

Brenda Siegel's 4 Part Plan to Heal the Opioid Epidemic/Overdose Crisis

1. Harm Reduction FIRST
2. Treatment on Demand, Recovery, and Prevention,
3. Dual-Diagnosis Support.
4. Criminal Justice Reform

Harm Reduction First:

In other countries where they have established strong decriminalization and harm reduction practices deaths have slowed or stopped. Already in Burlington Harm Reduction is used to keep dirty needles off the street, prevent spread of disease with clean needle exchanges and unlimited use of Narcan, the drug that stops Overdose. This is not true across the entire state and facilities like these save lives..

We will establish harm reduction centers in all counties. At those centers these services will be provided:

- Clean needle exchange
- Unlimited Narcan
- Fentanyl Testing Strips
- Medically assisted treatment on demand
- Prescribing doctor for MAT programs that can speed up the process.
- In addition to support staff, therapists, nurses and social workers who can help people seek treatment

- Ultimately the goal is to have Overdose Prevention Sites (formerly known as safe injection sites) in these facilities. We know that this practice saves lives and so we must have this goal.

Safe Recovery, at the Howard Center, Grace Keller and her amazing team have demonstrated that when people feel safe, deaths and collateral damage go down.

We will also be looking into **Mobile Harm Reduction Units** to reach rural areas. I live in Newfane Vermont. It is rural, and quiet. On Green Up Day, I found a suboxone wrapper in the woods. This epidemic is affecting every inch of this state, even our most rural areas, we must make sure treatment options reach those areas. In Portugal, they have developed mobile treatment centers, We can bring this innovation here to Vermont.

Treatment, Recovery, and Prevention:

Organizations are not required to report that they have a waiting list until the wait time has reached 30 days.

The notion that Vermont has no wait times is false.

We must acknowledge the wait times, and work to eliminate them. We don't make those with broken bones or failing organs wait until a bed opens in this state.

This plan requires us to strengthen our health care system and meet basic requirements of treatment of this disease as we would any other. This includes:

- Treatment on Demand
- Medically Assisted treatment on demand (this will include ER programs like that currently available in Burlington)
- Medicaid to cover long term treatment.

- Work to find a path to fund ACT 48 or Universal Health Care through another model
- Strengthen Health care access.

Dual Diagnosis Support:

- Opiate Use Disorder is an illness; the underlying cause of which is often other mental illness, trauma or physical illness.

Dual-Diagnosis Support requires us to ensure that there are adequate, fully funded and staffed mental health services and health care available to serve all of our communities and access to insurance to cover these services.

Criminal Justice Reform:

Throughout the campaign Brenda visited a treatment courts in Barre as well as Burlington. The stark difference in the way people suffering from this disease are treated in a treatment court setting is palpable. The level of compassion and understanding as well as acknowledgement of the reality that this is a disease. It changes outcomes. Many prosecutors' offices are asking for funding to do so, and we need to make that happen.

In Burlington, Sarah George and Brandon DelPozo have effectively decriminalized Buprenorphine as they announced that they will no longer prosecute or arrest for possession of this drug. A choice to use Suboxone, a.k.a. Buprenorphine is a choice not to use Heroin. It is the safe choice, it is a choice not to die. We will meet with all states attorneys and police chiefs and ask them to stop arresting and prosecuting for possession of this life saving drug today. This can be done today at no cost and will in fact save money in this state. This does not need legislation to start today as it is already within their power. Brenda would urge for eventual legislation.

It is time that we treat this disease like a disease, not a crime.

Siegel's plan includes:

- Treatment Courts in every county
- Every prosecutor, judge, corrections officer, DCF Child Welfare and law enforcement officer across the state will be required to be trained and literate in this disease.
- Create a model training program in this state.
- No warrants while in treatment.
- Recognize cannabis is a safe alternative to Opioids in some cases
- Decriminalizing street Buprenorphine also known as Suboxone
- Defelonize Possession
- A measure in which to hold accountable the department of corrections so that the new law that gives prisoners access to treatment is followed.
- reintegration programs
- Safe houses allow MAT programs
- Transitional Housing (resource these programs out of incarceration as well as treatment.)
- Automatic expungement for any crimes that are currently eligible for expungement and anything that the legislature legalizes as well as looking into expungement for crimes that are related to use.

Paying for the plan:

This plan can be paid for, over time, with a tax and regulate system for cannabis and cost savings from reduction of emergency room visits, surgeries and other care. Based off of the RAND study, the conservative estimate from tax revenue alone for the sale of Cannabis is \$25 million dollars. The range is \$25 - \$75 million. Some of that money can be used to invest in a down payment on this plan. The plan, like the revenue from

cannabis, will come incrementally. \$15 million dollars can be used to fund the parts of this plan that are already in the states power to implement immediately.

With the rest, we can create endowments, to support our schools and children. To educate the upcoming generation about Opiate Use Disorder, so that we can prevent another generation from suffering this disease.

Even if the tax revenue does not materialize from Cannabis. We have an overdose crisis in this state and we have to do something. This plan will save lives and we have no choice. It is time to make sure that this is a priority for this state. If we don't than the cost of this crisis will continue to rise and families like mine will continue to lose.

Timeline:

The leadership team is putting together a timeline that we would like to see the implementation of this plan. It is understood that it is not possible to do all of these steps at once. We will prioritize Harm Reduction as well as other parts of the plan represent cost savings or can be implemented without legislation. We will present this timeline in the next couple of weeks.