

## Opioid Settlement Advisory Committee

*Date:* 2/13/2023

*Location and Time:* 3 – 4:30 Hybrid

*Present:* Caroline Butler, Senator Ruth Hardy, Monica Hutt, Jessica Kirby, Mark Levine, MD, Scott Pavek, Rocket, Representative Dane Whitman, Miro Weinberger, Madeline Motta, Stacey Sigmon, Heather Stein, MD, Deb Wright,

*Absent:* Mayor David Allaire, Chief Shawn Burke, Gwynn Zakov

*Meeting Facilitator and Note Taker:* Mark Levine, and Sarah Gregorek

<b>Meeting Objectives:</b> Third meeting of the Opioid Settlement Advisory Committee		
<b>Agenda Item</b>	<b>Discussion</b>	<b>Next Steps</b>
Contingency Management as a treatment for Stimulant use disorder Presentation – Richard Rawson, PhD	Refer to PowerPoint Presentation	
Treatment Courts Scott Griffith Kim Owens	Refer to PowerPoint Presentation	
Technology Assisted MOUD – Stacey Sigmon	Refer to PowerPoint Presentation	
Input from committee members with lived experience and from Vermont League of Cities and Town	<p>Jessica Kirby – Data is telling us that we are not doing well in preventing overdose deaths. I think we should consider overdose prevention sites, contingency management and more services that are low barrier for harm reduction.</p> <p>Deb Wright - Therapists/drug counselors are not available when crisis strikes someone in recovery; no weekend, holiday, midnight to 8 or 9am help. Families supporting those in</p>	

	<p>recovery are left to their own devices, often at devastating consequences. Professionals need to do more than say they are here to help, they need to be present 24-7.</p> <p>Drug programs need to be held accountable to their outcomes. Tie funding to that, instead of continuing to dispense stop gap drugs longer than two years to someone in recovery because they are acting like a profit making business, instead of a light out of addiction.</p>	
<p>Settlement Funding Allocation Recommendations Discussion</p>	<p>Dr. Levine distributed a document with several recommendations for the committee to rank. He provided supporting commentary for each item and facilitated discussion. He noted we need follow our 5 principles, as well as meet people with OUD where they are. He noted 75% of opioid OD deaths occur in people we have no prior connection with so far as the treatment system. We must focus on strategies to find them, as well as focus on reducing barriers to accessing care and treatment. And we need to be creative, bold, thoughtful, and cutting edge, using evidence-based strategies whenever possible. See the document.</p>	<p><b>The Department will collect feedback from the Committee and determine which recommendations we will move forward on.</b></p>
<p>Public Input</p>	<p>Ed Baker – Very pleased we have advanced harm reduction strategies for review. Advocating for overdose prevention sites open 24/7. Meet people where they are, cannot reach many through traditional treatment options.</p> <p>Tom Dalton – Justice for All, high risk people who are BiPOC, disabled or have mental health issues that are incarcerated lose their employability, housing and parental rights. VCR is reaching this population, doesn't see how the recommendations will reach them. Agrees with adding overdose prevention sites.</p>	

	<p>Angela Allard – lost son from overdose in 12/22, he was in therapy for 18 years, Agree that the treatment court staff are amazing. Use technology to keep people in recovery and out of the clinics. Transportation is a huge issue in Grand Isle County. Drug Testing Machines would be very useful to know what you are ingesting, esp. benzos. Treat people in rehab like an assistant living facility with their own bathroom and it costs less.</p> <p>Theresa Vezina – Fentanyl test strips are limited. Testing for other drugs would be great, onsite drug testing will save lives. Vermont Cares receive samples and hope that we can provide immunity. Create overdose prevention centers to be like a syringe service program plus more. Narrative shift to look at existing infrastructure, best practices and integrate it into our programs and harm reduction agencies throughout our state.</p> <p>Will Eberle - Recovery workforce wage and benefits are insufficient. Invest in recovery capital, it's very difficult for a person to sustain recovery if you don't have access to stable housing, food, internet and transportation. Consider overdose prevention sites. Need to engage Vermonters who don't use traditional treatment services.</p>	
Next Meeting:	2/27/2023 at noon	