

Support H. 72 - Expand Vermont's Overdose Prevention Strategy

Vermont's housing and homelessness crises are the result of multiple factors, including a lack of sufficient permanently affordable housing units, skyrocketing housing and construction costs, more people moving to Vermont, increasing short-term rentals, a failure to ensure a living wage, a failure to provide adequate mental health and substance use services, and continuing to criminalize and stigmatize people who use drugs. As part of a comprehensive strategy to address these crises, we urge the legislature to expand Vermont's evidence-based harm reduction tool kit by authorizing overdose prevention centers (OPCs), which are an evidence-based harm reduction strategy that allow people to use drugs in a hygienic environment under the supervision of trained staff who can intervene if an individual overdoses, provide sterile consumption equipment, and provide medical advice and referrals to drug treatment and other community social services. There are nearly 200 OPCs operating in 14 countries around the world, including in the US, Canada, Germany, Switzerland, France, Portugal, Ukraine, Norway, the Netherlands, Australia, Belgium, Spain, Denmark, and Iceland.¹

H.72 would:

- Require the Department of Health, in consultation with stakeholders and health departments of other states that have overdose prevention centers, to develop operating guidelines for OPCs.
- Authorize \$1.1 million from the Opioid Abatement Special Fund to fund an OPC in Burlington (in FY25).
 - Includes intent language “to continue to appropriate funds from the Opioid Abatement Special Fund through fiscal year 2028 for the purpose of awarding grants to the City of Burlington for the operation of the pilot program.”
- Provide qualified civil, criminal, and administrative immunity protections for persons participating in or with an approved OPC, acting in the good faith, and in accordance with the guidelines established under this statute.
- Authorize \$300,000 from the Opioid Abatement Special Fund for the Department of Health to contract with a researcher or independent consulting entity with expertise in the field of rural addiction or OPCs, or both, to study the impact of OPC pilot programs. The study shall include:
 - the current state of the overdose crisis and deaths across Vermont and the impact of the OPC pilot program on the overdose crisis and deaths across Vermont, with a focus on Burlington.
 - the current crime rates in Burlington and the impact of the OPC pilot program on crime rates in Burlington.
 - the current rates of syringe litter in Burlington and the impact of the OPC pilot program on the rate of syringe litter in Burlington.
 - the current number of emergency medical services response calls related to overdoses across Vermont, with a focus on Burlington and the impact of the OPC pilot program on the number of emergency response calls related to overdoses.
 - the current rate of syringe service program participant uptake of treatment and recovery services and the impact of the OPC pilot program on the rates of participant uptake of treatment and recovery services.
 - the impact of the overdose prevention center pilot program on the number of emergency response calls related to overdoses and other opioid related medical needs across Vermont, with a focus on Burlington.
- Require OPCs to make public annually:
 - the number of program participants.
 - deidentified demographic information of program participants.
 - the number of overdoses and the number of overdoses reversed on site.
 - the number of times emergency medical services were contacted and responded for assistance.
 - the number of times law enforcement were contacted and responded for assistance.
 - the number of participants directly and formally referred to other services and the type of services.

OPCs are a proven strategy to save lives. Opioid-related overdose deaths in Vermont have increased sharply in the past decade, from 50 in 2012 to 244 deaths in 2022.ⁱⁱ OPCs are a data-supported strategy to combat this epidemic.ⁱⁱⁱ For this reason, major state and national medical associations and public health agencies support OPCs, including the American Medical Association,^{iv} the Massachusetts Department of Public Health,^v and the Rhode Island Department of Health.^{vi} During the first year at the first publicly recognized OPCs in the US (in New York City), the two OPCs reversed 636 overdoses.^{vii}

OPCs reduce riskier injections and the transmission of infectious diseases. According to the American Medical Association, studies from other countries have shown that OPCs “reduce transmission rates of infectious disease[.]”^{viii} For example, studies estimate that the Insite center in Vancouver, Canada prevents between four^{ix} and 35^x new HIV infections each year. In addition to the human benefits of HIV prevention, with the average lifetime treatment cost of an HIV infection estimated at \$379,668, it is also fiscally wise.^{xi}

