

Good Morning, thank you for inviting me to testify and share my perspective and the perspective of the 49 people I interviewed around Vermont.

My name is Lila Bennett, I am the executive director of Journey to Recovery community Center in Newport, Vermont, in the NEK, where the substance use crisis is extreme. We send at least one person to inpatient treatment every single day from our center. We are the highest referral organization in the state, including hospitals, sending people to Valley Vista inpatient treatment. We are working on the frontlines, we are working in the hospital, we are working on the streets, we are working in our hub and spokes, we have the first ever in Vermont Social Detox bed, we are working in the high schools, and we are ALSO working with the loved ones of people suffering.

I mention all this to give you the complete understanding of how we at JTRCC have developed our perspective of OPC's.

Now, I understand the intent behind them and the interest in seeing if such a thing could work in Vermont. I understand trying to end the helplessness we all feel about the people on the streets using and dying. Believe me, we feel it as much or more than anyone because we are the ones seeing it all first hand. I believe this is a misuse of resources and will not alleviate any part of the Substance Use Crisis and I don't believe it will save more lives than what we already have in place. In fact, I think OPC's have the potential to do more harm than good.

If you are steadfast in moving forward, I hope you will invite me to be a part of the planning process. I as much as anyone want to create solutions, so do not misunderstand my testimony as being close minded and rigid. If you move forward PLEASE include in the planning the BIG conversation of where the boundaries lie about messaging such as where does harm-reduction end and recovery begin. Understand we at JTRCC are all about harm reduction and use many forms every day. My testimony to you is cautionary, with real data and experiences to back it up.

Please read my written testimony for all I have to say. But what you need to hear today is this:

Overdose prevention centers are NOT a place for recovery coaches, I would never ever put my staff in the position of working in a place with active use happening.

Next- do you know why most of the people did not use the shelters last week? I will tell you why. They did not use the shelters when they had to leave their hotel rooms because they went to the couch of the closest dealer and they used there. How do I know this? Because that is what our clients said. The point is, people DO NOT go buy drugs and then go travel to use them. It does not work that way. For the number of people you will get going there, you will still be missing the majority of the people who are using. And if there is no restrictions on what drugs allowed, how long someone can stay, you will have a homeless encampment with people who have nowhere to go and will be staying there.

Our current system does not have enough sober living, enough workforce development, enough trauma centered IOP to receive and support the people currently entering the treatment system as it is. So if you think that this is going to be a gentle entrance into recovery, and EVEN IF YOU ARE RIGHT- our system is SET UP TO FAIL THEM. Why on earth would we spend 2 million dollars on something that will kick the bucket down the road, offer no hope or skills, and the very few who will enter recovery from this, enter them into a system that cannot support their success?

This is backwards thinking. Vermont, please, lawmakers, understand. We are innovators. The drugs today are different than they used to be. Also- Vermont has a different drug problem than the places you are comparing data with, cities. See here in Vermont, our poor people, they are at the mercy of whatever drugs the city dealers send here. WE ARE AT THE MERCY OF BIG CARTELS. Nobody is testing their drugs before they use them. They have to use. They are spitting out their teeth and smoking crack with xylazine around weeping pussy wounds on their tongues, feet, hands and head. You must understand, that we need to focus n giving our vulnerable people hope. Fath that they can recovery. Places to recover.

Is the best we can do, really, to tell our people that the best THEY can do is just not die today? Also, despite what the lobbyists are telling you- Xylazine is a respiratory suppressant. It is in both Uppers and downers. Crack and fentanyl. It does stop breathing and it does not respond to Narcan. You WILL see overdose deaths in your centers, because it is taking upwards of ten doses to revive people these days. This is not the solution given the landscape HERE in Vermont RIGHT NOW. Please stop comparing data from others places in times to our unique situation.

We are better than this. We are smarter than this. We can take this money and create a working recovery system with workforce development that will help clean up our communities, reunite families, create tax payers! Anytime we react in fear and desperation, with anything, we make poor choices.

Slow down. Think bigger. Ask us folks on the front lines. We can do better than this and we can do better right now. This is not a good use of our resources and it will compound the problem like you will not believe and then we will spend even more money.

Please listen to me, and let's all work together to find a better more lasting, effective, fiscally and socially responsible solution.

Also- I need to clarify for all- Recovery centers DO HELP PEOPLE IN ACTIVE ADDICTION.

That is a very very very important distinction and one of the other people testifying got that very wrong. We need to do better getting people to the recovery centers, and into a system of care that offers them actual life.

Thanks,

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