

I am Scott Pavek, Substance Use Policy Analyst for the City of Burlington. I am a member of the state's Opioid Settlement Advisory Committee and Substance Misuse Prevention Council.

My testimony today provides context that explains why overdose prevention centers have been supported by Burlington's City Council since 2018, as well as by our last Mayor, Miro Weinberger, and our new Mayor Emma Mulvaney-Stanak.

In early 2019, the City of Burlington held a press conference to announce that Chittenden County experienced a 50% reduction in overdose deaths in 2018. This change was attributed to harm reduction interventions and treatment access improvements including the decriminalization of buprenorphine possession without a prescription, elimination of waitlists at our local Hub and implementation of a low barrier medication services at Burlington's syringe service program.

Despite continued efforts to improve treatment access and to promote engagement with harm reduction services, changes in the illicit drug supply have eroded the efficacy of traditional approaches to curbing overdose deaths. In both 2021 and 2022, Chittenden County witnessed triple the number of opioid-related fatalities that it did in 2018, the year many policymakers cited as evidence we were turning a corner in the overdose crisis.

Recently, this Committee heard testimony that suggested the State's overdose deaths have plateaued. This eagerness to point to a still unacceptable number of Vermonters lost to preventable overdose deaths as proof that our harm reduction and treatment strategies are sufficient reminds me of policymakers' arguments to hold off on implementation of life-saving programs like overdose prevention centers, refrains advocates heard time and again despite consistent evidence of a worsening drug poisoning crisis observed in Vermont and throughout the United States.

Burlington's need for an overdose prevention center has been apparent for years. Our community heard many years ago that an overdose prevention center may save just a single life each year, while last year we observed two overdose

reversals in the first three nights at the City's extreme cold shelter. We have experienced an explosion in demand for emergency medical service responses to overdose incidents in our community. New adulterants are found in illicit opioid samples throughout the state with alarming regularity. This overdose crisis continues to worsen, posing increased risk of mortality and other health harms to our friends and neighbors - not just for those dependent on illicit opioids, but for anyone who may use any unregulated supply of drugs for a variety of reasons.

A saying I heard often in the earliest days of my personal recovery from substance use disorder was "half measures avail us nothing." I encourage the legislature to consider that proverb when assessing our state's system of harm reduction and treatment services. You have heard about new, promising approaches to address the overdose crisis that seem to me to be half-measures relative to the utility of overdose prevention centers.

While we have drug checking services in Burlington, the current policy landscape dictates a person might visit a local syringe service program, obtain safe use supplies, use checking services to estimate what substances are present in their personal, pre-obtained drug sample (a sample that likely contains both substances on which they are dependent and others they might not have heard of and never intended to use), and then must leave a space which could otherwise be an overdose prevention center just to use those drugs alone. Essentially, we limit harm reduction program operators to saying to sick, marginalized members of our community that "yes, your drugs are tainted. yes, you're likely at risk of experiencing an overdose. Goodbye and good luck."

You have heard about the promise of apps and hotlines which might help alert emergency services to help individuals who experience overdose. Make no mistake, relying on NeverUseAlone while using alone is still using alone. Calling in to a support service is not the same as using drugs in a medically supervised environment. The lives of overdose victims are still dependent on EMS - both their ability to locate individuals and the speed of their response. Do not forget that nonfatal overdose incidents are still emergencies in which every second increases the likelihood of suffering negative health impacts which might last a lifetime.

Promoting the use of overdose detection technology and drug-checking services in lieu of comprehensive overdose prevention centers, especially for communities such as Burlington where we know OPCs are likely to be utilized, is relying on half-measures which avail us nothing. When we confirm for our neighbors that they're likely to experience a significant medical emergency and ask them to do so out of our sight, how can we be shocked that we continue to lose our friends and neighbors to preventable overdose death?

As a policy expert and person who has lived in this crisis now for 16 years, I'm confident an overdose prevention center in Burlington would save the lives. The brick-and-mortar pilot our community has called for may not be a perfect fit for other Vermont communities. But to deny Burlington the chance to move forward because this model may not be the most effective elsewhere is not a commitment to geographic equity, it's a commitment to inefficient practice and increasing death.

You heard at least two statements in testimony yesterday which are incorrect. The statement that Brandon Marshall's study from 2011 is the only one evaluating the neighborhood-level impact of OPCs is incorrect. Submitted with my testimony is a study published in February in *Lancet Public Health* which observed a 67% reduction in overdose deaths in the immediate vicinity of OPCs established in Toronto (compared to a 24% reduction in other neighborhoods over the same time frame). You also heard that "there is no evidence that accessing a site lowers an individual's risk of fatal OD over time" is also incorrect. The 2019 study I have submitted with my testimony demonstrated that frequent OPC use decreased the risk of all-cause mortality (which includes fatal ODs) by more than 50%.

I want to wrap things up by offering additional insight into the experiences of communities who have implemented overdose prevention centers amidst a persistent overdose crisis. You heard recently that Vancouver, British Columbia continues to witness increasing drug-related fatalities while having over 40 OPCs in operation. I ask you to consider what the death rates might look like without these life-saving services. The state's opioid settlement advisory committee heard expert testimony (Mary Clare Kennedy) which cited research estimating that at a point of accelerating death rates in British Columbia, overdose death totals may

have been 2.5 times worse without OPCs. As inhalation has become the most prevalent route of drug use involved in overdose incidents, British Columbia's Chief Coroner has called attention to the fact that less than half of the province's overdose prevention centers offer supervised inhalation services. British Columbia's experience addressing the overdose crisis does not suggest overdose prevention centers are ineffective, but instead ought to encourage Vermont to implement the most comprehensive overdose prevention centers possible, wherever and whenever they are needed. We can be confident that, for Vermont, there "where" is Burlington and the "when" is yesterday.

I have advocated for OPCs since 2018, before I participated in a conference celebrating a dip in deaths that now seems to have been just noise amid deafening signals that our approaches are not working. Since then, I have lost more friends and family members to overdose deaths in each passing year. Many left behind young children who will now carry the trauma and burden of the overdose epidemic for the rest of their lives.

Please seize this opportunity to act. You needn't wait to see which or how many of our loved ones we bury next. Crises demand comprehensive responses. Half-measures avail us nothing. Thank you.

Sources:

[Overdose Prevention Sites: Scientific Evidence from British Columbia \(healthvermont.gov\)](https://healthvermont.gov)

[As smoking toxic drugs kills in record numbers, B.C. coroner calls for supervised inhalation sites | CBC News](https://www.cbc.com/news/health/overdose-prevention-centers-1.6711111)

Also: two studies submitted as separate files (Rammohan et al., 2024; Kennedy et al., 2019).

