

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 Senate Committee on Health and Welfare to **please consider adding an additional provision to H.222 that would expand access to syringe services in Vermont.**

Current Vermont law unnecessarily limits the types of direct service providers eligible to provide syringe exchange services. This is impeding efforts to get sterile syringes into the hands of those who need them to prevent the transmission of HIV and hepatitis C, and to avoid other infections like endocarditis. Each individual infection is life-threatening and costs about \$75,000 to \$800,000 to treat.

The current statutory definition of an organized community-based needle exchange program says such a program must be “operated by an AIDS service organization, a substance abuse treatment provider, or a licensed health care provider or facility.”

Policy leaders and community stakeholders are increasingly coming to recognize that this is an antiquated and counterproductive statutory provision. The provision precludes experienced and skilled direct service providers --who are working every day with many people at high risk for injection-related infections --from providing services that are necessary for individual and community health.

In response, 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.

VCJR is asking the Committee to consider adding the **same provision that passed the House and Senate last year** to H.222. This provision is listed as a policy priority by 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>

Making sure high-risk people have easy access to harm reduction supplies like sterile syringes has important public health benefits. Syringe service programs provide access to sterile syringes and take back used syringes for safe disposal. Communities are demanding syringe disposal sites that are more effective at collecting used syringes that otherwise might be improperly discarded in public places. That will require communities to partner with community service providers who have earned the trust of people who inject.

Many of the organizations that are most effective at reaching and serving marginalized populations (LGBT+, BIPOC, justice-involved, homeless, survivors of domestic violence and more) are currently blocked from providing sterile syringes to their at-risk clients who need them. This is true even though these are often the

same populations who are already experiencing harmful health disparities and cultural stigma that can make accessing services from non-specialized providers much less likely to happen.

VCJR is a good example. The Vermont Department of Health has identified justice-involved people as a population that is experiencing harmful health disparities and needs special attention to achieve health equity. VCJR operates a specialized community re-entry and substance use disorder recovery center for justice-involved people.

Substance use disorder is a chronic, relapsing condition characterized by a compulsion to use drugs despite negative consequences. Recovery is a process that takes place over time and commonly includes periods of drug use and non-use. VCJR supports people throughout their entire recovery process as they work to transition from active drug use to sustained recovery.

Upon intake, 82% of VCJR's 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 (increasingly related to the drug contaminant xylazine) –exactly those in need of harm reduction support. 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 when and where they need them. We know that many times people who are experiencing chaotic drug use will not successfully access harm reduction supplies if they have to take extra steps or travel to another location to obtain them, even in spite of best intentions. VCJR case managers who are meeting with clients who are struggling with injection drug use would like to be able to reach into a drawer and offer sterile syringes (just like we can already reach into a drawer and offer Narcan and fentanyl test strips), but right now we can't.

It's worth recalling that Vermont legislators eliminated unnecessary regulatory barriers that prevented broad community-based distribution of Narcan a decade ago and that important policy change continues to save countless lives today. We should remember that experience as we take a fresh look at harmful syringe service regulations that are currently blocking skilled direct service professionals from meeting the immediate health needs of the client sitting across the table from them.

VCJR has a clearly demonstrated capacity to provide syringe services. In addition to being a 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 supervised the Howard Center's syringe services 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.

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 was not approved. Health Commissioner Dr. Mark Levine stated that we were “not even eligible to apply.”

For context, anyone can go into a Vermont pharmacy and purchase syringes over the counter without a prescription, if they have the money. And participants at existing syringe service programs are permitted to provide syringes to their peers with no special approval. Public health strategies like pharmacy access to syringes and secondary syringe exchange among peers are important because they increase access to sterile

syringes and prevent harm. But why then would we block qualified professionals with extensive expertise and experience from providing syringes to the high-risk people they are already serving? Direct service providers who are working with people who inject should be able to provide access to sterile syringes, especially since these service providers are more likely than pharmacies or peers to also link people to drug treatment and other services.

Even with the proposed policy change, service providers will still have to submit an application to the Vermont Department of Health, 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.**

The **proposed statutory change is not directly related to funding for syringe services.** The current application and approval process outlined in statute **merely gives successful applicants permission to provide services and does not provide any funding or promise of funding for those services.** While the Vermont Department of Health does grant certain available funds for syringe services, the grant application for syringe service funding is a completely separate process and should not be conflated with the statutory provision related to an application for permission to provide syringe services. 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 and funded through private grants).

The **administrative impact on the Vermont Department of Health is likely to be minimal** as there are likely to be only a very small number of new applicants. Over the last two decades, there have been very few applicants and that is unlikely to change much. This is true, in part, because current Health Department guidelines for syringe service programs are quite onerous (6 pages long), requiring the creation and quarterly convening of an advisory committee, significant staff training and reporting, and more (all with no attached funding). The proposed change remains important because it will allow motivated applicants (who would otherwise be denied) to have their application considered on the merits. Motivated organizations are likely to be those who are already providing services in underserved geographic regions or to marginalized populations experiencing health disparities and recognize an unmet need.

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. Syringe services are often only available for very limited hours and through mobile services stretched thin over multiple counties. Given the increases in drug contaminants and related infections, the need to expand syringe services is urgent and should be a priority.

It's been over twenty years since syringe exchange became legal in Vermont, but many Vermont communities still do not have meaningful access to syringe services. Vermont's four current providers are only reaching a fraction of those in need, and the current model has not yet evolved to meet the needs of populations experiencing health disparities. Vermont should expand access to syringe services, especially through organizations with a demonstrated capacity to engage and serve marginalized and stigmatized populations.

The proposed statutory change will make that possible and we ask that you please consider including the change in H.222.