

Wards 4 & 7 Neighborhood Planning Assembly (NPA): Agenda



Wednesday, February 26th, 2025

6:00PM-8:00PM

Join in person: Robert Miller Community & Recreation Center

Join virtually: <https://us02web.zoom.us/j/85494151752>

Facilitator: Sarah Note Taker: JoAnn Time Keeper: TBD

- 6:00** **Free Community Dinner from Kismayo Kitchen | 30 mins**
- Curry chicken with rice
 - Vegetable curry with rice
 - Salad
- 6:30pm** **Welcome & Introductions | 10 mins**
- Adopt the agenda. Ground Rules
 - Introductions, Name, pronoun, Ward
- 6:40pm** **Open Forum | 10 mins**
- Invite residents to make short announcements, share neighborhood updates and upcoming events
- 6:50pm** **Overdose Prevention Center Presentation | 40 mins**
- Bella Fern shares present clear, accurate information about the Income Overdose Prevention Center, following the Vermont Department of Health's operating guidelines and recent updates from the Mayor's Office
- 7:30pm** **Mark Barlow | 20 mins**
- Mark will share & answer resident questions about his running for re-election of North District councilor.
- 7:50pm** **Open Forum | 10 mins**
- Another opportunity to hear from residents about what topics are important to discuss at future NPA meetings.

8:00

Adjourn

- Next Meeting will be Wednesday, March 22nd. Hope to see you there!

Ward 4&7 Steering Committee:

Annie Lawson

JoAnn Hunt

Sarah Diaz

Vicki Garrison

Sami McRae

Mark Leopold

Stephen Brown

Jane McDonald

To email the full steering committee: wards4-7npasc@googlegroups.com

Burlington's Overdose Prevention Center

Info session and Q&A

Ward 4/7 NPA

2/26/2025





Jess Kirby

(she/her) Director of Client Services, Vermonters for Criminal Justice Reform



Bella Fearn

(She/Her)
Organizer with Decriminalize Vermont Coalition



Ed Baker

(He/Him) Licensed Clinical Social Worker and Licensed Alcohol/Drug Counselor (Retired)

What is H.72/ Act 178?

H.72, passed in June 2024, is aimed to address the overdose crisis.

The law establishes a pilot program for an overdose prevention center in Burlington using opioid resettlement funds.

The pilot program includes rigorous research and evaluation to ensure its effectiveness and safety.



Act 178/H.72
Summary



What is an OPC?

An overdose prevention center (OPC) aims to reduce drug-related harms, prevent overdoses, and offer a pathway to recovery while improving public health and safety.

These centers provide sterile equipment, overdose reversal medications like naloxone, and connections to healthcare, addiction treatment, and social services.



OnPoint NYC

OnPoint NYC is a nonprofit organization that operates two overdose prevention centers in New York City.



Weber Renew

Nation's First State-Regulated Overdose Prevention Center in Providence.



*Photo from @onpoint_NYC



Frequently Asked Questions

- Do OPCs Reduce Overdose Deaths and Public Suffering?
- Do OPCs' Encourage or Prolong Substance Use?
- Who pays for this?
- Is this Legal?
- Will this be studied?



Benifits of OPCs

- *Prevent Overdoses*
- *Reduces the Burden on First Responders & Emergency Services*
- *Reduction in Public Drug Use*
- *Reduce Syringe Litter*
- *No Increase in Crime*



- *Supports Wellness & Stabilization*
- *Connect People to Treatment*
- *Saves the Community Money*
- *Reduce Rates and Risk of Infection*



OnPoint's Community Impact

- **Overdose Prevention:**

- *Staff intervened 636 times to prevent overdose death and other associated harms.*

- **Reduce the Burden on First Responders & Cost of Emergency Services**

- *Out of 48,533 OPC utilizations, EMS was called 23 times.*

- **Reduction in Public Drug Use:**

- *OPC's averted public drug use in 81% of visits.*



- **Reduce Syringe Litter:**

- *435,078 units of hazardous waste were kept from public parks, streets, and buildings*
- *Opening NYC Parks reported collecting an average of 13,000 syringes per month from Highbridge Park. In the month following the opening of our OPCs, syringe collection dropped to 1,000.*

