

SENT VIA ELECTRONIC MAIL

September 17, 2026

Mayor J. Allen Joines
Council Member Annette Scippio
Council Member Barbara H. Burke
Council Member Vivian V. Joyner
Council Member Scott Andree-Bowen
Council Member Denise D. Adams
Council Member Robert C. Clark
Council Member Regina Ford Hall
Council Member James Taylor

Dear Mayor Joines and Members of the Winston-Salem City Council,

We are attorneys with the American Civil Liberties Union (“ACLU”) and ACLU of North Carolina. We write to urge you to halt efforts to restrict zoning for Syringe Services Programs (“SSPs”), which would undermine the well-established public health benefits of such programs and violate federal disability and religious freedom protections.¹

Decades of public health research establish that SSPs provide life-saving services for people with substance use disorders (“SUD”) while protecting them and the larger community from increased risks of disease transmission, overdose, and death. SSPs also serve as a bridge to drug rehabilitation programs, thereby decreasing, rather than increasing, rates of illegal drug use. Accordingly, zoning regulations that restrict the availability of SSPs deny people with SUD access to health services and services connected to drug rehabilitation, in violation of Title II of the Americans with Disabilities Act (“ADA”) and Section 504 of the Rehabilitation Act (“Section 504”). Zoning regulations that single out religious institutions and substantially burden their religious exercise on their own property violate the First Amendment’s guarantee of free exercise of religion.

I. Syringe Services Programs Provide Evidence-Based, Lifesaving Health Services that Connect Patients to Drug Rehabilitation.

Forsyth County, North Carolina, remains in the midst of an opioid epidemic. Since 2020, the county has had among the highest overdose death rates in the State.² It has also had among the

¹ City of Winston-Salem, N.C., Information on Zoning Regulations for Needle Exchanges, File No. 25-0472 (Gen. Gov’t Comm. Dec. 8, 2025), <https://winston-salem.legistar.com/LegislationDetail.aspx?ID=7762163&GUID=880E727F-5BA3-4D30-B4B9-5632DE2AF311>.

² N.C. Dep’t of Health & Hum. Servs., Div. of Pub. Health, North Carolina Overdose Epidemic Data, <https://www.dph.ncdhhs.gov/programs/chronic-disease-and-injury/injury-and-violence-prevention-branch/north-carolina-overdose-epidemic-data> (last visited Mar. 16, 2026).

highest rates of diagnosed HIV infections in the last two years.³ Nevertheless, these numbers have slowly declined over the past year, underscoring the importance of harm reduction programs like SSPs.

Decades of research establish that SSPs provide two key categories of public health benefits.

First, by distributing sterile syringes and other public health supplies, SSPs substantially reduce communicable disease transmission, infections, overdoses, and death among people who use drugs and the wider community. Cities that have lifted restrictions on SSPs have reaped these benefits. Washington, D.C., for example, experienced a 70% drop in new HIV diagnoses attributable to injection drug use over just two years, and New York City saw HIV rates decline about 80% in people who inject drugs.⁴

By contrast, several jurisdictions experienced spikes in disease transmission when they imposed restrictions on SSPs. Shortly after restricting operations of SSPs in 2018, Cabell County, West Virginia saw more new HIV diagnoses in one year than it did in the previous ten years combined.⁵ Only after lifting these restrictions did the county bring HIV rates under control.⁶ Similarly, then-Indiana governor Mike Pence gained control over the 2014-2015 HIV outbreak in Scott County, Indiana only after authorizing an SSP, which caused a “rapid reduction” in HIV transmission.⁷

Second, decades of research confirm that SSPs also increase the likelihood that people who use illegal drugs enter and stay in evidence-based drug rehabilitation programs. Specifically, by reducing stigma around drug use and showing compassion for individuals otherwise ostracized by their communities, SSPs reduce barriers to drug rehabilitation and other health care. Accordingly, studies show that users of SSPs are five times more likely to enter drug treatment and about three times more likely to stop using drugs than those who do not use the programs.⁸

³ N.C. Dep’t of Health & Hum. Servs., Div. of Pub. Health, Epidemiology Section, Communicable Disease Surveillance Report: 2025 Quarter 1, <https://www.dph.ncdhhs.gov/epidemiology/communicable-disease/2025-quarter-1-reportpdf/open> (last visited Mar. 16, 2026).

