



December 20, 2023

Opioid Settlement Advisory Committee  
c/o Vermont Department of Health

Dear Opioid Settlement Advisory Committee members,

On behalf of Drug Policy Alliance (DPA), the nation's leading organization working to end the war on drugs and build a policy response to drugs grounded in science, compassion, health and human rights, I write again to encourage you to **prioritize funding for critical, life-saving overdose prevention centers** in your recommendations to the General Assembly by **fully supporting the proposal to allocate \$2.6 million for the startup and initial operations of two such centers in the state.**

As you know, fatal and nonfatal drug overdoses in Vermont are an urgent public health crisis, with rates of overdose deaths rising sharply in recent years. According to the Health Department, drug overdose reportedly killed 264 Vermonters in 2022, drug toxicity deaths have increased by **over 500 percent** since 2010.<sup>1</sup>

It is clear that **existing state initiatives have been inadequate to reduce the incidence of overdose** resulting in part from an increasingly unpredictable drug supply, lack of sufficient housing and supportive services, and systemic stigmatization that drives many people to use substances alone and in unsafe conditions. **It is imperative that Vermont focus available settlement funds on evidence-based measures to protect the lives and health of people currently using drugs.**

One of the most critical public health strategies for preventing fatal overdoses is the establishment of **Overdose Prevention Centers (OPCs)**. For much of the past decade many Vermont leaders have discussed the need for such programs and the Health Department has been called upon to study existing models.<sup>2</sup> The first such program in North America opened in

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<sup>1</sup> [Fatal Overdoses Among Vermonters: Annual Data Brief – Data through 2022](#). Vermont Department of Health (April 2023).

<sup>2</sup> See "A Public Health & Safety Analysis in Support of Supervised Injection Facilities (SIFs)", Supervised Injection Facility Commission (November 2017) (recommending the implementation of a "Supervised Injection Facility" in Chittenden County and others around the state.)

Canada 20 years ago<sup>3</sup>, and research conducted over the past several decades has consistently shown that OPCs provide extensive benefits for participant safety and for the communities where they operate.<sup>4</sup> The testimony received by your Committee has summarized much of this research.<sup>5</sup>

OPCs not only directly prevent overdoses from becoming fatal, but they bolster other overdose-prevention strategies by providing a central point of connection for participants. They frequently offer access to harm reduction services (including sterile equipment), drug checking, naloxone, and serve as a conduit to treatment and other stabilizing services. As Rhode Island nears opening of its first “harm reduction center,” which will include supervised consumption services, and as health departments such as the Massachusetts Department of Public Health recommend the implementation of such centers<sup>6</sup>, Vermont should similarly move forward.

The **pending request for \$2.6 to fund two fixed-location sites in Vermont is an important first step** to establishing a system that more effectively prevents loss of lives, treats people suffering from substance use disorder with dignity and respect, and benefits Vermont communities where they are located.<sup>7</sup>

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<sup>3</sup> “*Drug consumption rooms: 20 years of Insite*”, Talha Burki, *The Lancet* (November 18, 2023). Additional information about Canada’s Supervised Consumption Services available at: <https://www.whyscs.ca/>; Such facilities operate throughout Canada today (see: [Health Canada supervised consumption webpage](#) and [map](#)).

<sup>4</sup> “*Supervised Injection Facilities and Other Supervised Consumption Sites: Effectiveness and Value*”, New England Comparative Effectiveness Public Advisory Council (January 2021). Available at: [https://icer.org/wp-content/uploads/2020/10/ICER\\_SIF\\_Final-Evidence-Report\\_010821.pdf](https://icer.org/wp-content/uploads/2020/10/ICER_SIF_Final-Evidence-Report_010821.pdf) Additionally, see *Facts About Overdose Prevention Centers*, Drug Policy Alliance (June 2023). Available at: [https://drugpolicy.org/wp-content/uploads/2023/06/DPA-OPCs\\_FactSheet.pdf](https://drugpolicy.org/wp-content/uploads/2023/06/DPA-OPCs_FactSheet.pdf)

<sup>5</sup> Notably presentations to the Opioid Settlement Advisory Committee on August 22, 2023 (Testimony of Kailin See, OnPoint NYC and [Mary Clare Kennedy, PhD](#), British Columbia Centre on Substance Use August) and May 23, 2023 (Testimony of [Brandon Marshall, Ph.D.](#), Brown School of Public Health)

