.
Syringe Disposal	Syringe Disposal	One (1) FitPack	For staff reference: Community Syringe Redemption Program - NYC Health Materials: Syringe Litter: Know the Risks and Prevent Injury (PDF) Other Languages: Español
	Sharps Shaft	Safe disposal sharps shaft	See above.

Kit Name	Contents	Educational Materials and Webpages for Staff Reference
Supply Category: Fentanyl and Xylazine Tests		
Fentanyl Test Strips	Five (5) fentanyl test strips, instructions	For staff reference: Fentanyl - NYC Health Materials: How to Test Your Drugs Using Fentanyl Test Strips (PDF) Other Languages: Español Русский 繁體中文 简体中文 Kreyòl ayisyen 한국어 বাংলা Italiano Polski עברית العربية Français اردو
Xylazine Test Strips	Five (5) xylazine test strips, instructions	For staff reference: Alcohol and Drug Use - NYC Health Materials: What Is Xylazine? (PDF) Other Languages: Español Русский 繁體中文 简体中文 Kreyòl ayisyen 한국어 বাংলা Italiano Polski עברית العربية Français اردو
Fentanyl and Xylazine Test Strip Kit	Two (2) fentanyl test strips, two (2) xylazine test strips, four (4) sterile waters, four (4) cookers, instructions	See above.
Supply Category: COVID-19 Tests		
COVID-19 Tests	Two (2) COVID-19 tests	For staff reference: COVID-19: Prevention and Groups at Higher Risk - NYC Health
Supply Category: Face Masks		
Face Masks	Two (2) KN95 masks	For staff reference: Masks and Respiratory Viruses Prevention Respiratory Illnesses CDC
Face Masks	One (1) face mask	See above.

Appendix F: Other Resources

- Vending Machine Resources:
 - **NASTAD Public Health Vending Machine Monthly Roundtable Call:** Register for a calendar invitation at <https://nastad.zoom.us/meeting/register/ieUtqqWHROWA9v3ern75Eg>
 - **National Council for Mental Wellbeing:** [Enhancing Harm Reduction Services in Health Departments — Harm Reduction Vending Machines](#)
 - **SAMHSA Homeless and Housing Resource Center:** [Harm Reduction Vending Machines: Considerations for Implementation](#)
 - **National Harm Reduction Coalition:** [Harm Reduction Vending Machines](#)
- Community Engagement Resources:
 - **National Harm Reduction Coalition:** [It's Our Backyard Too: Building Community-Centered Support for Harm Reduction](#) (free online course)
 - **Metropolitan Area Planning Council (MAPC):** [Community Engagement Guide 2016](#)
 - **ASTDR (Agency for Toxic Substances and Disease Registry):** [ATSDR Communication Toolkit](#)
- Harm Reduction Resources:
 - Public Health Vending Machine Talking Points:
 - **NYC Health Department:** [Public Health Vending Machines: Increasing Access to Health and Wellness Supplies in NYC](#) (fact sheet)
 - Other languages: [Español](#) | [Русский](#) | [繁體中文](#) | [简体中文](#) | [Kreyòl ayisyen](#) | [한국어](#) | [বাংলা](#) | [Italiano](#) | [Polski](#) | [العربية](#) | [Français](#) | [اردو](#) | [עברית](#)
 - See additional resources at nyc.gov/phvm
 - Syringe Litter Talking Points:
 - **Harm Reduction Coalition:** [Let's Talk Syringe Litter](#)
 - **NYC Health Department:** [Syringe Litter: Know the Risks and Prevent Injury](#) (fact sheet)
 - Fentanyl Talking Points:
 - **NYC Health Department:** [What Is Fentanyl?](#) (fact sheet)
 - Other languages: [Español](#) | [Русский](#) | [العربية](#)
 - See additional resources at [Fentanyl - NYC Health](#)
 - Naloxone Talking Points:
 - **NYC Health Department:** [What Is Naloxone?](#) (palm card)
 - Other languages: [Español](#) | [Русский](#) | [Kreyòl ayisyen](#) | [한국어](#) | [বাংলা](#) | [Italiano](#) | [Polski](#) | [العربية](#) | [Français](#) | [اردو](#) | [עברית](#)
 - See additional resources at [Naloxone - NYC Health](#)
 - **NYC Health Department:** [A Guide to Naloxone Access in NYC](#) (palm card)
 - Other languages: [Español](#) | [Русский](#) | [繁體中文](#) | [简体中文](#) | [Kreyòl ayisyen](#) | [한국어](#) | [বাংলা](#) | [Italiano](#) | [Polski](#) | [العربية](#) | [Français](#) | [اردو](#) | [עברית](#)
 - See additional resources at [Naloxone - NYC Health](#)