

My name is Scott Pavek. This document provides my testimony in support of H.162, an act relating to removal of buprenorphine from the misdemeanor crime of possession of a narcotic.

Today marks the six-year anniversary of beginning my recovery from substance use disorder. I began using opioids at the age of 16, when I was a high school student in Barre, Vermont. By the time I began my recovery at the age of 22, I had lost nearly everything dear to me: my relationships with friends and family, my physical and mental health, my safety and security. What I did not lose was my life, thanks in part to the illicit buprenorphine I used while in active addiction.

My first experience with buprenorphine occurred when I was 18. It was early on in my history of substance use disorder that I identified my patterns of use as significant problems. While my peers and classmates balanced commitments to school, part-time jobs and co-curricular activities, I spent my last year at Spaulding trapped in a destructive cycle of depression and anxiety, use and withdrawal. At a time when other students daydreamed of the lives they would create after graduation, I longed for relief from intense psychological and physical pain. I wanted to stop using opioids.

It was through word-of-mouth that I learned of a medication, which staved off withdrawal symptoms associated with discontinuation of opioid use. I acquired buprenorphine from someone receiving a prescription. As an uninsured teenager with a then-undiagnosed substance use disorder, I never thought to seek out a prescription for myself. I was the grateful beneficiary of diverted medications. I then met other people who acquired and used buprenorphine for the same reasons as I did.

Despite my intent to improve my health through buprenorphine use, I could have been arrested and charged with a crime had I been stopped by law enforcement all those years ago. I wasn't – and the semblance of stability that buprenorphine provided me allowed me to secure meaningful employment and to enjoy a period of sobriety. But had I been arrested? I would have been devastated. Not just for the opportunities I would have lost, but for the message I would have received: "despite your intent and impact, you have committed an offense for which punishment is required."

I know there exists some concern about what messages would be sent by removing criminal penalties associated with buprenorphine possession. Allow me to clarify what messages I would have received from this policy change, both as a person who used drugs and a person in recovery. So long as possession of illicit opioids is illegal, any relative reduction in criminal penalties for possession of opioid alternatives and medications used in treatment of substance use disorder would say this to people who use drugs: the State will not dissuade you from harm reduction, that the decision to use buprenorphine rather than illicit opioids is a responsible one. When possession of two different illicit substances carry the same or similar criminal penalties, a person who uses drugs is given no incentive to choose one over the other. While decriminalization of possession would not result in an exponential increase of individuals with opioid use disorder choosing to use buprenorphine, we must do all that we can to craft

accessible pathways to recovery for Vermonters, especially in light of yearly increases in the number of friends and neighbors we lose to opioid-related fatalities.

The decision to begin treatment or to seek recovery is not an easy one - and it is a decision a person who uses drugs may make more than once. I first declined the treatment opportunity which ultimately resulted in the recovery I enjoy today. Had this opportunity and others not been extended to me repeatedly, I would not be providing this testimony. We must offer others similar treatment and harm reduction opportunities. Decriminalization of buprenorphine possession lowers barriers to treatment and recovery.

In nearly 13 years of addiction and recovery, I have met hundreds of people who have walked paths similar to my own. In an effort to provide an honest account of my life, I must say this: I have known people whom developed dependence upon buprenorphine after recreational use – three people, to be exact. All of these individuals are alive today. I have known scores of people who have been addicted to illicit opioids. I can no longer count the number who have died. This is a difference worth dwelling upon. Buprenorphine use offers a pathway out of, not into, substance use disorder. I encourage your committee to support this bill so that more Vermonters may be empowered to mitigate harms associated with substance use disorder. Thank you.