<sup>6</sup> See Rhode Island’s Harm Reduction Pilot Program fact sheet, available at: <https://health.ri.gov/publications/factsheets/Harm-Reduction-Center-Pilot-Program.pdf>; and Overdose Prevention Center Feasibility Report, Massachusetts Department of Public Health (December 2023). Available at: <https://www.mass.gov/doc/overdose-prevention-center-feasibility-report/download>

<sup>7</sup> Initial budget request submitted by Vermont Overdose Prevention Network and partner organizations. Available at: <https://www.healthvermont.gov/sites/default/files/document/dsu-osac-budget-proposal-for-overdose-prevention-centers.pdf>

## **Overdose Prevention Centers Save Lives**

Overdose prevention centers OPCs are safe spaces where people can consume pre-obtained substances and be supervised post-consumption by personnel trained to identify and respond to the earliest signs of overdose. OPCs prevent fatal overdoses especially for high-risk populations, including individuals who are homeless. OPCs have been implemented throughout the world with significant success for decades (the first OPC was established in Switzerland 35 years ago.) Currently, more than 180 overdose prevention centers operate in at least 14 countries around the world, often staffed by peer mentors and/or medical professionals.<sup>8</sup>

There is no question, from decades of research, that overdose prevention centers help reduce fatalities when individuals are consuming substances in such monitored settings.<sup>9</sup> Some studies have also shown that OPCs have a beneficial impact in reducing overdose deaths in the communities where they are located.<sup>10</sup>

In December 2021, [OnPoint NYC](#) opened the nation's first-ever Overdose Prevention Centers in Harlem and Washington Heights.<sup>11</sup> Since opening, the sites have helped intervene in over 1,200 overdoses and served several thousand individual clients, while providing a wide array of other supportive services. OnPoint has demonstrated that the operation of overdose prevention programs in the United States is not only possible, but highly successful.

When interventions occur in OPCs, the response may also be less traumatic than that which may occur in many other emergency situations. OnPoint NYC reports that typical overdose

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<sup>8</sup> Overdose Prevention Centers, Transform Drug Policy Foundation, transformdrugs.org: [A Proven Way to Save Lives](#)

<sup>9</sup> National Institutes of Health / National Institute on Drug Abuse report on Overdose Prevention Centers, available at: <https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>

<sup>10</sup> See, e.g., Brandon DL Marshall PhD, M-J Milloy MSc, Evan Wood PhD, Prof Julio SG Montaner MD, Thomas Kerr PhD, *Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study*, The Lancet (April 2011) (reporting a 35% decrease in overdose deaths in the community surrounding an OPC)

<sup>11</sup> Shannon Y. New York experiment with government-approved drug use could become a national model. *Politico* (2022, May 14). Available at: <https://www.politico.com/news/2022/05/14/new-york-experiment-drug-use-national-model-00031876>; Jeneen Interlandi (Feb. 22, 2023), One Year Inside a Radical New Approach to America's Overdose Crisis. *New York Times*, available at <https://www.nytimes.com/2023/02/22/opinion/drug-crisis-addiction-harm-reduction.html>

responses in their OPCs did not rely on Naloxone. According to OnPoint’s “baseline report on the operation of the first recognized Overdose Prevention Centers in the United States,” OnPoint staff “prioritized the use of oxygenation, agitation, and monitoring in (their) overdose response protocol. These are all interventions that do not induce precipitated withdrawal. Large doses of naloxone can induce precipitated withdrawal in individuals who are opioid dependent. Symptoms often include nausea, vomiting, headache, chills, and anxiety. Because of the severity of symptoms, people in withdrawal are more likely to take more of the substance before it fully leaves their system to subdue their pain. This creates a risk of subsequent overdose.”<sup>12</sup>

Through provision of sterile injection, smoking, and snorting equipment, medical supervision, and education on safer use practices, OPCs also reduce risks associated with HIV and hepatitis transmission.<sup>13</sup> Reducing such risks lowers the incidence and lifetime healthcare implications of such infectious diseases.<sup>14</sup> OPCs also lead to positive changes in injection practices, such as

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<sup>12</sup> Dr. Brent Gibson, PhD, Kailin See, Brittney Vargas Estrella, Sam Rivera, *Baseline Report on the Operation of the First Recognized Overdose Prevention Centers in the United States* (December 2023). Available at: [https://onpointnyc.org/wp-content/uploads/2023/12/ONPOINTNYC\\_OPCREPORT\\_small-web1.pdf](https://onpointnyc.org/wp-content/uploads/2023/12/ONPOINTNYC_OPCREPORT_small-web1.pdf)

