

**Testimony on H.162**  
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I currently serve as Clinical Director for Treatment Associates of Montpelier and Morrisville, a spoke serving approximately 300 patients providing Buprenorphine. Medicated Assisted Treatment. I also serve as clinical consultant for Washington County Treatment Courts.

I am the former Clinical Supervisor for the Central Vermont Hub and also worked in the Chittenden County treatment Court system.

I have learned that most clients are challenged by one or more of the following:

- Homelessness or unstable housing;
- Lack of transportation;
- Limited or no income;
- Physical and mental health conditions;
- Law enforcement and correctional systems Involvement
- DCF Involvement; and
- Generational addiction

During your analysis of H.162 please consider a few points.

Addiction should be viewed as a health condition which needs treatment. Court and correctional involvement tend to multiply rather than solve problems.

It is extremely rare that people become addicted through illicit Buprenorphine use.

Many people fear entering into the treatment system because they are scared about confronting their addiction and underlying issues, as well as their current issues related to their addiction. They simply aren't ready for counseling, yet. So too, parents (mostly women) report that they were afraid to enter treatment because they fear potential DCF involvement. There is a misconception that entering treatment means entering multiple systems where personal information is shared.

The most common story I hear is, "I was addicted to opiates. I started to use illicit Buprenorphine to keep from getting sick. Then I felt ready and decided to come into treatment. Buprenorphine saved my life."

If these individuals are arrested for illicit buprenorphine use it would likely harm the chances of their long-term recovery and create added problems including possible incarceration.

The deluge of fentanyl and Carfentanyl has increased the risk of death for illicit opioid users. We can be creative in finding ways to support people who are addicted or dependent and enable them to work their way toward treatment.

The decriminalization of buprenorphine fits in well with our efforts to promote "harm reduction". I know of no large scale or longitudinal studies that attribute significant health risks to Buprenorphine use.

We are in a public health crisis. We need to do everything we can to save lives and support people to access treatment. It's my understanding that people buy black market insulin because they can't afford to purchase it from pharmacies. Would it be reasonable to arrest and prosecute them?

Treatment works. I personally would like to see everyone who needs MAT to be legitimately prescribed and treated but people need to be able to stay in the community and survive long enough to take advantage of it.

