

1 H.397

2 Introduced by Representatives Colburn of Burlington, Kornheiser of
3 Brattleboro, and Whitman of Bennington

4 Referred to Committee on

5 Date:

6 Subject: Human services; substance use disorder; syringe service programs;
7 recovery stabilization

8 Statement of purpose of bill as introduced: This bill proposes to: (1) expand
9 the locations in which an organized community-based needle exchange
10 program can operate; and (2) establish the Recovery Stabilization Study
11 Committee.

12 An act relating to recovery supports for individuals experiencing substance
13 use disorder

14 It is hereby enacted by the General Assembly of the State of Vermont:

15 Sec. 1. FINDINGS

16 The General Assembly finds that:

17 (1) according to the Centers for Disease Control and Prevention,
18 “Nearly 30 years of research has shown that comprehensive syringe service
19 programs (SSPs) are safe, effective, and cost-saving, do not increase illegal
20 drug use or crime, and play an important role in reducing the transmission of

1 viral hepatitis, HIV, and other infections. Research shows that new users of
2 SSPs are five times more likely to enter drug treatment and about three times
3 more likely to stop using drugs than those who don't use the programs. SSPs
4 that provide naloxone also help decrease opioid overdose deaths. SSPs protect
5 the public and first responders by facilitating the safe disposal of used needles
6 and syringes”;

7 (2) relapse is a common experience for individuals with substance use
8 disorder, as it is for people with other chronic health conditions such as asthma
9 or hypertension. Forty to 60 percent of people with substance use disorders
10 will experience relapse; and

11 (3) rates of relapse can be even higher for individuals experiencing
12 opioid use disorder; for example, a 2010 study found that 91 percent of
13 participants experienced a relapse following “residential addiction treatment
14 service for detoxification.”

15 Sec. 2. 18 V.S.A. § 4475 is amended to read:

16 § 4475. DEFINITIONS

17 (a)(1) The term “drug paraphernalia” means all equipment, products,
18 devices, and materials of any kind that are used, or promoted for use or
19 designed for use, in planting, propagating, cultivating, growing, harvesting,
20 manufacturing, compounding, converting, producing, processing, preparing,
21 testing, analyzing, packaging, repackaging, storing, containing, concealing,

1 injecting, ingesting, inhaling, or otherwise introducing into the human body a
2 regulated drug in violation of chapter 84 of this title. “Drug paraphernalia”
3 does not include needles and syringes distributed or possessed as part of an
4 organized community-based needle exchange program.

5 (2) “Organized community-based needle exchange program” means a
6 program approved by the Commissioner of Health under section 4478 of this
7 title, the purpose of which is to provide access to clean needles and syringes;
8 ~~and which is operated by an AIDS service organization, a substance abuse~~
9 ~~treatment provider, or a licensed health care provider or facility.~~ Such
10 programs shall be operated in a manner that is consistent with the provisions of
11 10 V.S.A. chapter 159 (waste management; hazardous waste); and any other
12 applicable laws.

13 * * *

14 Sec. 3. RECOVERY STABILIZATION STUDY COMMITTEE

15 (a) Creation. There is created the Recovery Stabilization Study
16 Committee for the purpose of examining the statistically high likelihood of
17 relapse associated with substance use disorder and to make recommendations
18 that strengthen recovery stabilization supports across Vermont’s system of
19 care.

20 (b) Membership. The Study Committee shall be composed of the
21 following members:

- 1 (1) the Commissioner of Health or designee;
- 2 (2) the Commissioner of Corrections or designee;
- 3 (3) the Commissioner for Children and Families or designee;
- 4 (4) two individuals with lived experience of substance use disorder,
5 nominated by syringe services programs and appointed by the Commissioner
6 of Health;
- 7 (5) the program directors from the Consortium on Substance Use, the
8 Howard Center’s Safe Recovery Program, the HIV/HCV Resource Center,
9 and Vermont CARES, or their designees;
- 10 (6) the Executive Director of Vermonters for Criminal Justice Reform
11 or designee;
- 12 (7) two providers of medication-assisted treatment, representing both
13 the hub and spoke component of Vermont’s treatment system, appointed by
14 the Commissioner of Health;
- 15 (8) a representative, appointed by the Vermont Alliance for Recovery
16 Residences;
- 17 (9) a representative, appointed by Vermont Legal Aid; and
- 18 (10) a representative, appointed by Disability Rights Vermont.
- 19 (c) Powers and duties. The Study Committee shall:
- 20 (1) examine the statistically high likelihood of relapse associated with
21 substance use disorder;

1 (2) study restorative, nonpunitive models used successfully in other
2 jurisdictions to address occurrences of relapse; and

3 (3) make recommendations for stronger recovery stabilization supports
4 in the hub and spoke system, residential treatment settings, Department of
5 Corrections' policies, Department for Children and Families' policies,
6 housing assistance programs, and other social services.

7 (d) Assistance. The Study Committee shall have the administrative,
8 technical, and legal assistance of the Department of Health.

9 (e) Report. On or before January 1, 2022, the Study Committee shall
10 submit a written report to the House Committee on Human Services and to
11 the Senate Committee on Health and Welfare with its findings and any
12 recommendations for legislative action.

13 (f) Meetings.

14 (1) The Commissioner of Health or designee shall call the first meeting
15 of the Study Committee to occur on or before September 1, 2021.

16 (2) The Committee shall select a chair from among its members at the
17 first meeting.

18 (3) A majority of the membership shall constitute a quorum.

19 (4) The Study Committee shall cease to exist on January 1, 2022.

1 (g) Compensation and reimbursement. Members of the Study Committee
2 shall be entitled to per diem compensation and reimbursement of expenses as
3 permitted under 32 V.S.A. § 1010 for not more than 6 meetings.

4 (h) Appropriation. The sum of \$ 4,545.00 is appropriated to the Study
5 Committee from the General Fund in fiscal year 2022 for per diem
6 compensation and reimbursement of expenses for members of the Study
7 Committee.

8 Sec. 4. EFFECTIVE DATE

9 This act shall take effect on July 1, 2021.