

Written Testimony: **H.222** (an act relating to reducing overdoses)

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Vermonters for Criminal Justice Reform

VCJR Appropriation Request

VCJR respectfully invites Chair Lyons and the Committee to please support our appropriation request of \$150,000 in support of VCJR's re-entry and recovery center for justice-involved people with substance use disorders and co-occurring mental health disorders. VCJR is successfully engaging very high-risk people and providing important services including case management, re-entry services, recovery support and drug treatment using contingency management.

- Funding request recommended by House Human Services and House Appropriations
- We have partial funding support from the City of Burlington, University of Vermont Medical Center, United Way and others but do not receive any state funding (no funding from the Vermont Department of Health, Vermont Department of Corrections or any other state entity)
- This request is to address a \$150,000 budget gap
- VCJR is not included in state funding for other recovery centers or harm reduction programs
- Highly experienced staff doing cutting edge work designed to prevent overdose deaths, reduce crime and improve communities

H.222

Sec. 3. Appropriation; Community Needle and Syringe Disposal Programs

Current language: "...provide grants and consultations for municipalities, hospitals, community health centers, and other publicly available community needle and syringe disposal programs that participated in a stakeholder meeting..."

Suggested language: "...provide grants and consultations for municipalities; hospitals; community health centers; substance use disorder service providers including harm reduction, drug treatment and recovery service providers; business owners; and other community stakeholders who participated in a stakeholder meeting and might participate in a publicly available community needle and syringe disposal program..."

Reasoning:

- Substance use disorder service providers listed in Sec.2 but not in Sec. 3
- Should encourage broad community participation
- Some businesses or public entities might want to participate (Ben & Jerry's, bus system/bus stops etc.)

Sec. 3b. Presentation; Needle and Syringe Services

VCJR is asking the Committee to add a provision striking 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” found in 18 V.S.A. § 4475 DEFINITIONS (a)(1).

Reasoning:

- Current law unnecessarily and harmfully limits the types of direct service providers eligible to provide syringe services preventing organizations, like VCJR, that serve stigmatized and marginalized populations experiencing health disparities from addressing unmet needs
- This same provision passed the House and Senate last year as part of H.728
- VCJR staff have 27 years of combined experience in providing syringe services but are blocked from providing syringe services
- Anyone can purchase syringes over the counter at a pharmacy if they have the money
- Secondary exchange by peers is already permitted
- So why would we limit experienced professionals meeting with high-risk clients from also providing access to syringes in the context of their work (especially since direct service professionals are more likely to give related education and linkage to treatment)?
- Change simply prevents an otherwise qualified applicant from being denied solely because the applicant is not an ASO, drug treatment provider or medical provider
- Does not promise or guarantee funding (which is a separate application process)
- Administrative impact on the Health Department is likely to be small
- Change is supported by or not opposed by Howard Center Safe Recovery and Vermont CARES
- Change is listed as a policy priority by the Vermont Overdose Prevention Network
- Vermont has over 100 Narcan providers but only 4 syringe service providers (often with limited hours and operating through mobile exchange stretched thin across multiple counties)
- Current model has not evolved to meet the needs of special populations experiencing health disparities
- Increases in drug contaminants like xylazine and related infections make the need to expand syringe services access an urgent priority

Sec. 4(B) Prevention and Treatment of Opioid-Related Overdoses

Current language: “...including the status of legal possession of substances and harm reduction supplies, to...”

Suggested language: “...including regarding the relative risks of various substances, the overdose prevention benefits of substituting buprenorphine for higher risk opioids, Vermont’s law allowing for the legal possession of personal use amounts of buprenorphine without a prescription, and the exemption of all harm reduction supplies from Vermont’s drug paraphernalia law, to....”

Reasoning:

- Important to provide more specific language related to buprenorphine decriminalization as this was identified as a current gap in Health Department messaging and was the reason cited by legislators for the addition of this new language

Sec. 10. Repeal

VCJR supports the repeal of the sunset provision relating to buprenorphine possession.

