

H.222 - Prevention and treatment of Opioid-related Overdoses
Laura Byrne, Executive Director, HIV/HCV Resource Center
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Thank you for the opportunity to testify in support of H.222 – and thank you for supporting our harm reduction programs. The four Vermont syringe service programs together cover the entire state.

My name is Laura Byrne and I am the Executive Director of the HIV/HCV Resource Center. We have offered syringe services to Vermonters since 2006. We were part of the pilot program for naloxone distribution in 2013 and over the years have distributed thousands of doses to our clients. We have seen first-hand how proactive legislation can protect and benefit our clients who use drugs.

I concur with Theresa Vezina's comments from yesterday on safe syringe disposal and would like to highlight several of the other aspects of the Bill.

H.222 reflects a multi-pronged approach to preventing, treating and promoting long-term solutions to opioid-related overdoses. This includes education about and provision of naloxone, low barrier access to medication for opioid use disorder, and recovery housing.

Harm reduction programs perform a critical role in keeping people alive. Overdose education and training are a necessity for people who use opioids, as well as people who use stimulants – and their family members and friends. Some people are not aware that naloxone may last only 90 minutes, after which an overdose can be fatal. Some people are not aware that there are opioids in their stimulants, or that their drugs are cut with the animal tranquilizer, xylazine, a respiratory depressant that is not an opioid – but when used in conjunction with opioids increases the likelihood of fatal overdose. If our clients were able to know with certainty the composition of the drugs that they use, they would be able to make informed decisions about their use. For that reason, I also support H.423, as it will allow clients and staff to be protected from prosecution when testing drug samples. Ensuring that all harm reduction supplies are decriminalized is also critical to our work.

Along with naloxone distribution and overdose education, promoting easy access to medications for opioid use disorder is another way to prevent overdoses. Several of our clients have contacted treatment programs following near fatal overdoses and have been able to obtain a same day prescription for Suboxone. Once stabilized on medication, the likelihood and frequency of using street drugs is reduced. The expansion of telehealth was one of the few unintended positive consequences of Covid-19. People in rural areas and without transportation were able to participate in programs through their phones. I support the removal of the repeal of Buprenorphine Exemption. In addition, ensuring that prior authorization for methadone, buprenorphine and naltrexone is not required allows for more immediate access to these medications. Legislation that reduces barriers to treatment helps our clients.

Legislation that reduces barriers to housing also helps our clients. The land development provisions in H.222 will allow for the establishment of more recovery housing, another tool that will help people stay sober.

Thank you for supporting H.222.