⁴ Monica S. Ruiz et al., *Impact Evaluation of a Policy Intervention for HIV Prevention in Washington, DC*, 20 AIDS & BEHAV. 22, 25 (2016), <https://pubmed.ncbi.nlm.nih.gov/26336945/>; Don C. Des Jarlais et al., *HIV Incidence Among Injecting Drug Users in New York City Syringe-Exchange Programmes*, 348 THE LANCET 987, 990 (1996), <https://pubmed.ncbi.nlm.nih.gov/8855855/>.

⁵ Amy Atkins, et al., *Notes from the Field: Outbreak of Human Immunodeficiency Virus Infection Among Persons Who Inject Drugs—Cabell County, West Virginia, 2018–2019*, 16 MORB MORTAL WKLY REP. 499 (2020), <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6916a2-H.pdf> at 1.

⁶ R. Paul McClung et al., *Response to a Large HIV Outbreak, Cabell County, West Virginia, 2018–2019*, 61 AM. J. PREVENTIVE MED. S143, S148–49 (2021), <https://pubmed.ncbi.nlm.nih.gov/34686283/>.

⁷ Monita R. Patel et al., *Reduction of Injection-Related Risk Behaviors After Emergency Implementation of a Syringe Services Program During an HIV Outbreak*, 77 J. OF ACQUIRED IMMUNE DEFICIENCY SYNDROMES 373 (2018), <https://pubmed.ncbi.nlm.nih.gov/29271829/>.

SSPs are also an effective means of providing primary health care and preventative health services and information to people with SUD.⁹ These programs therefore meet both the short- and long-term health needs of people who use drugs.

The success of SSPs centers largely on their ease of availability. Difficulty obtaining syringes has been associated with syringe reuse, syringe sharing, and longer periods of syringe circulation, which can all lead to increased disease transmission. Patients commonly face barriers to traveling to SSPs due to their lack of housing and transportation, symptoms of their SUD, mobility disabilities, and mental health disabilities that make it difficult or impossible for them to travel, and their skepticism of medical professionals and strangers.¹⁰ Accordingly, to ensure participants have adequate syringe coverage, SSPs must help patients overcome common barriers to reaching an SSP by maintaining locations in residential areas, near public transportation, and near areas where unhoused individuals may live, such as parks.

Moreover, contrary to stereotypes rooted in stigma, increasing the availability of SSPs significantly reduces syringe litter, improves disposal practices, and does not increase criminal activity or illegal drug use.¹¹ A 2021 systematic review of SSPs in dozens of cities found that people who used SSPs were between 2.28 and 5.70 times more likely to dispose of syringes safely than those who did not.¹² And empirical data demonstrates that SSPs do not lead to an

⁸ Holly Hagan, et al., *Reduced Injection Frequency and Increased Entry and Retention in Drug Treatment Associated with Needle-Exchange Participation in Seattle Drug Injectors*, 19 J. SUBST. ABUSE TREAT. 247, 247, 249–50 (2000), [https://www.jsatjournal.com/article/S0740-5472\(00\)00104-5/fulltext](https://www.jsatjournal.com/article/S0740-5472(00)00104-5/fulltext).

⁹ Kieth G. Heinzerling et al., *Hospital Utilization for Injection Drug Use–Related Soft Tissue Infections in Urban Versus Rural Counties in California*, 83 J. URB. HEALTH 176, 180 (2006), <https://pubmed.ncbi.nlm.nih.gov/16736367/>; Thomas J. Stopka et al., *HCV and HIV Counseling and Testing Integration in California: An Innovative Approach to Increase HIV Counseling and Testing Rates*, 122 PUB. HEALTH REPS. 68, 70–72 (2007), <https://pubmed.ncbi.nlm.nih.gov/17542457/>.

¹⁰ April M. Ballard et al., *Houselessness and Syringe Service Program Utilization Among People Who Inject Drugs in Eight Rural Areas Across the USA: A Cross-Sectional Analysis*, 20 HARM REDUCTION J. 157 (2023), <https://pmc.ncbi.nlm.nih.gov/articles/PMC10601138/> at 1, 8; Alison Newman et al., *“I Think One Enhances the Other”: Use of Harm Reduction & Drug Treatment Among Participants of Syringe Services Programs* UNIV. OF WASHINGTON ADDICTIONS, DRUG & ALCOHOL INSTITUTE 3 (June 2025) <https://adai.uw.edu/wordpress/wpcontent/uploads/hr-tx-ssp-report-june-2025.pdf>; Umedjon Ibragimov et al., *Factors that Influence Enrollment in Syringe Services Programs in Rural Areas: A Qualitative Study Among Program Clients in Appalachian Kentucky*, 18 HARM REDUCTION J. 68 (2021), <https://pubmed.ncbi.nlm.nih.gov/34193165/>, at 1, 10–12; Carol Strike et al., *Needle Exchange Programs: Delivery and Access Issues*, 93 CAN. J. PUB. HEALTH 339, 341 (2002), <https://pmc.ncbi.nlm.nih.gov/articles/PMC6988577/>.