Reasoning:

- Buprenorphine cuts mortality by half or more BUT
- Less than half of those who need the medication actually get it
- Buprenorphine:
 - Blocks heroin and fentanyl
 - Dramatically reduces overdose risk
 - Works with or without a prescription
 - Provides a documented path to treatment
 - Saves lives
- Penalties for non-prescribed buprenorphine were effectively removed in Chittenden County in June 2018
 - Overdose deaths dropped by half, even as deaths went up in some other counties and were up slightly overall statewide
 - Policy has since been adopted in jurisdictions in PA, MA and HI
 - Policy championed by Fair & Just Prosecution and by presidential candidate Bernie Sanders
- In 2021, Vermont Act 46 repealed criminal penalties for possessing personal use amounts of buprenorphine but included a “sunset” provision
- By executive order, the Governor tasked Vermont’s Chief Prevention Officer with evaluating the impact of Act 46 and making recommendations regarding continuation of the policy
- The State of Vermont partnered with the Johns Hopkins Evaluation Team of the Bloomberg Overdose Prevention Initiative to evaluate Act 46
- A report was recently issued, and key findings were:
 - Buprenorphine decriminalization is highly supported by both people who use opioid drugs and the medical providers who serve them
 - Non-prescribed buprenorphine has important health benefits
 - Most people use non-prescribed buprenorphine for health benefits such as to prevent withdrawal, to avoid use of heroin/fentanyl and to improve social functioning (parenting, employment)
 - Non-prescribed buprenorphine was often used by people who were experiencing barriers to accessing prescribed buprenorphine such as during delays or interruptions in treatment or insurance coverage
 - The evaluation study found no evidence that Act 46 has had or will have an effect on prescribing behaviors
 - Act 46 is likely to reduce overall contact with the criminal justice system and reduce race-based disparities

- 20% of study participants had been arrested at least once in possession of buprenorphine and 10% had been punished for violation of probation or parole because of buprenorphine possession
- A history of arrest or violation of probation/parole for possession of buprenorphine without a prescription was more common among race/ethnic groups other than White non-Hispanic

Opioid Settlement Funding Provisions

- Outreach workers
 - Like the four SSPs, VCJR is a key provider of harm reduction and overdose prevention services
 - VCJR is reaching very high-risk people and have a proven ability to reach new people and engage them in overdose prevention services
 - **VCJR requests that the language include an outreach worker for five harm reduction service providers rather than four (the four SSPs and VCJR) (an additional \$76k in cost)**
 - VCJR was not included along with the other harm reduction providers
 - VCJR is already doing outreach at the shelter community in Burlington, transitional housing programs and with peers; We have a small staff of 3 and would benefit from an outreach position especially to improve outreach among justice-involved (who are at particularly high risk for overdose death)
 - We want to be doing this work and are requesting a position vs. preferred providers who have not requested a position or expressed an interest in doing this kind of outreach work (and may actually see it as a burden to get set up, train, supervise and report on the position)
- Contingency Management
 - **Please make sure VCJR is included as eligible (and funds are not limited to preferred providers)**
 - VCJR already has an innovative and successful contingency management program in need of support
- Wound Care
 - 29% of VCJR program participants reported current wounds and infections related to drug use at intake, but VCJR is not eligible to participate in in the wound care program (currently limited to the four current syringe service programs)
 - **Please change language to “harm reduction providers” vs. “SSPs” to make sure VCJR program participants are able to benefit from this program**
- OPC
 - Consider adding funding for planning and capacity building for Burlington and Brattleboro to help us make progress this year
 - Aimed at developing “readiness” in Burlington and Brattleboro for the future opening of Overdose Prevention Centers
 - Needs might include:
 - Public Education/Stakeholder Meetings
 - Consultation/training/budget planning
 - Site location and build-out