



## Office of Mayor Miro Weinberger

### **OPIOID PRINCIPLES:**

#### **GUIDING THE CITY OF BURLINGTON IN RESPONSE TO THE OPIOID CRISIS**

For over three years, addressing the opioid crisis has been one of the top goals of all levels of government in Vermont. Despite much effort from many agencies and individuals, however, overdose deaths have continued to rise and are now the leading cause of accidental death in the State. In Chittenden County other indicators—such as retail theft and opioid-related arrest—also indicate that this crisis is still growing. The City of Burlington is redoubling its efforts with new initiatives on numerous fronts of this public health challenge. The City has drafted these principles to explain its approach to the public, to encourage community debate about and engagement with these efforts, and to guide City employees and officials working on this urgent challenge.

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#### **1. PRESCRIPTION OPIOIDS CAN BE AS DANGEROUS AS HEROIN – AND SHOULD BE TREATED AS SUCH**

Prescription opioids are chemically very similar to, and act on the same brain systems affected by, heroin and morphine<sup>1</sup>. One in four people who are prescribed opiates for long-term pain management become addicted<sup>2</sup>, and some ultimately turn to heroin as a cheaper alternative. In its 2016 guideline for opioid prescription, the CDC recommends that opioids only be used as a last resort for pain management. People who have unused opiates in their house should get them out of their houses so that they are not found by children or visitors. Patients who are prescribed opiates should be aware that there is a real risk of addiction when they use these drugs.

#### **2. OPIOID ADDICTION IS A PUBLIC HEALTH CRISIS WITH A LAW ENFORCEMENT COMPONENT**

The seeds of the opioid epidemic were planted as early as the 1980s, when changes in prescription practices and pharmaceutical marketing spurred a cultural change that led to a dramatic increase in the prescription of opiates to treat pain. The crisis of opioid addiction continues to grow despite attempts to reverse these mistakes, due to the thriving black market for ever more potent forms of narcotics. This epidemic is killing our neighbors, destroying families, and eroding the quality of life of our communities. Treatment, prevention, education, and other public health strategies, as well as police and drug interdiction efforts will be necessary to reduce the addiction rates that are fueling this crisis.

#### **3. CITY GOVERNMENTS PLAY A UNIQUE AND VITAL ROLE IN ADDRESSING THE OPIOID CHALLENGE**

Across the country, city governments are uniquely positioned to coordinate responses to a crisis that is manifesting itself everywhere, from street corners to private homes to emergency rooms. City government can convene the local stakeholders to develop solutions involving prevention, treatment, education, recovery, and housing. Communities like Rutland, VT, Ithaca, NY, and Gloucester, MA have shown that strong municipal leadership can make progress against this terrible challenge—and we believe Burlington can do the same, and that elements of our response show promise.

#### **4. PEOPLE STRUGGLING WITH OPIOID ADDICTION NEED ACCESS TO TREATMENT WITHOUT DELAY**

When people are ready to embrace recovery, we must be positioned as a community to get them into treatment the very same day. Treatment without delay does not just save lives. Critically, it breaks the links in the social web that allow opioids to spread, thus protects others by limiting potential exposure. Treatment also reduces crime, lessens strain on our emergency rooms, and improves a community's quality of life, even if an individual later relapses. People who are ready to take this step and who show the courage necessary to ask for help should find themselves in treatment within a day—a standard that has been achieved elsewhere and must be achieved in our City.

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<sup>1</sup> Volkow, Nora D., M.D. "America's Addiction to Opioids: Heroin and Prescription Drug Abuse." Senate Caucus on International Narcotics Control. Hart Senate Office Building, Washington, D.C. 14 May 2014. Speech.

<sup>2</sup> Boscarino JA, Rukstalis M, Hoffman SN, et al. Risk factors for drug dependence among out-patients on opioid therapy in a large US health-care system. *Addiction* 2010; 105:1776–82.