<sup>13</sup> Samuels EA, Bailer DA, Yolken A. Overdose Prevention Centers: An Essential Strategy to Address the Overdose Crisis. *JAMA Netw Open*. 2022;5(7):e2222153; Cinta Folch et al., *Drug Consumption Rooms in Catalonia: A Comprehensive Evaluation of Social, Health and Harm Reduction Benefits*, 62 *INT’L J. DRUG POL’Y* 24, 26–27 (2018); Elisa Lloyd-Smith et al., *Determinants of Hospitalization for a Cutaneous Injection-Related Infection Among Injection Drug Users: A Cohort Study*, 10(327) *BMC PUBLIC HEALTH* 1, 2 (2010); Allison M. Salmon et al., *Injecting-Related Injury and Disease Among Clients of a Supervised Injecting Facility*, 101 *DRUG & ALCOHOL DEPENDENCE* 132 (2009); Will Small et al., *Accessing Care For Injection-Related Infections Through A Medically Supervised Injecting Facility: A Qualitative Study*, 98 *DRUG & ALCOHOL DEPENDENCE* 159, 159–161 (2008); Kate Dolan et al., *Drug Consumption Facilities in Europe and the Establishment of Supervised Injecting Centres in Australia*, 19 *DRUG & ALCOHOL REV.* 337, 341 (2000); Dagmar Hedrich et al., *Drug Consumption Facilities in Europe and Beyond*, in *HARM REDUCTION: EVIDENCE, IMPACTS, CHALLENGES* 305 (Tim Rhodes & Dagmar Hedrich eds., 2010).

<sup>14</sup> Amos Irwin et al., *A Cost-Benefit Analysis of a Potential Supervised Injection Facility in San Francisco, California, USA*, 47 *J. DRUG ISSUES* 164 (2017); Steven D. Pinkerton, *How Many HIV Infections are Prevented by Vancouver Canada’s Supervised Injection Facility?*, 22 *INT’L J. DRUG POL’Y*, 179 (2011); Martin A. Andresen & Neil Boyd, *A Cost-Benefit and Cost-Effectiveness Analysis of Vancouver’s Supervised Injection Facility*, 21 *INT’L J. DRUG POL’Y* 70 (2010); Allison M. Salmon et al., *High HIV Testing and Low HIV Prevalence Among Injecting Drug Users Attending the Sydney Medically Supervised Injecting Centre*, 33 *AUSTL. & N.Z. J. PUB. HEALTH.* 280 (2009); Ahmed M. Bayoumi & Gregory S. Zaric, *The Cost-Effectiveness of Vancouver’s Supervised Injection Facility*, 179 *CAN. MED. ASS’N J.* 1143 (2008); FRANK ZOBEL & FRANÇOISE DUBOISE-ARBER, *SHORT APPRAISAL OF THE ROLE AND USEFULNESS OF DRUG CONSUMPTION FACILITIES (DCF) IN THE REDUCTION OF DRUG-RELATED PROBLEMS IN SWITZERLAND* 27 (2004).

less reuse of syringes, increased use of sterile water, and swabbing injection sites with alcohol, all of which are associated with fewer skin and soft tissue infections.<sup>15</sup>

### **OPCs Increase Connections to Health and Social Services, Including Drug Treatment**

OPCs connect people who use drugs with a variety of health and social services, including substance use disorder treatment.<sup>16</sup> OPCs are uniquely effective at engaging highly marginalized communities, including people who use drugs and who are homeless or marginally housed, who are at particular risk for health-related harms such as overdose and infectious disease.<sup>17</sup> By building relationships between staff and hard-to-reach people who use drugs, OPCs can engage people who distrust health services and are unlikely to seek treatment on their own.