- **No Increase in Crime:**

- *A study found no significant increase in crime near the two OPCs, and it observed a statistically significant decrease in police narcotics enforcement in their vicinity.*



- **Connecting People to Treatment:**

- *In fiscal year 2023, they provided 20,612 harm reduction services to 5,214 participants, including the provision of naloxone, health education, and referrals to treatment programs.*

- **Supports Wellness & Stabilization:**

- *More than 75% of OPC participants accessed wrap-around services.*
- *1 in 5 participants were referred to housing, detox, treatment, primary care, or employment.*



What Burlington's Overdose Prevention Center Can Offer..

*1. Service & Support
Referrals*

*2. Hazardous Waste
Disposal*

*3. Educational
Resources*

4. Overdose Response

5. Observation

*6. Sterile Medical
Supplies*

*7. Screenings &
Other Services*



1. Hazardous Waste Disposal

- *Collection & secured disposal of hazardous materials, including hypodermic needles and syringes, other injection equipment, and other drug-consumption tools*
- *Education on disposal of used tools including syringes*



2. Services & Support Referrals

- *Substance use treatment services*
- *Substance use recovery services*
- *Harm reduction organizations*
- *Wound care services*
- *Primary care, dental, infectious disease providers, and other medical services*
- *Housing, nutritional support, and other social services*
- *Legal aid services*
- *Mental Health service*



2. Educational Resources

- *Safer use, harm reduction, and overdose prevention practices*
- *Overdose responses including responses to opioid, stimulant, and multi-substance overdoses*
- *safer sex practices*
- *Infectious disease education*



5. Observation

Conduct oversight & assessment of participants during and after drug use.

- *Monitoring will help lower the risk of overdose and other health issues.*
- *Data on substance use trends to support additional research on safe consumption practices.*

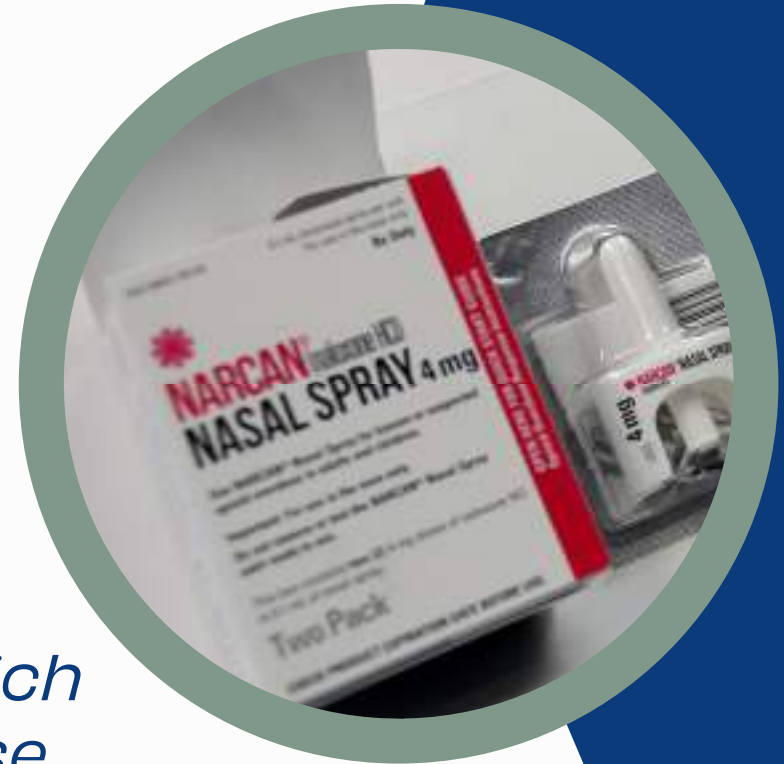


4. Overdose Response

- *Administering opioid antagonists*
- *Contact emergency medical services if needed*

