

**NATIONAL**  
**HARM REDUCTION**  
**COALITION**

January 18th, 2024

Vermont Senate  
155 State St.,  
Montpelier, VT 05633

**Re: Support for H. 72, An act relating to a harm-reduction criminal justice response to drug use**

Dear Senators,

I am writing on behalf of **National Harm Reduction Coalition**, a national organization that has promoted the rights, dignity, and health of people who use drugs for over 30 years. We work across the United States, providing education and advocacy, including staff in Burlington, VT. We encourage you to **support H. 72, An act relating to a harm-reduction criminal justice response to drug use** to save the lives of Vermonters at risk for overdose.

Over the past decade, we have seen the rate of opioid overdose go from 8 out of 100,000 in 2002 to 37.6 out of 100,000 in 2022. This represents an increase of almost 200 additional deaths a year.<sup>i</sup> This data is tragic not only because of the frightening rates of deaths but also devastating because these deaths are largely preventable if we invest in evidence-based interventions such as Overdose Prevention Centers and Syringe Service Programs.

Vermont has introduced important life-saving Harm Reduction interventions during this time, but unfortunately, the scale of the programming has not yet reached the scale of the problem. As such, H. 72 includes language to expand the number of Syringe Service Programs (SSPs). SSPs are ideal locations for people who use drugs to engage in supportive services, get referrals to medical care and other higher threshold services, and get the tools and education to keep themselves safe. Expanding SSPs will bring these services to more communities and expand the capacity of these services within our hardest-hit towns and cities.

National Harm Reduction Coalition supports lifesaving interventions to prevent overdose deaths, such as naloxone distribution, syringe service programming, access to Medications for Opioid Use Disorder (MOUD), and Overdose Prevention Centers. While the topic of Opioid Prevention Centers may have become politically charged in the United States, it is internationally recognized as a thoroughly studied, widely implemented, and safe intervention for people struggling with their drug use. More than 180 Overdose Prevention Programs are operating around the world, and *not a single death* has occurred at any of them.

Overdose Prevention Programs go far beyond preventing overdose deaths. They are controlled hygienic settings where people have access to trained staff that provide a wide array of services including but not limited to base health care needs, access to a primary care doctor, counseling, mental health support, and the gold standard in reducing opioid overdose deaths— Medications for

Opioid Use Disorder (MOUD). Additionally, these programs provide drug treatment and many other crucial services to support people in stabilizing their lives.

Numerous peer-reviewed scientific studies have proven the positive impacts of Overdose Prevention Programs. These benefits include:

- Increased access to drug treatment, especially among people who distrust the treatment system and are unlikely to seek treatment on their own. <sup>ii</sup>
- Reduced public disorder, reduced public injecting, and increased public safety. <sup>iii</sup>
- Reduced HIV and viral hepatitis risk behavior (e.g., syringe and other injection equipment sharing, unsafe sex). <sup>iv</sup>
- Reduced bacterial infections (e.g., staph infection, endocarditis). <sup>v</sup>
- Reduced overdose deaths. <sup>vi</sup>
- Cost savings resulting from reduced disease, overdose, and need for emergency medical services and increased preventive healthcare and drug treatment utilization. <sup>vii</sup>

In addition, research has shown that Overdose Prevention Programs do NOT:

- Increase drug use in the surrounding community. <sup>viii</sup>
- Increase initiation into injection drug use. <sup>ix</sup>
- Increase drug-related crime. <sup>x</sup>
- Attract new drug users to the area. <sup>xi</sup>

Overdose Prevention Centers are a vital part of a comprehensive public health approach to reducing the harms of drug use. They cannot prevent all risky drug use or related harms. However, evidence demonstrates that they can be remarkably effective and cost-saving and improve the lives of people who use drugs and the safety and health of our communities. National Harm Reduction Coalition urges you to **support H. 72, An act relating to a harm-reduction criminal justice response to drug use** so that Vermont can be a leader in reducing overdose deaths and saving the lives of our neighbors, our friends, and our families.