### **OPCs Do Not Negatively Impact Public Safety**

OPCs produce several safety benefits to both people who use drugs and the community at large. By providing a safe, hygienic place for people to use drugs, OPCs reduce public disorder

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<sup>15</sup> María J. Bravo et al., *Use of Supervised Injection Facilities and Injection Risk Behaviours Among Young Drug Injectors*, 104 ADDICTION 614 (2009); Barbara Tempalski & Hilary McQuie, *Drugscares and the Role of Place and Space in Injection Drug Use-Related HIV Risk Environments*, 20 INT'L J. DRUG POL'Y 4 (2009); Thomas Kerr et al., *The Role of Safer Injection Facilities in the Response to HIV/AIDS Among Injection Drug Users*, 4 CURRENT HIV/AIDS REPORT 158, 160–161 (2007); Evan Wood et al., *Factors Associated with Syringe Sharing Among Users of a Medically Supervised Safer Injecting Facility*, 1 AM. J. INFECTIOUS DISEASES 50, 52-53 (2005); MEDICALLY SUPERVISED INJECTION CENTRE (MSIC) EVALUATION COMM., FINAL REPORT OF THE EVALUATION OF THE SYDNEY MEDICALLY SUPERVISED INJECTION CENTRE 93–94, 100 (2003).

<sup>16</sup> Kora DeBeck et al., *Injection Drug Use Cessation and Use of North America's First Medically Supervised Safer Injecting Facility*, 113 DRUG & ALCOHOL DEPENDENCE 172 (2011); Danya Fast et al., *The Perspectives of Injection Drug Users Regarding Safer Injecting Education Delivered Through a Supervised Injecting Facility*, 5 HARM REDUCTION J. 32 (2008); Evan Wood et al., *Rate of Detoxification Service Use and Its Impact Among a Cohort of Supervised Injecting Drug Users*, 102 ADDICTION 916 (2007); Will Small et al., *Access to Health and Social Services for IDU: The Impact of a Medically Supervised Injection Facility*, 28 DRUG & ALCOHOL REV. 341 (2009); Mark W. Tyndall et al., *Attendance, Drug Use Patterns, and Referrals Made from North America's First Supervised Injection Facility*, 83 DRUG & ALCOHOL DEPENDENCE 193 (2006).

<sup>17</sup> Chloé Potier et al., *Supervised Injection Services: What Has Been Demonstrated? A Systematic Literature Review*, 145 DRUG & ALCOHOL DEPENDENCE 48 (2014); Evan Wood et al., *Do Supervised Injecting Facilities Attract Higher Risk Injection Drug Users?* 29 AM. J PREVENTATIVE MED. 126 (2005); Hedrich et al., at 311.



and drug use in public spaces and businesses (e.g., bathrooms).<sup>18</sup> OPCs reduce syringe litter by providing a place for proper disposal of injection equipment.<sup>19</sup> Additionally, people who use OPC services are at less risk of physical or sexual violence than when out in public.<sup>20</sup> All these benefits are achieved without increases in drug use, initiated use, or drug-related crime.<sup>21</sup> A recent study published in Nov 2023 found there were no significant changes in the volume of violent or property crimes reported by police, 911 calls for crime or medical incidents, or 311 calls for public drug use or unsanitary conditions around the OPC.<sup>22</sup> In sum, “[e]valuation

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<sup>18</sup> Elizabeth N. Kinnard et al., *Self-Reported Changes in Drug Use Behaviors and Syringe Disposal Methods Following the Opening of a Supervised Injecting Facility in Copenhagen, Denmark*, 11 HARM REDUCTION J. 29 (2014); Kora DeBeck et al., *Public Injecting Among a Cohort of Injecting Drug Users in Vancouver, Canada*, 63 J. EPIDEMIOLOGY CMTY. HEALTH 81 (2009); Allison M. Salmon et al., *Five Years On: What are the Community Perceptions of Drug-Related Public Amenity Following the Establishment of the Sydney Medically Supervised Injecting Centre?*, 18 INT’L J. DRUG POL’Y 46 (2007); Jo-Anne Stoltz, et al., *Changes in Injecting Practices Associated with the use of a Medically Supervised Safer Injection Facility*, 29 J. PUB. HEALTH 35 (2007); Evan Wood et al., *Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users*, 171 CAN. MED. ASS’N J. 731 (2004).

<sup>19</sup> Alex H. Kral et al., *Improved Syringe Disposal Practices Associated with Unsanctioned Safe Consumption Site Use: A Cohort Study of People Who Inject Drugs in the United States*, DRUG & ALCOHOL DEPENDENCE (forthcoming 2021); Carmen Vecino et al., *Apertura de espacios de consumo higiénico y actuaciones policiales en zonas con fuerte tráfico de drogas. Evaluación mediante el recuento de las jeringas abandonadas en el espacio público [Safe injection rooms and police crackdowns in areas with heavy drug dealing. Evaluation by counting discarded syringes collected from the public space]*, 25 ADICCIONES 333 (2013) (Spain)