Benefits:

- *Save Lives!*
- *Reduce costs and burden on Emergency Medical Services, which currently respond to ALL overdose calls across the city.*



6. Safe Supplies

Provide supplies for safer use and harm reduction practices including:

- 1. Safer-smoke supplies*
- 2. Safer-snort supplies*
- 3. Safer-injection supplies*
- 4. Drug-preparation tools*
- 5. Opioid antagonists*
- 6. Drug-checking equipment*
- 7. Safer-Sex supplies*



7. Screenings & Other Services

- *HIV, HCV, and STI screenings*
- *First aid Care*
- *Support using the VT Helplink service*



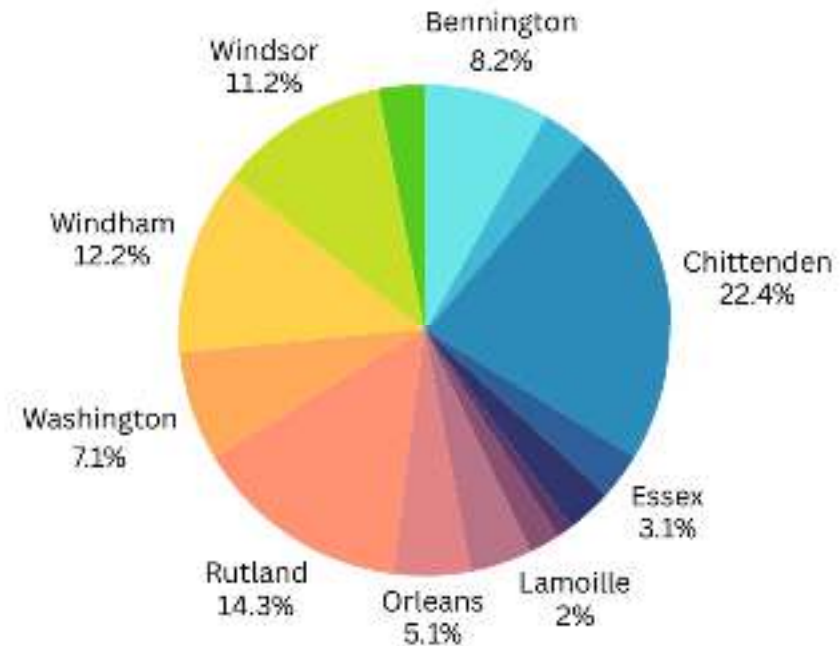
Why Burlington?

- **Existing Need**

- *Since 2021, Chittenden County has consistently reported the highest number of opioid-related fatal overdoses among all counties in Vermont.*

- **Healthcare and Support Infrastructure**

- *Burlington is home to institutions like the UVM, providing immediate medical support if necessary.*
- *The city has robust nonprofit & gov collaborations addressing substance use, making it easier to integrate an OPC into existing systems.*



Learn More by...

Reading:

Vermont Overdose Prevention Center Operating Guidelines with the news link in our bio or with QR code.



<https://www.healthvermont.gov/sites/default/files/document/dsu-overdose-prevention-center-guidelines.pdf>

Visiting:



decrimvermont.org



drugpolicy.org



opcinfo.org



Source:
Vermont Department of Health.
Overdose Prevention Center
Guidelines. Vermont Department of
Health, 2022,
www.healthvermont.gov/sites/default/files/document/dsu-overdose-prevention-center-guidelines.pdf.

Citations

Chalfin A, del Pozo B, Mitre-Becerril D. Overdose Prevention Centers, Crime, and Disorder in New York City. JAMA Netw Open. 2023;6(11):e2342228. doi:10.1001/jamanetworkopen.2023.42228

Helping to House Vermont. H.72 Fact Sheet as Passed. Helping to House Vermont, 2024, <https://helpingtohousevt.org/wp-content/uploads/2024/06/H.72-Fact-Sheet-as-passed.pdf>.

