

John R. Brooklyn, MD

376 South Winooski Ave
Burlington, Vermont 05401
Phone: 802 922-2519

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To the Vermont House Committee of Human Services

Re: H162

I am a board-certified addiction medicine and family medicine doctor in practice since 1992. I have researched buprenorphine since 1992 at the University of Vermont. I have been a prescriber of buprenorphine since it was FDA approved in 2003 and have treated thousands of Vermonters with opioid use disorder with methadone and buprenorphine.

I oppose the bill proposed, known as H.162 for 5 main reasons

- 1) Opioid use disorder is a chronic relapsing disease that needs to be taken care of by responsible providers and we have endeavored to make treatment widely available through our training of providers who were previously reluctant to treat for fear of diversion and waste of their efforts. I fear many will stop prescribing. Have you considered how the Medical Practice Board would deal with providers who no longer bothered to monitor for diversion of an opioid?
- 2) No other disease in medicine allows people to have access to treatment unrestricted that can potentially be harmful. Example: insulin for diabetes, antibiotics for pneumonia.
- 3) Vermont's Hub and Spoke system of care is the envy of the US due to its coordination of care. We are treating over 8000 Vermonters (1.6% of the adult populations) for opioid use disorder. We should not upend it because non-medical people think that non-prescribed buprenorphine should be legal. I suggest that we make the penalty for possession the same for people of all ages-diverted to treatment-as is currently proposed for those under 18.
- 4) Other countries, notably Finland and Georgia, have high rates of intravenous use of buprenorphine in a highly unregulated market and I fear this would increase in Vermont with less restrictions of buprenorphine.
- 5) Rather than make the non-prescribed opioid known as buprenorphine legal to possess for hope that it would reduce overdose, I suggest making heroin possession legal and arranging for people to gain safe access to it through legal means. People are overdosing due to poor supplies of heroin (laced with fentanyl), not because of lack of access to buprenorphine.

Thank you for taking the time to read my thoughts. I am happy to discuss further if there is interest