



To Whom it May Concern:

January 21, 2024

I am writing to share my perspective about Overdose Prevention Centers in Vermont. I understand the intent behind them and the interest in seeing if such a thing could work in Vermont. I understand trying to end the helplessness we all feel about the people on the streets using and dying. I write to you though because I do not believe they will be effective or safe in Vermont. I don't think this is the solution. I believe this is a misuse of resources and will not alleviate any part of the Substance Use Crisis and I don't believe it will save more lives than what we already have in place. In fact, I think OPC's have the potential to do more harm than good.

However, if you choose to move forward with an OPC in Vermont, I would be interested in being a part of any planning and implementing. Burlington is the only place I think that an OPC has any chance of being successful, I understand the interest in seeing if it could help- even though I feel it is premature, ill thought out and I strongly don't agree. I understand there are strong feelings for this and if it happens, I also am hopeful that part of the conversations and plans include where the boundaries are about messaging such as where does harm-reduction end and recovery begin. Please understand I am all for harm reduction practices and use them regularly at our center.

To ensure my perspective is in keeping with many others working the frontline and also with people in recovery, newly in recovery, and also just recovery curious, I spent the last two weeks interviewing staff and clients of Journey to Recovery Community Center as well as community members here in the upper Northeast Kingdom, leaders of the other Recovery Centers, and others around Vermont, to gain a diverse set of opinions about OPC's. I found ONE person, out of the 49 people I spoke with who said that she would go to an OPC, but only if there were no sobriety tests for driving and if all the supplies were free. I only found one other who was in support, but this person had not real experience with what is happening in real time, they just liked the idea of finding ways to save lives. Which is of course, so necessary and respectable. If an OPC is opened in Vermont and it does what is hoped- it stops deaths and introduces people to recovery- we need to have the conversation of our current system of care and how right now we don't have a system in place to support successful long-term recovery. I can dive into that at another time (I have a clear and reasonable vision for how to accomplish a stronger system) but the gaps in our current system must be understood by all involved. We cannot invite more people, imaginably the extremely weak and vulnerable, into a system that is not set up to support their success.

Overwhelmingly, people who are exposed in a direct way to our Substance Use Disorder crisis, agree OPC's in Vermont are a risky idea. Here's why:

- **Public Transportation**- unlike New York City, we do not have enough public transportation to be able to safely transport people to and from these centers. Burlington and Brattleboro have some transportation, but not regularly enough and not 24 hours. How will we ensure that people are not driving under the influence, and how will we ensure we are not peripherally endorsing driving under the influence? How will we keep our roads safe? It is difficult enough to manage folks driving after Methadone doses- there are accidents at our local methadone clinic regularly.

One of our staff was at the BAART clinic helping a client fill out paperwork and her car was backed into. It is dangerous to the extent that we encourage our clients to park on the street and walk carefully into the building, as people run into each other in the parking lot all the time. I foresee a similar issue at OPC's. Another concern related to transportation is, if we have an accident from someone leaving the OPC who hits an innocent driver or pedestrian, it will create further stigma against people with SUD, and we really need to be careful about that, protecting our vulnerable people and not putting them in a position to fail. If we are thinking we need increased police presence, how will we train and recruit enough police force to support this? What sobriety tests do we have in place for driving under the influence of these very intense drugs?

- **Sex and drug trafficking-** Vermont currently has a widespread sex and drug trafficking problem. Our vulnerable people are groomed and swallowed into the drug trades and therefore it is logical to be concerned that this will happen at OPC's in Vermont as well. It is happening at Methadone/MAT clinics, or Hubs and Spokes, because there just isn't enough counseling, staff and support to supervise the parking lots and the people coming and going. Yes, men and women wait at Hubs and spokes and trade money or drugs for sexual acts. They also use their phones and schedule meet-ups there and that will happen at OPC's, because people don't have good transportation, and need to do everything in one place. Sometimes they do the sex acts for themselves because they are out of drugs and money and sometimes they are running as a sex and drug mule and are forced to do so. Yes, right here in Vermont, all across Vermont. It is safe to say that at a Hub or Spoke, people are at the very least attempting a pathway to recovery, they are seeking an alternative, and there is supposed to be at least minimal counseling and urinalysis alongside the dosages. The information about what isn't working at Methadone clinics is for a different discussion, but the point here is that even there the patients are not really accessing robust counseling, therefore at a site that is intended for "safe consumption," with no required counseling sessions, we will have drug traffickers there soliciting and selling and also making promises to vulnerable people, especially younger women, about working in the city and having all the money and fancy clothes and drugs and attention and acceptance they could ever dream. These girls end up in the cities running drugs and being sold for sex. They are never living a glamorous life as promised. They are used as pawns and raped and beaten and pistol whipped and killed and also dying by overdose and everything more you can imagine. This is not an every once in a while thing, this is common and constant. It is why we have a Sex Trafficking team in Vermont. It is why we have a High Intensity Drug Task Force. Because this is real, this is happening, and we need to make sure that our good intentions don't actually lead more people right to this than we get out of the throes of addiction. Desperate people are doing desperate things all the time in order to feed their addiction. Please don't forget that. To further drive this point home, the Vermont drug landscape is different than it was even six months ago. Our people have no money, many have been flooded out of their homes or are homeless, and they are at the mercy of whatever drugs are coming into the state- whatever combination there is of fentanyl, xylazine, methamphetamine, crack cocaine, etc. We are not in a city, people buy the drugs presented to them, and people are very desperate. People are trading themselves for drugs here, exchanging sex for drugs, and we need to understand that providing another avenue

