VERMONT
DEPARTMENT OF HEALTH

Opioid Settlement Advisory Committee

Date:	8/22/2023
Location and Time:	10 a.m. - noon
Present:	Caroline Butler, Senator Ruth Hardy, Monica Hutt, Jessica Kirby, Mark Levine, MD, Scott Pavek, Representative Dane Whitman, Miro Weinberger, Madeline Motta, Stacey Sigmon, Mike Doenges, Shayne Spence, Scott Conney
Absent:	Deb Wright, Heather Stein, MD,
Meeting Facilitator and Note Taker:	Mark Levine, and Sarah Gregorek

Meeting Objectives:		
Agenda Item	**Discussion**	**Next Steps**
Welcome new members Mark Levine, MD	Shayne Spence, Selectboard, Town of Johnson Scott Conney, Fire Chief, Town of Hartford Mike Doenges, Mayor, City of Rutland	
Opioid Settlement Funding Mark Levine, MD	Of our opioid settlement monies, 70% goes to the Opioid Abatement Fund we are charged with making recommendations on, 15% goes to municipalities, 15% goes to the State for legal and other expenses. We do not have a great deal of insight into what the municipalities are doing across the state, but some are allowing their funds to be added to the opioid Abatement Fund. Our initial set of recommendations were funded with almost $8.2M of a total 2022 fund balance of $12.2M. Based on current predictions, expect 2022+2023 deposits will equal $23.5M, leaving $15.3M available. 2024 predictions are for $5M. These all come from distributors (about ¼), Janssen (about 1/3), Walmart (about ¼) and 5 other manufacturers (about 1/6). The total through 2038 will be in the range of $97.7M. None of this incorporates Purdue, which is still in the courts, and could total $54M (70% to Abatement Fund).	
H.222 Funding update Kelly Dougherty	$1.98M Naloxone – The Division of Substance Use (DSU) and Division of Emergency Preparedness and Injury Prevention (DEPRIP) is working	VDH will get back to the committee before its next meeting on the steps required to

	on this. Nicole Rau, from DSU, is setting up a system for Narcan vending machine and Naloxboxes throughout the state and supporting efforts currently in place. Senator Hardy asked for a map that shows all the Naloxone options around the state. These will be added to the map/list of locations where the public can access Naloxone that exists at VTHelplink. $2 million for satellite dosing locations for methadone. We knew that this would be the most complicated/time consuming of all the initiatives. There are regulatory issues that need to be worked out with the DEA. DSU clinical team, including the State Opioid Treatment Authority has been working on this. Still in the investigation stage. Nicole Rau will be connecting with the clinical team to find out the steps that are necessary to move this forward. $1.976M for 26 outreach/case manager staff. Grants go to preferred providers to opt in for FY'24 grants, which are still in process. $400K to the state's four syringe providers for overdose prevention services and response education and resources. These activities are funded currently via another source through January 2024. The settlement funding will replace the other funds when they run out. $840K for Contingency Management (CM). Will provide via grants. Clinical team is focused on training on the incentive model. Nicole will have the clinical unit provide more details about the CM rollout. $100K for wound care telehealth pilot. The VDH Division of Laboratory Sciences and Infectious Disease is working on this with support from DSU. $200K Fentanyl/Xylazine test strips – DSU is entering into a purchasing contract currently and will receive them soon. As there is	bring the satellite dosing locations to fruition. If needed the clinical team will present at our next meeting.

	existing funding for fentanyl test strips, the bulk of the funding is going towards Xylazine. $700K for drug checking services – Per Act 22 DSU is working on guidance on drug checking in collaboration with a national expert. An RFP for implementation will follow.	
Kailin See Onpoint, NYC Overdose Prevention Center (See Presentation)	Two sites, Washington Heights and East Harlem 7 vehicles 3 outreach public safety teams Public safety hotline, publicly run 1 Harm Reduction/Mental Health Operating for 21 months Unregulated but work with the NY State Department of Health, it will eventually be regulated. 4000 participants, over 85,000 utilizations Intervened 1000 overdoses Naloxone used 18% of the time and using the .01 increment dose. Less fear of precipitated withdrawal 17% involve Overamps 24 ambulance calls Cost savings of $30.6 M in diverted EMS, ER, and hospital admissions Cost savings to NYPD expected as well (but not calculated) 2M units of hazardous waste diverted from parks and public spaces 38 minutes duration visit for Harlem site 55 minute duration visit for Washington Heights site (younger population than Harlem) Harlem site = more of a traditional medical model = older cohort, housed Wash. Heights = peer or consumer led model = younger cohort, unhoused, often speedball users Participant impact report on first year of operations will be forthcoming. 75 – 80% of people are connected to healthcare and have engaged in treatment/recovery. MAT, Methadone, detox, LTC treatment, housing, outpatient programs.	

