

Regarding: Testimony in support of H. 162

I would like to submit this written testimony regarding H162.

I am writing from the perspective of a family physician who has practiced in Townshend Vermont for 35 years, and have been a licensed prescriber of buprenorphine for over 12 years. In recent years I have worked in conjunction with a wonderful Hub and Spoke program connected with the Brattleboro Retreat. Along with a younger colleague recently licensed to prescribe buprenorphine, our two very experienced office nurses and the Spoke RN who brings over 20 years of experience in psychiatry and addiction counseling, we are unanimous in supporting the de-criminalization of street buprenorphine.

We have seen many Vermonters with serious opiate addiction histories successfully transition themselves to buprenorphine obtained from street sources. Some of them have been through detox programs which did not include buprenorphine induction and they realized that they could not maintain sobriety without medication assisted therapy. Others put themselves through detox withdrawal from opiates pills or heroin/fentanyl, sometimes after a terrifying overdose experience, and transitioned successfully to the buprenorphine.

In our experience, those who have come to us having demonstrated weeks or even months or years of self-medicating prove to be our most committed and dependable patients. They have already demonstrated their commitment to sobriety. They have experienced the transformative normalcy of once daily dosing without sickening swings of withdrawal and relief. Many have already picked up the threads of their lives, pursuing education, reuniting with family, holding steady jobs. They come to us saying that they "want to get legal" and get on with their lives.

For anyone who is opiate tolerant, the "risk" of using a buprenorphine product is Zero. It doesn't matter what the dose or whether it is mixed with other drugs such as benzodiazepines, stimulants, hallucinogens --- the additive risk is Zero.

On the flip side, it is critical to remember that these days the price of heroin/fentanyl relapse is often death. Anything that obstructs access to buprenorphine for a recovering addict seriously raises the specter of overdose death.

In my practice, that means that I am careful to continue a supply of buprenorphine to an individual even if they start abusing other drugs again and we are transitioning them to a more intensive level of care. I will not abruptly cut them off.

In your practice, I urge you to do what is in your power to ease access to street buprenorphine by removing the threat of arrest for possession or sale of this lifesaving

commodity. Just as the widespread provision of inhaled naloxone has saved many lives from acute overdose, your affirmative action on this Bill has the potential to save lives by preventing the overdoses.

Thank you very much, respectfully yours,

Timothy Shafer M.D., Townshend Vermont

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