

H.222 - Prevention and treatment of Opioid-related Overdoses
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H.222 addresses a valuable public health initiation. Vermont CARES has been a key stakeholder in examining and providing safe syringe disposal for decades. I have included a link to what other states are doing in my written testimony –

https://www.ultimedinc.com/uploads/pdf/Tear-Sheets/Sharps-Disposal-by-State_APR2021.pdf

The idea of creating a statewide disposal program paired with the prescription disposal was brought to the Department of Health by GBSSA (Greater Barre Safe Sharps Alliance) in 2017. Vermont CARES was the fiscal agent and core member of the GBSSA, a community coalition dedicated to implementing a system of safe sharps disposal in the greater Barre area. The Department of Health created the Statewide Taskforce in 2018, which I co-chaired with Helen Reid. This group met from Jan. 2018-November 2018. The drug disposal manager at the time was to become the main point of contact for community sharps disposal questions and to help navigate the online hub that was the product of the taskforce's efforts. Communities would be encouraged and supported in taking the steps needed to implement community level sharps disposal options. This has had limited success. Therefore, we are coming back around to this issue again today. Vermonters have been asking for additional options in their communities for sharps disposal.

Syringe Services Programs (SSPs) have a responsibility to provide safe sharps disposal for the communities we serve and for the participants of our programs. We are one disposal resource. We must balance resources and services. Communities reach out to SSP's statewide for support. Each community is looking for various levels of support, resources, and assistance. Vermont CARES is currently working with St. Johnsbury to assist them, and over the years has helped a few other areas like Enosburg Falls and AIDS Project of VT has supported the Brattleboro area. Although safe disposal is not necessarily the most impactful point of contact in our efforts to reduce overdose deaths, we do wholeheartedly support the expansion of community sharps disposal.

I will go through some of the sections of the bill and offer my comments.

Section 1 - * * * Syringe Disposal Expansion * * *

Syringes should be included in the Unused Prescription Disposal Program. It is one piece of harm reduction services. We are pleased to see an appropriation for grants to municipalities, hospitals, community health centers, and other community syringe disposal programs.

What we have learned through community level surveys is that the number one location that community members would like to see sharps disposal units in is hospitals. We believe hospitals are a good place to start since they have trained staff and existing disposal contracts, policies, and procedures in place to manage sharps disposal.

Section 2- * * * Opioid Antagonists * * *

We fully support this section and hope to see some very specific actions taken in 2023.

Section 3— * * * Operation of Syringe Service Programs * * *

We have decriminalized possession of syringes, which is essential to the success of the SSPs; however, we have not done the same thing for other safer drug use supplies. All harm reduction supplies should be decriminalized as SSPs continue to expand our range of interventions to meet the needs of those we work with.

I can't talk about decriminalization without mentioning H.423 - a public health response to drug use - and the importance of this bill. To make community drug checking available throughout the state, we must provide possession immunity for participants, agencies, and staff when community members bring in samples of substances to be tested on-site by trained staff/volunteers. This type of testing can provide immediate results for the person asking for the test to be done. Both qualitative and quantitative can be gathered. Additionally, non-identifying information is shared to a larger database like Street Check to stay on top of drug trends and help to disseminate accurate information about the current drug supply within local areas.

Section 4 thru 8

We support these sections as well.

Other issue to consider in the future

On a side note, I would like to highlight three important issues to consider in the future. One is the roll back of the federal Public Health Emergency rules regarding telehealth and controlled substances. Beginning May 2023, people being prescribed opioid treatment medications will need to have an in-person appt. with a medical provider before starting to receive an initial prescription or receiving a refill if they have been seen via telehealth only until now. This is putting hundreds of Vermonters currently enrolled in telehealth at risk of overdose and death if they are unable to meet these new requirements in such a short amount of time. I spoke with a provider last week and learned that they have been asked to begin this transition March 1st. This will be a huge transition for many folks in this more accessible program. We know that the more restrictive, higher barrier policy has historically kept people from being able to access treatment and medication. We understand that this is a federal rule, but the reality is that Vermonters are going to suffer.

Thank you.