Mickenberg, David. Community Support for Vermont Overdose Prevention Centers. Vermont Legislature, 2024, <https://legislature.vermont.gov/Documents/2024/WorkGroups/Senate%20Health%20and%20Welfare/Bills/H.72/Public%20Comments/H.72David%20MickenbergCommunity%20Support%20for%20Vermont%20Overdose%20Prevention%20Centers%204-17-2024.pdf>.

OnPoint NYC. OnPoint NYC Overdose Prevention Center Report. OnPoint NYC, 2023, https://onpointnyc.org/wp-content/uploads/2023/12/ONPOINTNYC_OPCREPORT_small-web1.pdf

Vermont Department of Health. Fatal Opioid Overdoses 2023: Data Brief. Vermont Department of Health, 2023, <https://www.healthvermont.gov/sites/default/files/document/dsu-fatal-opioid-overdoses-2023.pdf>.

Vermont Department of Health. Overdose Prevention Center Guidelines. Vermont Department of Health, 2023, <https://www.healthvermont.gov/sites/default/files/document/dsu-overdose-prevention-center-guidelines.pdf>.

Wards 4/7 NPA Meeting, February 27, 2025
Miller Community Center

Overdose Prevention Centers, Act 178

Ed Baker, Public Health Advocate, and Theresa (used to work for VermontCARES, now OPR Implementation Specialist), Bella Fern, Jess Kirby (Director of Client Services, Vermonters for Criminal Justice Reform). Jess can be reached at jess@vcjr.org.

Unprecedented rates of addiction and overdosing

Focusing on ways to make connections, relationships, and support most vulnerable

VCJR is interested in implementing ORC in Burlington

Ed shares: H.72/Act 178 was passed in June 2024: establishes a pilot program with settlement funds from corporations who contributed to opioid crisis through manufacturing these meds. It is not funded with taxpayer dollars. This is one piece in the larger picture of addressing the crisis.

Jess shares: a low-barrier program that meets people where they are at and builds relationships with them is an essential and effective way to provide support to people who are using drugs and shift toward changes.

Bella: OPRs exist across 14 countries and have been around for 34 years. 2 in USA: one in NYC, showing lots of data around how they have connected people to wraparound supports. In 2024, another one opened up in Rhode Island, that is showing some recent data that is very positive.

Theresa, Mayor Mulvaney-Stanak and Ingrid Jonas visited the OPR in Rhode Island, two weeks after it opened in Providence. Theresa says that it was a powerful experience to visit. All of the workers were peer staff: Folks who have used drugs in the past. One portion of the building was a community-based center providing medical care, treatment providers, holistic wellness providers, laundry, showers, meals, activities like arts and crafts, and the overall feel was one of very welcoming and safety. There's a separate space for consumption. The separation between non-use services and the actual safe space for using ensures that the other services are not at risk if legal questions require the OPR side of things to close down.

Councilor Litwin shares appreciation for the people who have worked hard to bring the OPC to being a reality, and asks how Turning Point will be engaged in providing these services. Jess responds that Turning Point focuses on recovery and requires people to not have used substances that day, which eliminates many people from services. Jess hopes that whoever implements the center does partner with Turning Point once people are ready to get into recovery.

Ed Baker speaks to the supply shock that happened in 2014, when supply shifted from prescription opioids, to heroin, to fentanyl. This led to an almost vertical increase in overdoses, as fentanyl is provided into our country from sources abroad.. Ed sees it as our duty to protect people from the dangers of this, as they became introduced to addiction when the substances were already lethal.

