

Vermont Senate Judiciary Committee, S.107
Written Statement of Thomas D. Anderson
January 11, 2018

Good morning.

I am Thomas Anderson, Commissioner of the Department of Public Safety.

In my view, and the view of most law enforcement officials, authorizing the use of heroin and other illegal drugs in so-called safe consumption sites or safe injection facilities is not good public policy for a number of reasons:

1. This approach could be perceived as the state sanctioning or condoning the illegal possession and use of very dangerous controlled substances.
2. The ongoing operational costs to Vermont taxpayers could be significant.
 - a. In Toronto, the operating cost of one facility is \$4.1 million (Canadian). The Vancouver site costs \$3 million (Canadian) per year to operate.
 - b. It is also not clear what liability issues there may be for such sites.
3. The bill could send the wrong message to Vermont's youth: that is, "If the state is helping people use heroin is it really dangerous?"
4. There is an unintended risk that the bill could create a market for all drug dealers to exploit. Under the bill, drug users will need to purchase their drugs on the street. Economics 101 tells us that supply will generally follow demand.
5. This bill would also put the State at odds with federal law, which makes it illegal to operate any place for the purpose of using controlled substances and subject the property to forfeiture. 21 U.S.C. § 856.
6. It is not clear that having these sites in Vermont would bring us closer to our ultimate goal: reducing the number of Vermonters addicted to opioids, including heroin.
7. We believe the better approach and one that will have greater impact is to continue with the life-saving steps we are already taking like providing Narcan to all first responders and focusing our limited resources on preventing the use of opioids and heroin in the first place; treating those who seek and want treatment for this disease; and supporting those in recovery. These steps are consistent with the recommendations of the Opioid Coordination Council. This Committee may also want to consider referring this issue to the Opioid Coordination Council for its consideration.

I also want to address some of the claims supporting safe consumption sites.

1. The measure of success should not be whether anyone has died at a safe consumption site—it would be remarkable if anyone had died at one of these sites, which have medical personnel and Narcan readily available. Rather, the relevant data points are (1) how many people utilizing these facilities subsequently died from an overdose;

- and (2) have the facilities impacted the overall overdose fatalities in areas in which the facilities are located. In Vancouver, which is often presented as a success story, the number of overdose deaths between January 2014 and October 31, 2017 increased nearly 200% (from 101 to 300). I am not aware of any data being collected on the overdose death rate of addicts that have used one of these facilities.
2. Another argument in support of these sites is they provide a pathway to treatment. Yet, there is limited data showing how many addicts were referred to treatment and, more importantly, of those referred to treatment how many are now in recovery. In Vermont, we have done a very good job of making treatment available to those addicts that want treatment. For example, Vermont already utilizes its syringe exchange program to refer addicts to drug treatment programs and other social programs available locally.
 3. Even accepting as true that safe injection sites may provide some benefits to addicts in reducing the spread of HIV and Hepatitis, ensuring they can safely inject heroin and providing another potential path to treatment, these benefits are outweighed by the perception that the State is normalizing and condoning this conduct, the potential for increased drug trafficking around these sites, and the burden on taxpayers to fund the program.

Let me address specific provisions of S.107:

1. The bill would allow for consumption of any illegal drug— heroin, fentanyl, crack, cocaine, LSD, ecstasy, methamphetamine—and it does not limit consumption at these sites to heroin.
2. The bill contemplates that these sites would be built and run by a non-state entity. This would be a departure from the Canada model, under which the sites are government funded. It is also not clear how much they might cost or how they would be paid for. If they are not state funded, will these facilities charge addicts to use the facilities? It seems unlikely they could be funded with Medicaid or any federal money. Ultimately, it appears Vermont taxpayers would have to fund these facilities either directly or indirectly.
3. The bill allows for the VDH **or** a municipality to approve a safe consumption program; it does not empower a municipality to prevent a site from opening in its town (i.e., VDH can approve).
4. Should this law be passed, the annual data to be reported should also include:
 - a. The number of addicts that use a facility and later overdose (fatal and non-fatal) outside of the facility.
 - b. The number of participants referred to treatment, the treatment provider to whom the participant was referred, whether the participant received treatment, and whether the participant is in recovery.
 - c. The number of complaints by residents about the facility to the police or other municipal authority.
 - d. The number of times the police responded to the facility.

Finally, society does not condone tobacco use, another addictive substance that kills; we stigmatize its use, ban its use in a variety of places and overall make it as difficult as possible for people to smoke. Shouldn't it be more unacceptable—or at least as unacceptable—to use more deadly drugs like heroin as it is to smoke a cigarette?