<sup>20</sup> Eshan Jozaghi et al., *A Cost-Benefit/Cost-Effectiveness Analysis of Proposed Supervised Injection Facilities in Montreal, Canada*, 8(25) SUBSTANCE ABUSE TREATMENT & PREVENTION POL’Y (2013)

<sup>21</sup> Andrew J. Myer & Linsey Belisle, *Highs and Lows: An Interrupted Time-Series Evaluation of the Impact of North America’s Only Supervised Injection Facility on Crime*, 48 J. DRUG ISSUES 36 (2018); M.-J. Milloy et al., *Recent Incarceration and Use of a Supervised Injection Facility in Vancouver, Canada*, 17 ADDICTION RSCH. & THEORY 538, 542–543 (Oct. 2009); Thomas Kerr et al., *Impact of a Medically Supervised Safer Injection Facility on Community Drug Use Patterns: A Before and After Study*, 332 BRIT. MED. J. 220 (2006); Evan Wood, et al., *Summary of Findings from the Evaluation of a Pilot Medically Supervised Safer Injecting Facility*, 175 CAN. MED. ASS’N J. 1399 (2006); Evan Wood et al., *Impact of a Medically Supervised Safer Injecting Facility on Drug Dealing and Other Drug-Related Crime*, 13 SUBSTANCE ABUSE TREATMENT, PREVENTION & POL’Y (2006); Karen Freeman et al., *The Impact of the Sydney Medically Supervised Injecting Centre (MSIC) on Crime*, 24 DRUG & ALCOHOL REV. 173 (2005); Neil Donnelly & Nicole Mahoney, NSW Bureau of Crim Statistics & Research, Trends in Property and Illicit Drug Crime Around the Medically Supervised Injecting Centre in Kings Cross: 2012 UPDATE 1 (2013); Brit. Columbia Ctr. for Excellence in HIV/AIDS, Findings from the Evaluation of Vancouver’s Pilot Medically Supervised Safer Injection Facility – Insite 29 (2009);

<sup>22</sup> Aaron Chalfin, PhD; Brandon del Pozo, PhD, MPA, MA; David Mitre-Becerril, PhD. *Overdose Prevention Centers, Crime, and Disorder in New York City* (November 2023.)

studies have found an overall positive impact on the communities where these facilities are located.”<sup>23</sup>

## **OPCs Are Cost-Effective**

While the primary concern should be whether OPCs save lives and improve public safety rather than monetary concerns, OPCs have demonstrated cost-effectiveness by reducing overdose deaths, disease transmission, emergency medical services, and crime.<sup>24</sup> Overdose management at such sites offsets costs required for managing overdoses using emergency department and pre-hospital ambulance services.<sup>25</sup>

The European Monitoring Centre for Drugs and Drug Addiction concluded in 2018:

*In summary, the benefits of providing [OPCs] may include improvements in safe, hygienic drug use, especially among regular clients, increased access to health and social services, and reduced public drug use and associated nuisance. There is no evidence to suggest that the availability of OPCs increases drug use or frequency of injecting. These services facilitate rather than delay treatment entry and do not result in higher rates of local drug-related crime.<sup>26</sup>*

## **Growing Support for OPCs**

Since the opening of OnPoint’s overdose prevention centers in New York, policymakers throughout the nation have expressed interest in facilitating the establishment of similar facilities.

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<sup>23</sup> Eur. Monitoring Centre for Drugs & Drug Addiction, *Drug Consumption Rooms: An Overview of Provision and Evidence* 1, 5 (2018).

<sup>24</sup> Czarina N. Behrends et al., *Estimated Impact of Supervised Injection Facilities on Overdose Fatalities and Healthcare Costs in New York City*, 106 J. SUBSTANCE ABUSE TREATMENT 79 (2019); Julia E. Hood et al., *The Projected Costs and Benefits of a Supervised Injection Facility in Seattle, WA, USA*, 67 INT’L J. DRUG POL’Y 9 (2019); Eva A. Enns et al., *Potential Cost-Effectiveness of Supervised Injection Facilities in Toronto and Ottawa, Canada*, 111 ADDICTION 475 (2016); Ehsan Jozaghi, *A Cost-Benefit/Cost-Effectiveness Analysis of an Unsanctioned Supervised Smoking Facility in the Downtown Eastside of Vancouver, Canada*, 11 HARM REDUCTION J. 30 (2014)

<sup>25</sup> Khair, S., Eastwood, C.A., Lu, M. et al. *Supervised consumption site enables cost savings by avoiding emergency services: a cost analysis study*. Harm Reduct J 19, 32 (2022).

