

Emily Megas-Russell

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Testimony H. 783

My name is Emily Megas-Russell and I am a social worker in Brattleboro Vermont. I am writing to share that I do not support the bill H. 783 as it is currently drafted. I am the child of two parents who have struggled with Substance Use Disorder and have spent time in detox and recovery homes. Many of these experiences were more traumatic than therapeutic for them, and worsened cycles of use and addiction for them. The harsher, more punitive the approach, the more traumatizing it was. When I was in high school, my mother got kicked out of a recovery home where she had been for several months, because she tested positive in a UA. This a very unfortunate event, since she had been doing really well in the program. No meaningful space was held for her to support her in learning from her relapse, which as we all now know, is a natural part of the recovery process. She sank into a deep, shame filled depression and back into the throws of her disorder. It wasn't until her and my stepfather were able to access much more compassionate, caring, and harm-reduction focused treatment did they find sobriety and recovery.

I have also spent some time in my career as the Director of Residential Services for HCRS. In this role, I oversaw management of 5 residential homes for folks with severe mental health and substance use challenges. It became abundantly clear in that role how much power I had as a decider of people's access to housing, and how easy it is to misuse that power by gatekeeping access to basic needs and resources using overly punitive behavioral approaches. Punitive, behaviorist approaches, like kicking someone out for relapsing, are rarely adequately humanitarian and trauma-informed, and certainly run the risk (likelihood) of retraumatizing and deepening folks into their addictions and other challenges. This bill must include protections for residents, just like tenants have protections, in order to ensure that folks' access to basic needs and trauma-informed, humanitarian approaches are not sacrificed at the discretion of program managers. Harm Reduction is demonstrating more and more effectiveness in its approach to supporting folks struggling with Substance Use Disorder and is based on the premise of preserving the dignity of the person using/engaging in recovery. Strategies that support people in accessing medication safely, such as helping people access prescription & medical oversight for Buprenorphine, are encouraged, rather than the punitive approaches that greatly increase risk to the person and the community. I urge you to consider the importance that resident protection plays in ensuring that people using these services basic human rights and dignity are upheld.

Thank you for your consideration.

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