

**Vermont Opioid Settlement Advisory Committee
Strategic Program Review
Ongoing Programs Funded Through the Opioid Abatement Special Fund**

Organization Information

Organization: **Multiple**

Program: Syringe Services Programs (SSPs)

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SECTION I

1. Program Implementation

Has the program been implemented substantially as proposed when funding was approved?

☐ Yes **XXX**

☐ Partially

☐ No

If "Partially" or "No," please describe the significant changes made and the reason(s) for those changes.

2. Program Accomplishments

Please describe the most significant outcomes, accomplishments, or milestones that best demonstrate the progress and impact of this program.

- From 2024 to 2025, the number of unduplicated individuals served at SSPs in Vermont increased from 3,881 to 5,040, a 30% increase. Of those served in 2025:
 - 902 were asked about their readiness for MOUD/SUD treatment
 - Of those, 441 (49%) expressed readiness for MOUD/SUD treatment, and were offered referrals.
 - Of those offered referrals, 200 (45%) accessed the service to which they were referred.
- 37% Fatal Overdose Decrease as of 2025
- 20,600+ Naloxone doses distributed through harm reduction packs in 2025
- 44,600* Fentanyl test strips distributed in 2025
- 44,800+ Xylazine test strips distributed in 2025
- 381 Drug Checking samples tested in first year of program.

3.Evidence of Effectiveness

Please describe the information, data, evaluation findings, participant experiences, or other evidence that demonstrates the program is achieving meaningful benefit for the population served.

Existing reports or evaluations may be referenced rather than reproduced.

According to the [Centers for Disease Control and Prevention \(CDC\)](#), “Nearly thirty years of research show that comprehensive SSPs are safe, effective, and cost saving. They do not increase illegal drug use or crime, and they play an important role in reducing the transmission of viral hepatitis, human immunodeficiency virus (HIV), and other infections.”

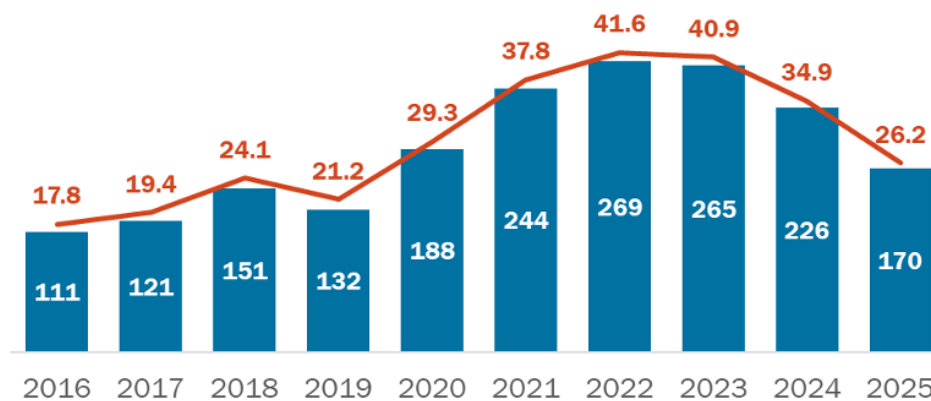
Per the National Institute on Drug Abuse, SSPs are associated with an estimated 40% - 60% reduction in HIV and 50% - 76% reduction in hepatitis C incidence.

Per HIV.gov, SSP participants are up to 5 times more likely to enter drug treatment programs and 3 times more likely to stop injecting drugs compared to non-participants

Vermont Overdose Data:

All drug overdoses have decreased by 37% since 2022.

Count and rate per 100,000 residents of all drug overdoses



Section II

Long – Term Sustainability

4. Essential Services

Please identify the core services or program components that your organization believes are essential to continue beyond the life of the Opioid Abatement Special Fund.

- Syringes provision and supplies
- Syringe disposal
- Overdose prevention resources (Naloxone/Drug Checking)
- Infectious disease testing (HIV/HCV)
- Referrals to treatment, recovery and other health related services services

5. Sustainability Planning

Please describe your organization's approach to sustaining the essential services identified above. In your response, discuss anticipated future expenses and available resources apart from the Opioid Abatement Special Fund that may support the continuation of those services.

Harm reduction related services have the smallest portfolio of funding available. Per federal executive order, [Ending Rime and Disorder on America's Streets](#), we are unable to purchase harm reduction activities with federal funds. There is limited federal resources specifically for naloxone which is considered overdose prevention programming.

The State's current General Fund and OSAF funding investments are critical to the sustainability of this life saving programming.

6. Future Program Viability

If Opioid Abatement Special Fund support were no longer available within the next three to five years:

- Which services would likely continue?
- Which services would likely be reduced or discontinued?
- Please explain why.

This programming is not sustainable solely on the current General Fund appropriation. These programs could remain open without the equivalent of the FY27 OSAF appropriation.

7. Community Impact

Please describe the anticipated impact on the individuals, families, and communities served if the services supported through the Opioid Abatement Special Fund were no longer available.

Where applicable, discuss anticipated service gaps, barriers to care, or other community impacts.

Many people utilize Vermont's SSPs and, in doing so, reduce the risk of transmitting infectious disease. Maine is currently managing the largest HIV outbreak in the state's history and, with 92% of new infections having a history of injection drug use, public health experts have indicated a contributing factor was the recent closure of SSPs.

Vermont would see an increase in the number of individuals needing, but not receiving treatment.

Section III

Looking Ahead

8. Future Considerations

Looking ahead over the next three to five years, what should the Opioid Settlement Advisory Committee understand about the future needs, opportunities, or challenges affecting this program as it develops recommendations to the General Assembly?

Please see pages 86-89 of the [DSU Community Needs Assessment](#).