Sincerely,



Mike Selick, MSW  
Associate Director of Capacity Building  
On behalf of National Harm Reduction Coalition  
Email: Selick@HarmReduction.org

---

<sup>i</sup> Monthly Opioid Morbidity and Mortality Report, Vermont Department of Health, December 11, 2023 - <https://www.healthvermont.gov/sites/default/files/document/dsu-monthly-opioid-report.pdf>

<sup>ii</sup> Tyndall, M., Kerr, T., Zhang, R., King, E., Montaner, J., & Wood, E. (2006). Attendance, drug use patterns, and referrals made from North America's first supervised injection facility. *Drug and Alcohol Dependence*, 193-198.; Wood et al. (2006). Service uptake and characteristics of injection drug users utilizing North America's first medically supervised injection facility. *American Journal of Public Health*, 96: 770-773.; Wood, E., Tyndall,

---

M., Zhang, R., Stoltz, J., Montaner, J., & Kerr, T. (2006). Attendance at supervised injecting facilities and use of detoxification services. *New England Journal of Medicine*, 354(23).

<sup>iii</sup> Boyd et al. (2008). Public order and supervised injection facilities: Vancouver's case. *Health Canada*, 29.; DeBeck et al. (2008). Police and public health partnerships: evidence from the evaluation of Vancouver's supervised injection facility. *Substance Abuse Treatment, Prevention and Policy*, 3:1-5.

<sup>iv</sup> Kerr, et al. (2005). Safer injecting facility use and syringe sharing among injection drug users. *Lancet*, 366: 316-318.; Kerr et al. (2007). The role of safer injection facilities in the response to HIV/AIDS among injection drug users. *Current HIV/AIDS Reports*, 4: 158-164.; Milloy et al. (2009). Emerging role of supervised injecting facilities in human immunodeficiency virus prevention. *Addiction*, 104: 620-621.

<sup>v</sup> Lloyd-Smith et al. (2008). Risk factors for developing a cutaneous injection-related infection among injection drug users: a cohort study. *BMC Public Health*, 8: 405.; Lloyd-Smith et al. (2009). Determinants of cutaneous injection-related infection care at a supervised injecting facility. *Annals of Epidemiology*, 19: 404-409.

<sup>vi</sup> Marshall et al. (2011). Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study. *Lancet*, 377: 1429-1437.; Kerr et al. (2007). A micro-environmental intervention to reduce harms associated with drug-related overdose, evidence from the evaluation of Vancouver's safer injection facility. *International Journal of Drug Policy*, 18: 37-45.; Milloy et al. (2008). Non-fatal overdose among a cohort of acting injection drug users recruited from a supervised injection facility. *American Journal of Drug and Alcohol Abuse*, 34: 499-509.; Milloy, M.-J., Kerr, T., Tyndall, M., Montaner, J., & Wood, E. (2008). Estimated drug overdose deaths averted by North America's first medically-supervised safer injection facility. *PLOS ONE*, 3(10), 1-6.

<sup>vii</sup> Andresen, M., & Boyd, N. (2010). A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility. *International Journal of Drug Policy*, 70-76.; Bayoumi et al. (2008). Cost-effectiveness of the Vancouver safe injection facility. *Canadian Medical Association Journal*.

<sup>viii</sup> Kerr, T., Stoltz, J., Tyndall, M., Li, K., Zhang, R., Montaner, J., & Wood, E. (2006). Impact of a medically supervised safer injection facility on community drug use patterns: a before and after study. *British Medical Journal*, 220-222.

<sup>ix</sup> Kerr, T., Tyndall, M., Zhang, R., Lai, C., Montaner, J., & Wood, E. (2007). Circumstances of first injection among illicit drug users accessing a medically supervised safer injection facility. *American Journal of Public Health*, 97(7), 1228-1230.; Kerr, T., Stoltz, J., Tyndall, M., Li, K., Zhang, R., Montaner, J., & Wood, E. (2006). Impact of a medically supervised safer injection facility on community drug use patterns: a before and after study. *British Medical Journal*, 220-222.

<sup>x</sup> Wood et al. (2006). Impact of a medically supervised safer injecting facility on drug dealing and other drug-related crime. *Substance Abuse Treatment, Prevention and Policy*, 1: 1-4.

<sup>xi</sup> Wood, E., Kerr, T., Small, W., Li, K., Marsh, D., Montaner, J., & Tyndall, M. (2004). Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection users. *Medical Association Journal*, 731-734.