where desperate people will be congregating without clear expectations, messages and roadmaps of care regarding recovery and treatment is potentially very dangerous- especially for our young girls and women. Please think hard about this, and understand that I do not believe in being extremist or exaggeratory, I am simply and clearly telling you the very harsh and scary truth of what is actually happening right here and right now. I want to save lives as much as anyone does. I am willing to think very creatively about this and I have tried to convince myself that OPC's are the right direction but so far, I just cannot get my mind to believe that OPC's are the right direction for Vermont. Back to the police force question- how will we have enough trained police for this?

- **Drug Composition.** As mentioned above, the drugs are different than they were even six months ago. Two years ago, we had a heroin problem and a crack problem. We had an alcohol problem and cannabis too and we still do, but that doesn't matter to this conversation. Today, we have a fentanyl, Xylazine, Crack, Meth and all of them lumped together problem. We used to have two camps of people- people who used stimulants (Crack, Cocaine, Meth, Adderall, etc) and people who used downers (Heroin, Percocet, benzodiazepines, other narcotics etc). What has happened is two things: Fentanyl has been cut into heroin to such an extent I have not seen heroin on a toxicology report in almost one year. It is always fentanyl. Within the last six months, the presence of Xylazine (equine tranquilizer) is now common in both stimulants (crack, cocaine, meth, pressed pills, etc) as well as in down (fentanyl, opiates, other narcotics, etc). What this has done, is put both camps of people in a scramble for their normal "equilibrium." Everyone is constantly off kilter, using more and more and more. Xylazine is also extremely addictive, as well as the withdraw is so horrifically painful and scary that people just cannot stop. Not to mention the wounds that occur. It is so addictive that we treated a man who had no soles left on his feet, they had rotted off, and he was still focused on when he could go use, because he could not face the withdraw. That is one story of hundreds. Our people suffering with SUD are now so addicted that they will use whatever is available, they are not testing for fentanyl or xylazine they want and now need it, and they will not turn anything away. We see people who have only used crack cocaine for years and years suddenly finding themselves snorting and shooting fentanyl. Overdosing. Xylazine does not respond to Narcan. Part of the reason it is taking higher and higher doses of Narcan to reverse an overdose, is because of not only the high doses of fentanyl people are now using but because it almost always has xylazine cut into it. My severe concern for the OPC's is that we will still experience overdose deaths, they will just now be monitored by a doctor, and this will further stigmatize our people who are using and struggling. I understand Xylazine wont stop a person from breathing. But what if we still have deaths in the OPC? People will be quickly judged and viewed as hopeless, and it will make the fight for dignified care even more difficult. It is also misleading for people who will feel they are safe when in reality, they may not be. . I cannot speak to drugs in poor parts of NYC or Philadelphia. What I can speak to here, is that our folks are at the mercy of the drug dealers coming from the cities, and they care about one thing- getting more and more people addicted to drugs and using deadly drugs like Xylazine to make it happen. Maybe this is a concern that won't happen very often, but I think it needs to be on the table and understood, before there is any motion forward.

