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Vermont Senate  
155 State St.  
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To the Distinguished Members of the Vermont Senate:

I am writing to you on behalf of AIDS United, a 501(c)(3) non-profit organization dedicated to ending the HIV and overdose epidemics in the United States, to express our sincere support for H. 72 and the evidence-based, empathetic, and effective health care interventions it would authorize in your state.

AIDS United has long advocated for a robust response to issues related to substance use that is rooted in a public health framework and which acknowledges the humanity and dignity of people who actively use drugs and people in recovery from substance use disorder. H. 72 would allow Vermont to take tremendous strides towards fully implementing such a response, by increasing access to syringe services programs and allowing for the creation of life saving overdose prevention centers. The harm reduction approaches to drug use that are elevated in H. 72 are crucial prongs in our collective efforts to address overdose deaths and infectious disease transmission in this country, working in tandem with substance use disorder treatment and prevention initiatives and the provision of Pre-Exposure Prophylaxis (PrEP) to help us end the HIV and overdose epidemics.

Both syringe services programs and overdose prevention centers are emblematic of the type of syndemic approaches that we need to take if we are going to meaningfully address the intersecting crises of substance use disorder, HIV, viral hepatitis and sexually transmitted infections. Right now in the United States, we know that:

- 1 in 10 new HIV transmissions in the United States are the result of injection drug use<sup>1</sup>;
- People living with HIV are 3 times more likely to have substance use disorder than the general population<sup>2</sup>;
- 21% of people living with HIV in the United States are also living with Hepatitis C<sup>3</sup>, with that number climbing to as high as 80% for people who inject drugs.
- Sexually Transmitted Infections like Chlamydia, Syphilis, Herpes, and Gonorrhea are all to varying degrees more likely to be acquired by people living with HIV<sup>4</sup>. They also

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<sup>1</sup> Handanagic S, Finlayson T, Burnett JC, Broz D, Wejnert C. HIV Infection and HIV-Associated Behaviors Among Persons Who Inject Drugs — 23 Metropolitan Statistical Areas, United States, 2018. *MMWR Morb Mortal Wkly Rep* 2021;70:1459–1465. DOI: <http://dx.doi.org/10.15585/mmwr.mm7042a1>

<sup>2</sup> Hartzler, B., Dombrowski, J.C., Crane, H.M. et al. Prevalence and Predictors of Substance Use Disorders Among HIV Care Enrollees in the United States. *AIDS Behav* 21, 1138–1148 (2017). <https://doi.org/10.1007/s10461-016-1584-6>

<sup>3</sup> Garg S, Brooks J, Luo Q, Skarbinski J. Prevalence of and Factors Associated with Hepatitis C Virus (HCV) Testing and Infection Among HIV-infected Adults Receiving Medical Care in the United States. *Infectious Disease Society of America (IDSA)*. Philadelphia, PA, 2014.

<sup>4</sup> Jones J, Weiss K, Mermin J, Dietz P, Rosenberg ES, Gift TL, Chesson H, Sullivan PS, Lyles C, Bernstein KT, Jenness SM. Proportion of Incident Human Immunodeficiency Virus Cases Among Men Who Have Sex With Men

increase the likelihood of someone getting or transmitting HIV.

It is only through this syndemic approach, which acknowledges the intersection of these epidemics and treats those who use drugs as whole people and not just a constellation of symptoms or risk behaviors, that we can move forward.

For instance, someone who is in active, chaotic drug use might not feel as though seeking out an HIV test, or getting a prescription for PrEP or antiretroviral therapy to prevent or treat HIV infection are their highest priorities. They might be more concerned with obtaining sterile syringes, receiving wound care for a worsening abscess or using drugs in a clean, safe space where they can be administered naloxone if they overdose. But, by utilizing a syringe services program or overdose prevention center to address their highest priority needs, they also establish relationships with healthcare workers and peers who can and do provide them with those other services when they are ready to receive them. The interventions supported in H. 72 are like an onion, with layers constantly peeling back to reveal new ways to provide desperately needed care and support to people who use drugs and creating sustainable pathways to make our communities safer and healthier.

If you would like more information about the ways in which syringe services programs and overdose prevention centers can benefit Vermonters who use drugs, those who love them, and the communities they live in, please don't hesitate to reach out. AIDS United strongly encourages you to support H. 72, An act relating to a harm-reduction criminal justice response to drug use, which will help Vermont reduce overdose deaths and connect people who use drugs to life saving care.

Sincerely,

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