¹¹ Hansel E. Tookes, et al., *A Comparison of Syringe Disposal Practices Among Injection Drug Users in a City with Versus a City without Needle and Syringe Programs*, 123 DRUG ALCOHOL DEPEND. 255, 258 (2011), <https://pubmed.ncbi.nlm.nih.gov/22209091/>; Brendan Quinn, et al., *Syringe Disposal Among People Who Inject Drugs in Los Angeles: The Role of Sterile Syringe Source*, 25 INT’L J. DRUG POL’Y 905, 905, 908–09 (2014), <https://pubmed.ncbi.nlm.nih.gov/24930425/>.

¹² Katherine M. Mackey et al., *Syringe Services Programs: A Systematic Review*, U.S. DEP’T OF VETERANS AFFAIRS EVIDENCE SYNTHESIS PROGRAM 17 (Dec. 2023),

increase in criminal activity, but serve as effective public health tools without compromising community safety.¹³

II. The Ordinance's Restrictions on SSPs Are Illegal Disability Discrimination.

If the City enacts its proposed zoning restrictions on SSPs, it would not only undermine the public health benefits outlined above—it would likely violate the ADA and Section 504 in at least two ways.

First, these restrictions would facially discriminate against disabled people by targeting services designed for and required by people with SUD. Such facially discriminatory statutes “present per se violations” of the ADA and Section 504 and are facially invalid. *Bay Area Addiction Rsch. & Treatment, Inc. v. City of Antioch*, 179 F.3d 725, 735 (9th Cir. 1999); *New directions Treatment Servs., v. City of Reading*, 490 F.3d 202, 304 (3d Cir. 2007). Second, these restrictions would also discriminate in their application by denying people with SUD meaningful access to health services and services provided in connection with drug rehabilitation.

The ADA provides that “no qualified individual with a disability shall, by reason of such disability, be . . . denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.” 42 U.S.C. § 12132. Section 504 provides the same for “any program or activity receiving Federal financial assistance.” 29 U.S.C. § 794.

Regulations implementing the ADA and Section 504 require covered entities, like Winston-Salem, to provide people with disabilities “an opportunity to participate in or benefit from” the entity’s services, programs, and activities that is “equal to that afforded others” and is “as effective in affording equal opportunity to obtain the same result” or “to gain the same benefit.” 28 C.F.R. § 35.130(b)(1)(i)-(iii) (ADA); *accord id.* § 41.51(b)(1)(i)-(iii) (Section 504). The implementation of zoning ordinances is a service, program, or activity covered by both the ADA and Section 504. *Bay Area Addiction*, 179 F.3d at 731. Moreover, the City may not administer its programs, directly or through the implementation of ordinances, in a manner that “has the purpose or effect of defeating or substantially impairing accomplishment of the objectives of the public entity’s program with respect to individuals with disabilities.” 28 C.F.R. § 35.130(b)(3) (ADA); *accord id.* § 45.51(b)(3) (Section 504). The City also has an affirmative obligation to make “reasonable modifications in policies, practices, or procedures” when “necessary to avoid discrimination on the basis of disability,” unless the modification “would fundamentally alter the nature of the service, program, or activity.” *Id.* § 35.130(b)(7) (ADA); *accord* 45 C.F.R. § 84.68(b)(7)(i) (Section 504).

In some situations, the ADA and Section 504 exclude from their protections individuals who use illegal drugs. But they prohibit the City from denying these individuals “health services” or “services provided in connection with drug rehabilitation.” 28 U.S.C. § 705(20)(C)(iii); 28 C.F.R. § 35.131(b)(1) (“a public entity shall not deny health services, or services provided in

https://www.ncbi.nlm.nih.gov/books/NBK598962/pdf/Bookshelf_NBK598962.pdf.

¹³ Melissa A. Marx et al., Trends in Crime and the Introduction of a Needle Exchange Program, 90 AM. J. PUB. HEALTH 1933, 1934–35 (2000), <https://doi.org/10.2105/ajph.90.12.1933>.

connection with drug rehabilitation, to an individual on the basis of that individual’s current illegal use of drugs, if the individual is otherwise entitled to such services”).