OPCs do not increase drug use. According to the European Monitoring Center for Drugs and Drug Addiction, “[c]onsumption rooms achieve the immediate objective of providing a safe place for lower risk, more hygienic drug consumption without increasing the levels of drug use or risky patterns of consumption.”^{xii} In addition, “[n]o evidence was found to suggest that naive users are initiated into injecting as a result of the presence of consumption rooms.”^{xiii}

OPCs increase entry into treatment and social services. By enabling healthcare workers to connect directly with people using drugs in the OPCs, these workers can provide medical advice and referrals to treatment and social services. As studies indicate, these programs are associated with increased entry to addiction treatment.^{xiv} For example, a study of Insite in Vancouver found that 57% of the center’s clients entered treatment.^{xv} In addition, the AMA found that OPCs “increase the number of individuals initiating treatment for substance use disorders[.]”^{xvi}

OPCs do not compromise public safety. The RAND Corporation found that many OPCs “have been around for 15 to 30 years and have survived multiple changes in local and national governments. Of course, persistence doesn’t imply effectiveness; yet, it seems unlikely that these programs—which were initially controversial in many places—would have such longevity if they had serious adverse consequences for their clients or for their communities.”^{xvii} For example, after the opening of an OPC site in Barcelona, Spain in 2004, the number of unsafely discarded syringes in the city decreased from 13,132 in 2004 to 3,190 in 2012.^{xviii} And, during the year at the first publicly recognized overdose prevention centers in the US, the two centers safely disposed of 435,078 units of hazardous waste that may have otherwise ended up in public parks, streets, and buildings.^{xix} In addition, there is no data to support allegations that OPCs are associated with increased crime rates.^{xx} As the AMA found, OPCs “increase the number of individuals initiating treatment for substance use disorders without increasing drug trafficking or crime in the areas where the facilities are located.”^{xxi}

Vermont’s OPCs will be rigorously evaluated and transparent. This legislation would mandate that OPCs operating in Vermont are evaluated to ensure lawmakers and the public understand the full public health and community impact of an authorized OPC operating in our state. This legislation also mandates that OPCs provide annual data on their impact. In addition to holding OPCs accountable, these evaluations can be used to provide recommendations for modifications and future improvements.

Support H.72 – A data-driven approach to saving lives and reducing Harm in Vermont

ⁱ Transform Drug Policy Foundation, *A Proven Way to Save Lives*, available at <https://transformdrugs.org/drug-policy/uk-drug-policy/overdose-prevention-centres>.

ⁱⁱ Monthly Opioid Morbidity and Mortality Report, Vermont Dept. of Health, Feb 12, 2024, available at <https://www.healthvermont.gov/sites/default/files/document/dsu-monthly-opioid-report.pdf>.

ⁱⁱⁱ See, J.N. Park et al., Continuum of Overdose Risk in the Social Determinants of Health, *The Milbank Quarterly*, p. 21, available at https://www.opioidlibrary.org/wp-content/uploads/2020/08/Park_OverdoseRiskSDH_Milbank_2020.pdf (“There are more than 110 OPS in 66 cities worldwide. Evidence on the impacts of OPS demonstrates their significant association with reducing overdose fatalities, HIV and HCV transmission, syringe sharing, public injection, ambulance usage, and crime. Furthermore, OPS increase entry into drug treatment, have never housed a fatal overdose, and have been found to be cost-effective.”).

