

Memorandum

To: Senate Health and Welfare Committee Members
From: Vermont CARES, AIDS Project of Southern Vermont, and HIV/HCV Resource Center
Date: April 5, 2023
Re: H.728 – Opioid overdose response services

Syringe Service Programs (SSP) have been an integral part of harm reduction services in Vermont for decades. The AIDS Service organizations and Safe Recovery serve the entire state with both onsite and mobile service programs. These organizations have built sustainable infrastructures, programming, policies, community partnerships and, most importantly, trust within the populations most at risk. It has taken a combined effort over more than 30 years to build these networks – networks that saves lives every day.

- Vermont CARES operates three full time site-based programs in Saint Johnsbury, Barre and Rutland and has two mobile vans. We have a small staff but are covering 11 of the 14 counties in Vermont through our mobile program. We have seen our program double in the last two years, which also means a lot more supplies going out.
- The AIDS Project of Southern Vermont operates a fixed site in Brattleboro and provides mobile services to all towns in Bennington and Windham Counties. Participation in our program increased significantly when we added mobile services in 2021.
- The HIV/HCV Resource Center operates an on-demand 40 hours/week mobile syringe service program that covers Windsor and Orange counties. Our program continues to expand through our outreach efforts in rural areas.

Safe Recovery is based in Burlington and has a full-time site-based program that serves people from around the state.

Harm Reduction

Harm reduction is more than the provision of syringes, Narcan, and drug testing kits. It is about building relationships and trust with those we serve, the community, and our partners. It has taken decades for harm reduction to be recognized for what it is. We have been guided by best practices based in science, public health and harm reduction philosophy and strategy. As AIDS Service Organizations and treatment providers, we are able to support individuals who are using injection drugs with free HIV and HCV testing, referrals to medication-assisted treatment, recovery services, case management and more. Vermont CARES and AIDS Project of Southern Vermont now have rapid access, low barrier medication-assisted treatment embedded within our SSP's throughout the state, as does Safe Recovery.

Peer-Based Services

As SSP providers, we have always utilized peer-based delivery models, through both secondary exchange and more structured peer outreach worker programs which are embedded in our program model. We also employ people with lived experience on our staff. Peer-based delivery is already embedded in existing SSP's and has the flexibility needed to best serve those hardest to reach. The current model gives people a place to connect to providers when they are ready to access the expanse of services offered at SSP's.

Each of our programs struggles to meet the needs of Vermonters suffering with opioid use disorder due to limited funding, making it challenging to offer services and provide harm reduction materials to those in need, especially in underserved areas. We appreciate the legislative efforts to expand these services. We believe, however, that funding for, and expansion of, harm reduction services should be directed towards existing organizations operating SSPs. These funds would enable us to strengthen our relationships with community-based organizations by partnering with them to bring established programs to their area, along with trained staffed able to provide harm reduction services safely, effectively and with positive outcomes.

Recommended Amendments to H.728

Sec. 1. 18 V.S.A. § 4475 Definitions

The House removed the list of organizations in this section. We request that the organizations remain (as SSPs are currently run by ASOs and Safe Recovery), with the added underlined language:

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

Sec. 2 Report; Needle Exchange Program Guidelines

We do not feel that this section is necessary, because the existing SSPs already integrate peer support in their programs. However, if the committee decides to move forward with this language, we suggest the following:

On or before January 1, 2023, the Department of Health shall submit a written report to the House Committee on Human Services and to the Senate Committee on Health and Welfare on updates to the needle exchange program operating guidelines required pursuant to 18 V.S.A. § 4478 that reflect current practice and incorporation of peer-support in their needle exchange programs.

Sec. 6 Overdose Prevention Site Working Group

We request the following amendments to the membership of the working group, because it is our understanding that the Consortium on Substance Use will disband after August 31, 2022. We also request that representatives from the AIDS Service Organizations, which provide on-site and mobile SSPs be added. One representative from each of the three organizations should be members, as they provide services to very different geographic areas of the state and will all lend a different perspective.

(b) Membership. The Working Group shall be composed of the following members:
~~(6) the Program Director from the Consortium on Substance Use;~~
(6) One representative from each of the three AIDS Service Organizations in Vermont;