- Also please keep in mind that- people will be only shooting drugs in the OPC- meaning- they must smoke or snort their other drugs before or after. They will and I think we need to be cognizant of this. It is no longer an either or anymore. It is not simple. It is so ugly and sad and messy and we need to be really ready for that
- **Staffing.** Opening an OPC requires tremendous supervision and staff. It requires medical staff, it requires medical supplies. OPC's should not be combined with recovery centers, because the message would be too confusing. We can focus on all sorts of creative harm reduction supports to help people move from addiction to recovery but if we share any staff, Recovery Coaches, or we share buildings etc, we are going to confuse the message of recovery. I am not willing to dilute the message of Recovery we have been working so tirelessly for. My entire center moved locations because the old center was in the midst of the drug trafficking neighborhood in Newport and the center ended up having people dealing and using there. I know exactly how much attention and boundaries and care and coaching and supervision and knowledge and awareness it takes to keep a place clean and safe. It is not easy. To ensure I was not just listening to my own echo chamber, I asked 27 different people who are in recovery what they felt the message would be if we, Recovery Centers, were promoting and endorsing OPC's. If we opened an OPC in our area? One of our clients who just received 30 days, after four attempts at rehab, countless overdoses reversed with Narcan, and now successfully in sober living, said that if there was an OPC in the area he would not be sober today, he would probably be dead, because he wouldn't use just at the OPC, he would use everywhere he was using (his family home with his siblings and aunts and uncles and parents, trap houses, etc) as well as the OPC. He was very upset to think about this. Another client we spoke with called himself a "bottom shelf opiate user." That means, a person who was shooting whatever he could get wherever he could get it. He has been clean for a number of years now, but said that even if there was an OPC at the time, he wouldn't have made the effort to go there anyway, he needed to use immediately. I think people who will travel to an OPC will be in the minority. I think that for the few we may reach with OPC's, it is not worth the blurred lines, it is not worth having people feel that we are endorsing using. We can still offer harm-reduction, we can still support all pathways of recovery without actually making it easier for people to continue using. These drugs are different than the drugs of the past and I really believe that here in Vermont we will be doing more harm than good. ***However, if the consensus is we are going this direction of opening an OPC, let's do it in unison with improving the overall system of care, so that if people do indeed become ready for recovery after visiting the OPC, we have a system that can support them to be successful.***
- **Resources.** Right now in Vermont we are making great progress on recovery efforts, helping people enter recovery and get the support they need to be successful. It is not perfect yet and we need to keep improving. The support from the Legislature and the state of Vermont has been life changing and saving, and we are very grateful for the funds and the respect and the progress made so far. Unfortunately, we are still working very hard within a broken system that is set up for failure. How is it broken? It is broken because we do not have enough stabilization beds, social detox beds, medical detox beds and we don't have enough or long enough in-patient treatment. After treatment, which in Vermont is 14 days, we do not have enough sober living,

we don't have workforce development, we don't have enough Recovery friendly workplaces, we don't have the training and support for people to be strong recovery friendly workplaces. We don't have systems set up for people to enter recovery and have time to learn the skills they need to be successful, to have the support necessary to reduce public assistance and begin to become taxpayers. Instead of spending what little money we have in government on a distracting and risky plan such as OPC's, that could only be minimally successful in Burlington reasonably, why don't we rethink the entire system of care, and spend the resources we have creating this system that will truly give people the best chance to be successful. To re-enter the workforce. To reunite with their families. To become better parents and stop this cycle. We have to focus on investing in systems that will stop generational addiction and trauma. Again, if we are moving forward on OPC's, can we move forward on improving the Recovery system as well?

- **Stigma.** I understand the people who are championing the OPC's are coming at this from a place of good intent. However, I think that the public may be wanting OPC's in hopes that it will stop the littering of needles in parks, playgrounds and other public places. As mentioned above, the drugs being used today are different than the drugs of the past. Xylazine also makes people not have a conscience. People need to use right away. They need to get rid of their evidence wherever they are. They are not able in that moment to think about anyone or anything else. I don't want OPC's to be thought of as a way to put people struggling in one place and out of the public eye so we can all turn a blind eye to the very real problem we have here in our great state of Vermont. If we want to mitigate the problem of littering needles and all the other scary and ugly aspects that go along with this heavy substance use crisis, we need to put the system in place to help these people change their lives, stop using and learn how be successful going to work. I think we should really focus on how to help our Vermonters have success, lets take a strong stance that we believe in them and we want to do everything we can to offer recovery and real support to help them actualize all the potential they have. We see every kind of person at our center, and we have seen every kind of person find success. With a better system, we can stop this crisis and actually see the drug landscape change in Vermont. We know it works, look at Johnson Vermont. Once infested with drug dealers from Springfield Mass, Philadelphia and NYC, a place where girls were being recruited into sex trafficking, it is now a thriving community of recovery with little to no drugs, thanks to Jenna's Promise.
- **Triggers-** I asked many Recovery Coaches how they felt about going to an OPC to work and they unanimously said it was be highly triggering and dangerous for them. I do not think I would put my coaches in that position. To put people who have worked so hard to move away active use into an atmosphere where using is happening is not safe, reasonable or fair.