Under this framework, a federal court recently enjoined zoning and other restrictions on SSPs. *Gather Church v. Lewis County*, 814 F. Supp. 3d 1154 (W.D. Wash. 2025). Like the City’s proposed regulations, the ordinance at issue imposed special zoning restrictions that prohibited only the plaintiff’s SSP from operating in residential areas, within 750 feet of schools and parks, or in a mobile clinic. *Id.* at 1161. As a result, patients faced barriers to reaching the SSP because of the symptoms of their SUD, mobility disabilities, and mental health disabilities. *Id.* at 1162.

The court first held that although the SSP’s patients used illegal drugs, they were entitled to the protections of the ADA because SSPs provide both “health services” and “services provided in connection with drug rehabilitation” by reducing the risk of HIV and Hepatitis C transmission and providing a first point of contact for formal drug treatment. *Id.* at 1166–68. The court then held that the ordinance discriminated on the basis of disability in two ways. First, by imposing zoning restrictions that substantially limited access to the SSP, the ordinance denied patients with SUD access to health services and services in connection with drug rehabilitation. *Id.* at 1169. And second, the ordinance facially discriminated against these patients by “facially target[ing] health services designed for and that cannot be divorced from, people with SUD.” *Id.*

This holding follows a long line of decisions concluding that zoning restrictions on services designed for people with SUD facially discriminate on the basis of disability. *New Directions Treatment Servs. v. City of Reading*, 490 F.3d 293, 295, 306 (3d Cir. 2007) (holding as “facially invalid” a zoning statute prohibiting methadone clinics within 500 feet of residential areas and other structures); *MX Grp., Inc. v. City of Covington*, 293 F.3d 326, 330 (6th Cir. 2002) (holding that a city’s revocation of plaintiff methadone clinic’s zoning permit and amendment of zoning code that precluded plaintiff from operating in the city violated the ADA); *Bay Area Addiction Rsch. & Treatment, Inc.*, 179 F.3d at 735 (holding that zoning restrictions on methadone clinic facially discriminated on the basis of disability); *Innovative Sys., Inc. v. City of White Plains*, 117 F.3d 37, 49 (2d Cir. 1997) (holding that interpretation of a zoning ordinance to prohibit an alcohol treatment facility facially violated the ADA); *Habit Mgmt., Inc. v. City of Lynn*, 235 F. Supp. 2d 28, 29 (D. Mass. 2002) (holding that city ordinance prohibiting establishment of methadone clinics within two miles of schools was facially invalid).

If enacted, the City’s proposed ordinance would similarly discriminate on the basis of disability and endanger public health. As discussed above, Winston-Salem remains in the midst of an opioid epidemic. Restricting access to SSPs would undermine, rather than advance, the City’s public health goals by increasing the risk of disease transmission, overdose, and death while decreasing the likelihood that people who use illegal drugs will enter formal drug rehabilitation.

III. The Ordinance’s Restrictions on Church Operation of SSPs Violate the Free Exercise Clause.

A law that singles out religious beliefs or practices for stricter regulation is subject to strict scrutiny under the Free Exercise Clause of the First Amendment, and must further a compelling

interest and be narrowly tailored to advance that interest. *Church of Lukumi Babalu Aye, Inc. v. City of Hialeah*, 508 U.S. 520, 533 (1993).

The ordinance as written specifically targets how churches—but not non-religious institutions—can use their own space to carry out their ministry, prohibiting churches from operating SSPs inside their own buildings if they are not in a particular zone and permitting churches in a permitted zone to only allow 10% of their space to be used for an SSP. This entire ordinance is geared toward stopping a church from practicing a core tenet of its faith: serving the most vulnerable in its community, including individuals with SUD, in its own building that it has done ministry in for over 100 years. *See* Matthew 25:34-36 (“For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.”). The City of Winston-Salem does not have a compelling interest in shutting down an essential public health program operated out of a church, nor is a total shutdown of the program narrowly tailored to any legitimate government interest.

We trust that Winston-Salem will develop alternative methods to ensure the safe implementation of SSPs that do not violate federal law. We also hope that the City will consider reasonable alternative measures for the greater good of all its constituents.

Sincerely,

s/ Joseph Longley
DISABILITY RIGHTS PROGRAM
AMERICAN CIVIL LIBERTIES UNION

s/ Daniel K. Siegel
ACLU OF NORTH CAROLINA
LEGAL FOUNDATION

Cc: Camille French, City Attorney