## **5. POLICE SHOULD GIVE AMNESTY TO USERS SEEKING HELP FOR THEIR ADDICTIONS AND SEND THEM TO TREATMENT**

The Burlington Police acknowledge opioid addiction as a chronic disease more so than as a crime. The Chief of Police and Fire, with the support of the Mayor, City Attorney and court system, pledges that absent unusual circumstances, people actively seeking help from the Police Department for their addictions will not be charged with the possession of a personal quantity of narcotics [provided it is their only charge and they actively cooperate with efforts to give them treatment]. These citizens should be screened and sent directly to an appropriate facility where they can be assessed and referred to the appropriate level of care without delay.

## **6. MAJOR HEROIN DEALERS WHO KNOWINGLY DESTROY COMMUNITIES SHOULD RECEIVE THE FULL PENALTIES THEY DESERVE**

Even as many who struggle with addiction should find support from the police, there are opioid dealers who are fully aware of the destructive consequences of their trade. Those dealers who deliberately choose to destroy lives and communities by selling heroin for personal profit should face the full force of law enforcement. To be effective, prison sentences must be long enough to disrupt opioid trafficking operations and send a message to other would-be profiteers that Burlington is not the place to do business.

## **7. THE COMMUNITY NEEDS THE MEDICAL PROFESSION TO FULLY EMBRACE ITS ROLE AS ONE OF THE MOST IMPORTANT PARTNERS IN SOLVING THE OPIOID CRISIS**

Heroin now kills more people than guns each year in America, and opioids more broadly have surpassed car accidents as the leading cause of untimely death in the United States. Our doctors and their hospitals are in a critical position to help lead the way out of this crisis. Building on the strong commitment that many providers in our community have made through their own changes in prescription practices and engagement in local and regional efforts to combat opioid addiction, the City urges hospitals and medical providers to embrace a culture of engagement and transparency with the public and other stakeholders.

## **8. ALL INSTITUTIONS ENGAGED IN RESOLVING THE OPIOID CRISIS SHOULD EMBRACE DATA COLLECTION, DATA-SHARING, ANALYSIS, AND TRANSPARENCY**

The resources available to address this crisis are limited. The best results can be achieved through the careful measurement of all local impacts of the opioid crisis and local efforts to end it, the careful analysis of this data, and the timely and transparent disclosure of facts and findings to everyone involved in the struggle, including the public at large. This can be accomplished while also respecting important privacy issues. The City believes that the stakeholders involved in this public health crisis must collect and share data no matter how challenging the collection or the findings may be, as the (at times heroic) efforts of different individuals and organizations will not be sufficient to address this challenge unless they are thoughtfully coordinated.

## **9. THE PHARMACEUTICAL INDUSTRY HAS A ROLE IN RESOLVING THE CRISIS IT HELPED CREATE**

Pharmaceutical companies sell us opioids, medicine to relieve constipation from opioids, and medicine to treat opioid addiction. They make these sales at an extraordinary profit. We must hold Big Pharma accountable and ensure it addresses the crisis it helped create—just as happened with Big Tobacco.

## **10. TREATMENT FOR OPIOID ADDICTION SHOULD NOT END UPON ARREST**

Individuals who are participating in medication-assisted treatment and become incarcerated should be permitted to continue receiving their treatment medication during periods of incarceration. Patients on medication for any other chronic medical condition are maintained in this way, though conditions like diabetes rarely result in criminal behavior. As it is likely that the effects of opioid addiction are why a person has ended up in prison in the first place, to stop their treatment while they serve a sentence only increases the chances that they will end up serving another one.

## **11. NALOXONE MUST BE AVAILABLE TO THE PEOPLE ABUSING OPIOIDS, THEIR FRIENDS AND FAMILY, AND THEIR EMERGENCY SERVICE PROVIDERS**

As the antidote to overdoses, Naloxone is the CPR of the opioid crisis and has saved the lives of hundreds of Vermonters.