Ali Dieng wonders about a mobile site, and whether this has been considered. He expresses concern about where there could be a permanent site that maintains safety in the community. Bella says that studies show that OPCs do not lead to an increase in crime, and have sometimes led to a decrease. Jess responds that a mobile site would be a quicker interaction to prevent the overdose itself, and would not have the benefits of building relationships and connection that lead to larger shifts. A fixed location that is easy to access by foot, close to hospital, close to transportation, and data-driven. Ed responds that they have maps that show locations of overdoses, and half of the deaths in Vermont happen in downtown Burlington. In order to set it up by success, it has to be located in a space where there are no barriers. Ed believes it has to be in downtown BTV to be successful, in a proper setting that is out of the way, not going to interrupt business, and away from schools. A resident expresses skepticism that the surrounding area will not be affected.

Mark Barlow presents on his re-election campaign and takes questions: has been here for 50 years, mostly in the New North End. Serves on Transportation, Utilities and Committee, Board of Finance, and Parks Committee. He is also part of the Mayor's Tax Fairness Working Group, which looks at whether there are ways to make taxes more fair and equitable. Looking at models that other cities have used around tax fairness.

Sylvia Knight asks how he feels about the Fair and Impartial Policing Policy, which was passed in March 2020, and it will be very important with extreme immigration policies coming out of Washington. Mark replies: many of our neighbors who are afraid and we need to support them. We have heard reports of ICE in Burlington. Mark shares that he thanks the Mayor for her statement a few weeks ago. Sylvia presses: do you support the FIPP as passed several years ago? Mark says that he believes we do need fair and impartial policing. Mark says that we need sufficient oversight of the work of the department, but also support of them. Talks about the shortage of officers. Sylvia expands that the FIPP is about separating our city police activities from ICE activities. Mark clarifies that he supports it fully.

Ali Dieng thanks Mark for his service and reminds everyone that he is an Independent because he believes the neighborhood should not be about politics. He reminds Mark that the previous City administration was Democratic for 12 years, and asks Mark why he shifted from being Independent to being Democratic, now that we have a Progressive Mayor. He asks Mark how he feels about Mayor Mulvaney-Stanak's work, particularly around community safety. Mark responds that he spent a lot of time in his first term as an Independent trying to figure out how people were going to vote. He sat in with Democrats in his second term, and with a Prog Mayor the Democratic caucus no longer had a caucus lead. He offered to do this and so feels it would be disingenuous to run as an Independent, so has shifted to Dem status. As far as the question about working with the Mayor: He says that he wants the Mayor to be successful. He feels that he works well with everyone even if he does not vote with everyone. He feels that there is much agreement about the problems, but that there are different opinions about the solutions. Feels that everyone is invested in finding the solutions. Ali hopes that people will not let partisan disagreements will get in the way of progress.

Sequoiah Peace shares that police recently aimed assault weapons at him, and asks how he can get a resolution in that situation. Secondly: he asks if it is true that Mark is getting donations from landlord, and asks whether Mark will be siding with landlords, or tenants and homeless

people. Mark responds that he would be happy to talk with Sequoiah off-record about the experience he had. Mark says that yes, he has received money from landlords, including Ernie Pomerleau, and that some of this money helped to fund extra police details downtown during holiday season. Mark says he is proud of his donations and feels that property owners are allowed to donate on behalf of the community they are part of.

Monika Ivancic asks what happened to money approved in 2018 in another bond, and why we need another bond now. Mark explains that some of this is about infrastructure upgrades regarding water systems. Mark feels that we don't have much of a choice about this. He notes that institutions will pay for this infrastructure, since it is based on rate payers, including non-profits who don't pay taxes or are tax-exempt. Mark states that he supports all the bonds. Mark notes that we have raised public safety tax, rooms and meals tax, and still don't have the funds to cover a budget gap. He notes that this money needs to be found before June when a budget is passed. So this means the savings have to be found somewhere else, such as in city operations. He anticipates having these hard discussions between now and June. Monica expresses disappointment over the need for the Main Street project that seems more optional, whereas the water bonds are not optional, and feels that this is leading to people being priced out. Mark clarifies that there are improvements happening below street level that are not optional and will be enabling other important improvements that are not possible now, such as Memorial Block improvements.