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- ^{iv} American Medical Association, Overdose Epidemic Report 2023, available at <https://www.ama-assn.org/system/files/ama-overdose-epidemic-report.pdf> (“At this point in the nation’s epidemic, the AMA urges states and communities to consider all evidence-based approaches to prevent overdose death and help connect individuals to health care and treatment. ... Overdose prevention sites (OPSs) are a public health strategy: The data shows that OPSs help reduce risky drug use behaviors, overdose, and death while improving public safety and access to health care.26-30 OPSs increase referrals and access to treatment and decrease syringe sharing associated with injection drug use, the spread of infectious diseases, and overdose deaths in the neighborhood of the facility.”).
- ^v Overdose Prevention Center Feasibility Report, Massachusetts Department of Public Health, Dec. 2023, available at <https://www.mass.gov/doc/overdose-prevention-center-feasibility-report-0/download> (“OPCs represent one additional tool to pursue to prevent overdose deaths.”).
- ^{vi} Rhode Island’s Harm Reduction Center Pilot Program, Prevent Overdose Rhode Island & Rhode Island Department of Public Health, available at <https://health.ri.gov/publications/factsheets/Harm-Reduction-Center-Pilot-Program.pdf> (“Harm Reduction Centers in Rhode Island are a vital part of the state’s strategy to reduce overdose deaths, save lives, and connect people to essential treatment and recovery support services.”).
- ^{vii} Dr. Brent Gibson, PhD, et. al., A Baseline Report on the Operation of the First Recognized Overdose Prevention Centers in the United States, OnPoint NYC, p. 2, (2023), available at https://onpointnyc.org/wp-content/uploads/2023/12/ONPOINTNYC_OPCREPORT_small-web1.pdf.
- ^{viii} American Medical Association, AMA wants new approaches to combat synthetic and injectable drugs, June, 12, 2017, available at <https://www.ama-assn.org/press-center/press-releases/ama-wants-new-approaches-combat-synthetic-and-injectable-drugs>.
- ^{ix} Steven D. Pinkerton, How many HIV infections are prevented by Vancouver Canada's supervised injection facility?, Int J Drug Policy, 2011.
- ^x Martin A Andresen & Neil Boyd, A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility, Int J Drug Policy, 2010.
- ^{xi} Centers for Disease Control and Prevention, HIV Cost-effectiveness, available at <https://www.cdc.gov/hiv/programresources/guidance/costeffectiveness/index.html#:~:text=Currently%2C%20the%20lifetime%20treatment%20cost,than%20%24379%2C668%20per%20infection%20averted>.
- ^{xii} Dagmar Hedrich, European Report on Drug Consumption Rooms, European Monitoring Center for Drugs and Drug Addiction, Feb. 2004, p. 76.
- ^{xiii} Id. at p. 41.
- ^{xiv} American Medical Association, AMA wants new approaches to combat synthetic and injectable drugs, June, 12, 2017, available at <https://www.ama-assn.org/press-center/press-releases/ama-wants-new-approaches-combat-synthetic-and-injectable-drugs>.
- ^{xv} Kinna Thakarar, et. al., Harm Reduction Services to Prevent and Treat Infectious Diseases in People Who Use Drugs, Infect Dis Clin North Am., 2020, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7596878/>.
- ^{xvi} American Medical Association, AMA wants new approaches to combat synthetic and injectable drugs, June, 12, 2017, available at <https://www.ama-assn.org/press-center/press-releases/ama-wants-new-approaches-combat-synthetic-and-injectable-drugs>.
- ^{xvii} Bryce Pardo, Et. al., Assessing the Evidence on Supervised Drug Consumption Sites, RAND Health Care and RAND Social and Economic Well-Being, Dec. 2018, p. viii, available at https://www.rand.org/pubs/working_papers/WR1261.html.
- ^{xviii} Carmen Vecino, et. al., Safe Injection Rooms And Police Crackdowns In Areas With Heavy Drug Dealing. Evaluation By Counting Discarded Syringes Collected From The Public Space, Adicciones, 2013.
- ^{xix} Dr. Brent Gibson, PhD, et. al., A Baseline Report on the Operation of the First Recognized Overdose Prevention Centers in the United States, OnPoint NYC, p. 2, (2023), available at https://onpointnyc.org/wp-content/uploads/2023/12/ONPOINTNYC_OPCREPORT_small-web1.pdf.
- ^{xx} Chloé Potier, et. al., Supervised injection services: what has been demonstrated? A systematic literature review, Drug & Alcohol Dependence, 2014 (OPCs “were not found to increase drug injecting, drug trafficking or crime in the surrounding environments.”).
- ^{xxi} American Medical Association, AMA wants new approaches to combat synthetic and injectable drugs, June, 12, 2017, available at <https://www.ama-assn.org/press-center/press-releases/ama-wants-new-approaches-combat-synthetic-and-injectable-drugs>.