

In the year Two Thousand Eighteen
Resolved by the City Council of the City of Burlington, as follows:

IN SUPPORT OF OVERDOSE PREVENTION SITES, LOW BARRIER BUPRENORPHINE,
OTHER EVIDENCE-BASED PRACTICES TO REDUCE OPIOID OVERDOSES AND
PROVIDE TREATMENT AND RECOVERY OPTIONS FOR PEOPLE STRUGGLING WITH
OPIOID ADDICTION

WHEREAS, beginning with then-Governor Shumlin’s 2014 State of the State address devoted to the opioid crisis and the need for all levels of government to treat this crisis as just that, and;

WHEREAS, despite a great deal of effort since that time from many agencies, community stakeholders and individuals, however, overdose deaths have continued to rise and are now the leading cause of injury death in the State¹, surpassing vehicle fatalities² and;

WHEREAS, the City of Burlington has and continues to devote considerable attention and resources to this public health challenge including the Administration’s ten standards of care which have encouraged community engagement on this challenge and brought about a dialogue aimed at finding solutions that have had an important impact, and;

WHEREAS, while these meaningful efforts have resulted in a slowing in the increase of the number of opioid-related deaths in Vermont, the number of deaths continues to rise, and;

WHEREAS, it is clear, and has been for some time, that in order to make a significant impact in addressing this crisis, we must explore all possible solutions and work to realize them, and;

WHEREAS, two of the evidence-based practices that reduce opioid overdoses are Overdose Prevention Sites and low barrier distribution of buprenorphine, and;

WHEREAS, regarding the first of the two practices, in a published report, “A Public Health and Safety Analysis in Support of Supervised Injection Facilities (SIFs): Commission Findings” published in November 2017 and updated in April 2018, a committee made up of health, law enforcement and legal community members was created to realistically consider the potential impact that an Overdose Prevention Site (also known as a Safe Injection Site or Supervised Injection Facility which are supervised drug consumption sites staffed by trained medical professionals to monitor consumption, prevent overdoses, save lives, educate clients and encourage treatment and recovery) could have on individuals who struggle with opioid substance use disorder as well as the larger community, and;

WHEREAS, data collected from two syringe exchange programs (SEPs) in Vermont indicates the critical need for life saving overdose prevention services such as those at an OPS, and;

WHEREAS, there have been a number of evidence-based, peer reviewed studies that have proven the positive impacts of OPS’s³:

- They are uniquely effective in sustaining contact with the most marginalized users who inject in public places, users at the greatest risk for disease and death, reducing public order concerns,
- OPS's can reduce drug overdose deaths because there is supervision. Many overdose deaths happen when the user is alone,
- Studies conducted in OPS's found that there is "no evidence to suggest that naïve users are initiated into injecting as a result of" OPS's; rather, the opposite is true, OPSs had "no detrimental effect on the number of drug users and the frequency with they use drugs",
- OPSs can serve as a point of entry into drug treatment programs, as studies found "regular use of the SIF and having contact with counselors at the SIF were associated with entry into addiction treatment,
- Studies indicate that the establishment of an OPS "did not lead to an increase in crime in the area in which the site is located",
- Studies indicate there is a significant cost savings in providing supervised access to injection versus unsafe practices that lead to acute care, serious infection, disease and the need for prolonged medical care, and;

WHEREAS, a medical professional stated in the Report:

"it is time for our communities to take a hard look at how to optimize the health and safety of people who inject drugs. This approach should be comprehensive and multi-modality and should consider true harm reduction measures for people who are not yet ready to discontinue IV drug use. Safe Injection Facilities encourage safe injection techniques, promote overdose prevention, improve access to primary care and increase access to substance use treatment."

WHEREAS, OPS's have operated in Europe, Australia and Canada for years. Cities like San Francisco, Philadelphia, Seattle, Denver, Ithaca, and New York City are also considering sites, and;

WHEREAS, a recent survey of 74 syringe exchange clients at Safe Recovery in Burlington found that 90.28% would use an OPS, and;

WHEREAS, when asked which locations they have consumed, 53% said they had done so alone, 40% in a public restroom, 46% in a car, 38% in a public place and 68% at home or someone's home, and;

WHEREAS, 67% of respondents to the same survey have experienced injection infections and 57% have experienced an overdose, and;

WHEREAS, the Canadian Supreme Court in 2011, said, in response to InSite, the first OPS in North America located in Vancouver⁴:

“InSite saves lives. Its benefits have been proven. There has been no discernable negative impact on the public safety and health objectives of Canada during its eight years of operation.”

WHEREAS, a 2011 study published in *The Lancet* found that the fatal overdose rate in the immediate vicinity of InSite had decreased by 35% since it began operating in 2003; and, WHEREAS, recognizing these experiences and the evidence-based and documented positive impacts of OPS's, and;

WHEREAS, recognizing that despite the regulatory and legal challenges that still exist on the Federal level, the County has already secured support from State's Attorney Sarah F. George, whom would be responsible for providing State-level immunity to those who use the OPS and the Legislature continues to persevere in crafting laws to allow these Sites in the State:

WHEREAS, regarding the second of the two practices, low barrier distribution of buprenorphine, France experienced a 79% decrease in opioid overdose deaths during its last heroin crisis due to this practice, and;

WHEREAS, the State of Rhode Island has experienced a 12% decrease in overdose deaths on 2017, driven by a 60% decrease in these deaths among the population of recently-released prisoners due to the universal availability of medication-assisted treatment, namely methadone and buprenorphine, in their prison facilities,⁵ and;

