

Written testimony: **H.222** (an act relating to reducing overdoses)
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Vermonters for Criminal Justice Reform (VCJR) supports H.222, an act relating to reducing overdoses. VCJR asks the House Committee on Human Services to **please consider adding an additional provision to H.222 that would expand access to syringe services in Vermont.**

Syringe service programs provide access to sterile syringes and take back used syringes for safe disposal.

Current law limits the types of entities eligible to provide syringe services through specific language included in the definition of an “organized community-based needle exchange program.” The current statutory definition says an organized community-based needle exchange program must be “operated by an AIDS service organization, a substance abuse treatment provider, or a licensed health care provider or facility.”

H. 728 (which passed both the House and Senate last year but was vetoed by the Governor, reportedly on other grounds) struck the words “and which is operated by an AIDS service organization, a substance abuse treatment provider, or a licensed health care provider or facility” from the definition of an organized community-based needle exchange program. This change would have allowed other types of entities to apply for Vermont Department of Health approval to provide syringe services.

H.112, introduced this year by Rep. Small, contains the **same provision as passed the House and Senate last year.** VCJR is asking the Committee to consider adding this provision to H.222. This provision was **listed as a policy priority by the City of Burlington, the Vermont Overdose Prevention Network, Vermonters for Criminal Justice Reform and others.**

H. 728 as passed by the legislature last year:

<https://legislature.vermont.gov/Documents/2022/Docs/BILLS/H-0728/H-0728%20As%20Passed%20by%20Both%20House%20and%20Senate%20Official.pdf>

H.112 as introduced this year:

<https://legislature.vermont.gov/Documents/2024/Docs/BILLS/H-0112/H-0112%20As%20Introduced.pdf>

Under current law, many of the organizations that are most effective at reaching and serving special populations (LGBT+, BIPOC, justice-involved, homeless, survivors of domestic violence etc.) are blocked from providing sterile syringes to their at-risk clients. This is true even though these are some of the same populations who are already experiencing health disparities and experience harmful cultural stigma that can make accessing services from non-specialized providers much less likely to happen. Access to sterile syringes has important health benefits including reducing the risk of serious infections like HIV, hepatitis C and endocarditis. Communities are demanding more effective syringe disposal programs.

VCJR is a good example. VCJR operates a specialized re-entry and recovery center for justice-involved people with substance use disorder. Upon intake, 82% of our participants reported current injection drug use, 60% reported an overdose in the prior 6 months and 29% had current wounds or infections related to drug use. Most said they were not accessing drug treatment or recovery services at the time of intake. All of those who

reported current injection drug use said that they would like to be able to access sterile syringes and other safer injection supplies at VCJR and would access them at VCJR if they were available. It is important for people to have access to harm reduction supplies at the moment of need. **VCJR case managers who are meeting with a client who is struggling with injection drug use would like to be able to reach in a drawer and offer them sterile syringes, just like we can already reach into a drawer and offer them Narcan and fentanyl test strips, but we can't.** VCJR is already reaching a significant number of people who inject and we would like to be able to provide our participants with syringe services, including used syringe take-back and disposal services.

VCJR has a **clearly demonstrated capacity to provide syringe services.** In addition to being an attorney, licensed alcohol and drug counselor and former Director of HIV Services Programs at the Vermont Department of Health (where I helped write the initial version of the Operating Guidelines for syringe services programs), I started the Howard Center Safe Recovery Program and supervised Safe Recovery's syringe service program for 17 years. Together with my coworkers at VCJR, Jess Kirby and Monika Rivero, we have 27 years of combined experience providing syringe services. In addition to being a social work professional, Jess also happens to be a person with lived experience and a certified recovery coach. **It is likely that no Vermont organization has ever had this level of expertise and experience upon initial application for approval to provide syringe services, and yet our application to provide syringe services was not approved.** Commissioner Levine stated that we were "not even eligible to apply."

For context, anyone can purchase syringes over the counter at a Vermont pharmacy if they have the money. And syringe exchange participants are permitted to provide syringes to their peers with no special approval. While we support pharmacy access to syringes and secondary exchange among peers, we think it makes sense to allow professional service providers who are working with people who inject to also provide access to sterile syringes (along with health education, motivational interviewing, drug treatment options counseling and other services) –especially after the professional service provider obtains special approval from the Vermont Department of Health.

Even with the proposed policy change, service providers will still have to apply to the Vermont Department of Health for approval to provide syringe services, meet all other requirements, follow all Health Department guidelines, obtain Health Department approval and submit to Health Department monitoring and oversight. **The proposed statutory change simply prevents an otherwise qualified applicant from being denied solely because the applicant is not an AIDS service organization, drug treatment provider or medical provider.**

Health Department approval merely grants permission to provide services and is **unrelated to any application for funding** (a completely separate process). Safe Recovery, for example, did not receive any Health Department funding for syringe services until it had been in operation for several years (prior to that syringes were donated by the University of Vermont Medical Center).

While Narcan is available through over 100 providers across Vermont, sterile syringes are currently only available through 4 syringe service providers in the entire state (often through part time and/or mobile syringe services stretched thin over multiple counties). These four providers are only reaching a fraction of those in need. **Vermont should expand access to syringe services especially through organizations who have a demonstrated capacity to engage and serve special populations who are experiencing health disparities.** The proposed statutory change will make that possible and should be included in H.222.