Please read these two quotes from our community members. One is from a mother with a daughter and a step-daughter in active use. She is currently raising her grandson. Another is from a former crack cocaine addict, who also was slipping into using fentanyl and downs. In this day and age, that is how it works, once the hard drug slope is introduced, it is only a matter of time before there is no differentiation- it is drug use, anything and everything. It is killing people, and the way to stop it, is to focus on the system, the long-term plan, not any stop gaps.

*"I believe that these sites will further shame and stigmatize active users. Who will walk through those doors? My loved ones won't. What happens when they are so sick and need their fix that they don't have their substance so they wait for others at this OPC to come to get the substances off of them. Or the one stop shop for drug dealers and sex trafficking,*

*This is not recovery, our resources are already slim why would we invest in a new different program when we could start to fix the broken system we are already in.*

*This is an opportunity to grow into a Recovery state. Parents are desperate for answers and are needing the direction of our leaders. We are on the front line. The drugs out there now are a whole new world that we have not seen.*

*I believe it will cause division in communities and harbor feelings of distrust and hate.*

*I do have daughters that are in active use. I say NO, I want them to see the light of Recovery. A way out is what I want for them. If there is an OPC in their area it tells them "see it's ok I'm safe."*

*It's a false front, waiting for someone to fall. That is the opposite of what I want,*

*I want them to feel they can rise up.*

*I know my girls, they are not as innocent as we like to believe and they will find any way to use the substances. They would be in the parking lots, in the pull offs, at Cumberland Farms, etc. finding what they need and getting ready to make the next score. The drugs are too powerful the drug life is too powerful to let them see a different way out.*

*I beg VT to put this money into housing, work force development, transportation and detox beds. I have more to say but I think I'll get another cup of coffee."*

And the second quote:

*"I am the addict who was not into needles but I also started smoking crack and thought I could control myself and keep to weekends so it honestly scares me thinking about the OPC's because no I realize I AM A FUCKING DRUG ADDICT and I cannot say I would not have gotten to that level of addiction. If there was an OPC where I could have tried needles safely I can't say I wouldn't have tried it. And if I was dealing still I would try to set up as close to one of those sites as I could. Cause dealers also don't want people dying on their drugs. They get pissed and will stop selling to someone who overdoses for a period of time. Also, those sites make my addict brain say that the government is ok with me doing illegal drugs."*

My final words to you: Please ask the folks who are pushing for OPC's when the last time they worked on the front lines. Ask them if they are in recovery and do they have front line experience with the VERMONT SUD crisis of today. THEMSELVES. Not people they are speaking with. Not of the eighties, or the nineties, or even the early 2,000's. Ask the folks if they have spent any time in an emergency department recently and seen with their own eyes the behavior of someone detoxing of xylazine, crack, meth and fentanyl. Ask them if they have seen someone with xylazine wounds who is swearing at you to leave them alone so they can go use. Ask them if they have held the line with someone who was scared to detox, who was angry they were in the position of having to stop using, wasn't ready but was forced for legal reasons or something similar to go to treatment and then once detoxed are so thankful someone held them in that space and got them to treatment. Ask them if they understand any of this, or if they are reading reports and data briefs. Reports from other decades and states are not relevant to Vermont. Our people need us to be the strong leaders we are and lead them away from use, even if we

are using MAT and other harm reduction supports, but we need to hold the line that we cannot watch more people suffer, and we will not invest in that, we will only invest in the pathways to their new life. I see every kind of person. 95% of the people who come to our center addicted to hard drugs were sexually molested as a child. They are living in generational addiction and poverty. They are a result of their surroundings. They have never been shown how to be successful. They only know one way of living- drawing off the system and using drugs. Let me tell you what- I have seen the most "hopeless" person- so many of them- with every card stacked against them- realize their inner intelligence, purpose and potential and get out. If we had an actual system to support people, in getting them working, in getting them in the drivers' seats of their own lives, people on the streets stuck in addiction will come seek help. They want a better life. They want to be accepted. They want to be believed in. They all talk to each other. It is a very big, very small community. When you start doing things right, they come. I know, because that is what is happening in Newport. Thank you for your ear.