WHEREAS, it has been shown that the prescribing of buprenorphine in the emergency department of a hospital in the aftermath of an overdose increases the likelihood of a patient seeking treatment and reduces the likelihood of a subsequent overdoses in the short term⁶, and;

WHEREAS, the Howard Center's Safe Recovery site, which provides for a syringe exchange, safely distributing 691,304 in 2017, reporting 1,204 overdose reversals since December 2013, and 828 and 854 clients being referred to treatment in 2017 and 2016 respectively, has been shown to provide people abusing opioids with a clear path to treatment, especially the community's most marginalized users, as well as access to the equipment and practices necessary to reduce infection, the spread of infectious diseases, and reverse overdoses, delivering all these services with 100% of surveyed clients expressing they received the services with respect and dignity;⁷ and;

WHEREAS, the Mayor and Chief of Police formed “CommunityStat” in an effort to bring together community partners committed to actively addressing the opioid crisis to work collaboratively and use data to ensure coordinated and effective use of resources; and,

NOW, THEREFORE, BE IT RESOLVED, that the City Council supports and endorses the exploration of hosting an Overdose Prevention Site in Burlington, and;

BE IT FURTHER RESOLVED, that the City Council supports and endorses the continued and adequate funding of our community's Safe Recovery Site; and,

BE IT FURTHER RESOLVED, that the City Council supports and endorses the creation of a low-barrier buprenorphine prescription program in the City of Burlington; and,

BE IT FURTHER RESOLVED, that the City Council supports and endorses for the implementation of a buprenorphine prescription pilot in the Emergency Department of the UVM Medical Center; and,

BE IT FURTHER RESOLVED, that the City Council supports and endorses for the universal availability of medication-assisted therapy for all of Vermont's prisoners in all of the state's facilities; and,

BE IT FURTHER RESOLVED, that the City Council supports and endorses the universal, low-or-no cost availability of naloxone throughout our community, distributed in ways and at places that will help maximize its availability during the times of greatest risk to opioid abusers; and,

BE IT FURTHER RESOLVED, that the City Council requests naloxone (Narcan) training, for those Councilors who wish to participate, from Safe Recovery at a time arranged by the Council President and Grace Keller, Director of Safe Recovery; and,

BE IT FURTHER RESOLVED, that the City Council supports immunity for the low-level diversion of appropriate quantities of medications used in the treatment of opioid addiction; and,

BE IT FURTHER RESOLVED, specifically in support of further exploration of an Overdose Prevention Site in Burlington, the City Council requests that the Administration and Council direct the monthly Community Stat meeting to explore:

- ways the City can work with the Legislature and State to assist with legislation that would enable a path forward for an OPS;
- ways the City can work with the State's Attorney to address legal challenges on the Federal level;
- the siting and various zoning implications of hosting an OPS, as well as the possibility of a mobile site, either at first or permanently;
- with other stakeholders, the financial costs of an OPS in our community; and,

BE IT FURTHER RESOLVED, that the City Council supports the work of CommunityStat and requests that the Mayor include two City Councilors on CommunityStat and one additional member of the community to offer a greater diversity of perspective not already included in CommunityStat; and,

BE IT FURTHER RESOLVED, that the Council directs the two Council appointees to CommunityStat to report quarterly to the City Council on its efforts; and,

BE IT FURTHER RESOLVED, that while the City Council acknowledges that an Overdose Prevention Site may take time, possibly years, to implement, we are committed to working with health professionals, legal and law enforcement officials, community members, and many other

stakeholders in supporting current efforts and ongoing exploration of solutions to address the opioid crisis.

BE IT FURTHER RESOLVED, that we, the Burlington City Council, understand that the opioid crisis is a public health crisis. We want to work with all stakeholders to address this humanely and respectfully. We also want to engage in ongoing education for ourselves and the community through public forums, work sessions to discuss developments, and, in the case of hosting an Overdose Prevention Site, a full community vetting that would include our own mindful and deliberative due diligence that would entail, but not be limited to, testimony from experts and a visit to sites in operation before a site is hosted in Burlington.

¹ According to the Vermont Department of Health, “2017 opioid-related fatality data appears to show we are beginning to bend the curve on the upward spiral of opioid-related fatalities in Vermont. After a 30% increase from 2015 to 2016 (from 74 to 96 deaths among Vermont residents); we (saw) a 5% increase in deaths from 2016 to 2017 (from 96 to 101 deaths among Vermont residents).”

² Vermont vehicle fatalities are available on the Vermont State Police website: <http://vsp.vermont.gov/trafficsafety/fatalities>

³ All facts and figures are from the above referenced report, “A Public Health and Safety Analysis in Support of Supervised Injection Facilities (SIFs): Commission Findings” published in November 2017 and updated in April 2018.

⁴ The Canadian Supreme Court quote and data from The Lancet are found in the February 2016 data published by the Drug Policy Alliance regarding Supervised Injection Facilities.

⁵ Green, Traci C. PhD, MSc, Clarke, Jennifer, MD, et al. “Postincarceration Fatal Overdose After Implementing Medications for Addiction Treatment in a Statewide Correctional System”, *Journal of the American Medical Association: Psychiatry*, April 2018.75.4: 406

⁶ D’Onofrio, Gail, MD, MS, et al. “Emergency Department – Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence: A Randomized Clinical Trial”, *JAMA*, April 28, 2015; 313(16): 1636-1644.

⁷ The data in this clause came from the Howard Center Safe Recovery Fact Sheet, compiled in February 2018.