<sup>26</sup> Eur. Monitoring Centre for Drugs & Drug Addiction, *supra* note 23, at 6.

In July 2021, the State of Rhode Island enacted legislation establishing a pilot program authorizing overdose prevention programs in response to the overdose crisis.<sup>27</sup> A study conducted to assess the potential impacts of such a program in the state found that it would result in substantial cost savings due to prevention of emergency overdose care and save lives.<sup>28</sup> Having enacted regulations<sup>29</sup>, the first overdose prevention program is expected to open in Providence sometime in 2024, with Rhode Island's Opioid Settlement Advisory Committee dedicating \$2.25 million from settlement funds for the establishment of the harm reduction center.<sup>30</sup> Earlier this month the Massachusetts Department of Public Health also issued a report endorsing the use of overdose prevention centers.<sup>31</sup> Legislation has also advanced in Maine, and Minnesota last year appropriated funds to support the establishment of OPCs.<sup>32</sup> Many other states and cities are considering authorizing OPCs.<sup>33</sup>

## **Conclusion: Vermont Must Move Forward to Fund and Support OPCs**

OPCs are an evidence-based intervention that not only save lives, but provide critical help and connections to services for deeply marginalized and stigmatized people who often challenges

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<sup>27</sup> R.I. Gen. Laws Chapter 23-12.10

<sup>28</sup> Laura C. Chambers, Benjamin D. Hallowell, Xiao Zang, David M. Rind, Greg F. Guzauskas, Ryan N. Hansen, Nathaniel Fuchs, Rachel P. Scagos, Brandon D.L. Marshall, "[The estimated costs and benefits of a hypothetical supervised consumption site in Providence, Rhode Island](#)", *International Journal of Drug Policy*, Volume 108, 2022.

<sup>29</sup> R.I. Gen. Laws Chapter 23-12.10

<sup>30</sup> The Providence Journal, July 22, 2022, "[\\$2.25M from opioid settlement dedicated to help RI create safe drug consumption site](#)"

<sup>31</sup> *Overdose Prevention Center Feasibility Report*, Massachusetts Department of Public Health (December 2023). Available at <https://www.mass.gov/doc/overdose-prevention-center-feasibility-report/download>

<sup>32</sup> Susan Cover, [Amid Maine's overdose crisis, bill to allow safe drug injection sites gets initial House approval](#), *Spectrum Local News* (June 16, 2023); [Minnesota Becomes 2<sup>nd</sup> State to Officially Support Overdose Prevention Centers](#), *Drug Policy Alliance* (May 24, 2023).

<sup>33</sup> See Brief Amici Curiae of Fourteen Cities and Counties, *Safehouse v. United States*, cert. denied, (Oct. 12, 2021) (No. 21-276); see also, *Three Town Hall Meetings on Proposed Supervised Consumption Site Planned for July*, CITY OF SOMMERVILLE (June 24, 2021), <https://www.somervillema.gov/news/three-town-hall-meetings-proposed-supervised-consumption-site-planned-july>; Phil Davis, *Amid Baltimore's opioid crisis, Mosby supports safe injection sites in new brief*, BALTIMORE SUN (July 10, 2019), <https://www.baltimoresun.com/health/bs-hs-mosby-safe-injection-sites-20190710-boznhh6ztrg6vmxdknph6dy-story.html>; Blair Miller, *Denver City Council approves supervised injection site pilot, which still needs legislative approval*, DENVER CHANNEL (Nov. 26, 2018), <https://www.thedenverchannel.com/news/politics/denver-city-council-approves-supervised-injection-site-pilot-which-still-needs-legislative-approval>;





accessing traditional services. As such, OPCs are a necessary part of a comprehensive solution to the overdose crisis and overall health and wellbeing. Such programs have been well researched and shown to be beneficial in many ways for individuals and communities.

After years of studying this issue, Vermont should join Rhode Island in rapidly utilizing OPCs as a critical component of its overdose prevention strategy. **We urge you to prioritize the needs of those whose lives were directly impacted by actions leading to the pharmaceutical industry litigation, and to clearly recommend that the legislature appropriate opioid settlement funds to launch and operate at least two initial OPC sites in the state.**

Thank you for your important work on this Committee. Please consider us to be a resource for the Committee if you need any additional information about overdose prevention centers or other issues relating to drug policy.

Respectfully,

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