	OPC promotes opportunity for people who are ready for recovery. In first year of operation focused on engagement, safety, stabilization of a population not previously connected. Year 2 outcomes, better housing opportunities 41 people in recovery working full time took approx. 1 year before they were ready for a job. How do you measure overdose rates in NYC? Not open 24 hours yet, open 7:30 am – 11 pm overnight shifts will happen in 2025. Fatalities happen when they're closed, overnight, located near both sites. Harlem numbers went up but down in Washington Heights. Need to have other OPC at other sites in the City. 5-year Evaluation administrated by Brown comprehensive reporting will be done soon. DOJ visited Onpoint and determined that health care is a jurisdictional issue because they are meeting multiple health care needs. Main components to get a site up and running: Safe consumption program is two people, table, chair, naloxone, trained staff, stakeholder buy in. Need people willing to come to the site. There are Federal Guidelines for emergency tents near skid row, Kensington Park, etc. In Burlington we would need mobile, virtual, smaller sites, clinical/harm reduction partners. What does unregulated mean? RI has legislation and federal gov has signaled to Onpoint that it's a jurisdictional issue and states should address these needs and don't want to overburden with legal issues. No public money was used. Now operating under a time and effort budget, ineligible activity to staffing assisting with consumption.	
Mary Clare Kennedy, PhD	Objectives of overdose prevention sites: 1. Reduce overdose-related morbidity and mortality.	

Canada Research Chair in Substance Use Policy and Practice Research (See Presentation)	2. Reduce risk for transmission of infectious disease. 3. Increase contact with addiction treatment and other health and social services. 4. Reduce public disorder Insite OPS Established in Vancouver in 2003 Federally sanctioned 13 consumption booths, serve up to 800 people per day. Nurse supervises drug use and provide care for other health needs. Addiction counsellors available to refer clients to addiction treatment and other services. Subject to scientific evaluation. Talked about various studies about overdoses after the site opened. *The Lancet* 2011 – overdose deaths declined by 35% in the area round Insite compared to 9% in the rest of Vancouver. *PLOS Medicine* 2019 – 811 people who inject drugs in Vancouver followed for an average of 6 years between 2006 and 2017 All Cause Mortality, frequent OPS users were 54% less likely to die from any causse. *The Lancet* 2005 – Syringe Sharing in 2003 – 2004 – frequent Insite users were 70% less likely to report syringe sharing. *Journal of Public Health* 2005 – Other Drug Use Practices, 760 people in inject drugs in Vancouver who use Insite was associated with positive changes in injecting practices. Drug and Alcohol Dependence 2011 – Uptake of addiction treatment, 902 people who inject drugs in Vancouver who used Insite were in contact with addiction counselors and initiated treatment.	

	BMC Public Health 2010 – Hospitalization for injection-related infections, 1083 people who inject drugs who used Insite were referred by nurses and were associated with a shorter duration of hospitalization from 12 days to 4 days. *Canadian Medical Association Journal* 2004 – Public Order Outcomes, reduced public injection drug use, reduced publicly discarded syringes, reduced injection-related litter and no negative impacts to the community near Insite. *Pinkerton Addiction*, 2010 – Are OPS Cost Effective? Insite prevents approx., 83.5 HIV infection s per year, yielding $17.6 M in future HIV-related medical care cost savings. In September, 2011, Canada Supreme Court determined that "Insite has been proven to save lives with no discernable negative impact on the public safety and health objectives of Canada…" Illicit Drug Toxicity Deaths in British Columbia, 1996 – 2022 per 100,000 pop. In 2016 a declaration of public health emergency in BC was declared. Deaths rose to 20.5% in 2016, 30.3 in 2017, 31.2 in 2018 and then dropped in 2019 to 19.4% . 22 new OPS opened in BC between Dec, 2016 and 2017. *Addiction*, 2019 – Using counterfactual mathematical simulation modeling, estimated the number of overdose deaths averted in BC by scaling up access to OPS, take home naloxone and opioid agonist therapy. Overdose deaths in BC would have been 2.5 times as high in the absence of these interventions. *Addiction* 2022 – Health Impacts of a scale up of supervised injection services… in 2016/2017. 945 people who inject drugs increased OPS sites use, decreased syringe sharing, increased participation in treatment, reduced public injecting.	

	Why does the overdose crisis in BC continue? COVID-19 related boarder closures effected the illegal unregulated drug supply, fentanyl concentration in opioids increased and benzodiazepines increased. Why does Fentanyl concentration matter? Illicit Drug Toxicity deaths increased from 19.4% in 2019 to 42.7% in 2022 with a higher percentage of fentanyl concentration. Gaps in access to evidence-based interventions: Service density inadequate in many areas, many communities in BC continue to lack access and access to existing OPS disrupted after onset of COVID. Visits to OPS dropped because of COVID but evidence suggests that overdose deaths rate in BC would be much higher if existing OPS were not operating. Over 40 peer reviewed studies from BC and three systematic review of international scientific literature indicate that OPS: • Reduce overdose morbidity and mortality • Reduce risks for infectious disease transmission • Increase access to healthcare • Improve public order • Are cost effective • Are not associated with negative consequences While not a complete solution, OPS play a useful role in a continuum of services for people who use drugs.	
Public Comment	Ed Baker expressed his advocacy and urgency for an Overdose Prevention Site in Vermont. Angela (guest) in the chat "I lost my son to substance use disorder in December. I echo the urgency."	