

Dear House Committee on Appropriations,

I am writing in support of H.72, An act relating to a harm-reduction criminal justice response to drug use.

I thought this bill didn't make crossover, but I see that yesterday it was "Referred to Committee on Appropriations per Rule 35(a)."

I have no clue why this has reappeared, as Rep. Wood said it wouldn't be taken up this year. I am just learning how the legislature works.

In any case, this bill is very important to me as someone in recovery, so I am sending along my comments below.

Thanks.

Ann Schroeder
Dummerston

The first section of the bill proposes to eliminate criminal and civil penalties for operation of a safer drug consumption program. It is important that no one get penalized for the use of a safer drug consumption program, not the user, the staff, or the property owner.

Since the onset of the Covid-19 pandemic in 2020, Vermont has experienced a surge in opioid overdose deaths — setting records in both 2020 and 2021 — and the greatest percent increase in the country.

The American Medical Association states that “Studies from other countries have shown that [overdose prevention centers] reduce the number of overdose deaths, reduce transmission rates of infectious disease, and increase the number of individuals initiating treatment for substance use disorders without increasing drug trafficking or crime in the areas where the facilities are located.”

Removing any penalties for this activity would encourage more use of safer drug consumption programs/overdose prevention centers.

This bill would also repeal the crack statute. It appears that is 18 V.S.A. § 4231, which mandates the same penalties for lesser amounts of crack

cocaine than regular cocaine. 150 grams of cocaine have the same penalty as 60 grams of crack cocaine. People convicted of crack offenses are overwhelmingly Black so this is an equity issue.

This bill would also remove the future repeal of the buprenorphine exemption. The Legislature set an endpoint for the law in July 2023. “Studies have shown that people typically take nonprescribed buprenorphine to stop withdrawal symptoms, detox or self-medicate when they cannot access a prescriber. Research shows that people who do that use less heroin and fentanyl and, therefore, reduce their overdose risk. Nonprescribed buprenorphine use also is associated with higher retention in formal treatment.”

We need access to buprenorphine to continue to protect lives of Vermonters.

In addition, this bill would establish the Drug Use Standards Advisory Board within the Vermont Sentencing Commission for determining benchmarks for personal use dosage and personal use supply for regulated drugs.

Last session, Governor Scott vetoed H.505, An act relating to the creation of the Drug Use Standards Advisory Board within the Vermont Sentencing Commission. Having this advisory board seems like a sensible way to avoid penalizing individuals for drug usage. Putting money into prevention is a much better solution.

Please support H.72. Thank you