Thank you , Committee members for asking me to testify on Bill H.225. I appreciate that you have addressed this issue of decriminalization of possession of buprenorphine. I appreciate the opportunity to have substance abuse screening for young people under age 21.

I have been fortunate to have been the initial prescriber of Medication Assisted Treatment at the low barrier MAT program at Safe Recovery. This SAMSHA grant program was federally funded to provide an adjunct treatment to the "hub and spoke" model. For two years I was able to help patients stop using heroin, which is many cases was mixed with lethal amounts of fentanyl, and to find recovery.

One of the most surprising aspects of the transition process that surprised me was how often patients had actually been on "street" suboxone. They were transitioning, not from heroin but, from suboxone or subutex. Patients often were on a dose, they felt comfortable on. They didn't want to be on heroin. However, using street medication wasn't covered by insurance. It didn't require counselling or groups. It didn't get cut off if you didn't make it to an appointment.

At Safe recovery, we tried to eliminate some of the barriers to treatment son people felt welcome and could start their journey with a warm welcoming "hug" instead of a list of rules. In the start of many recovery journeys, there is a reticence to commit to forever maintenance therapy. The trust in the therapy sometimes only happens after the therapeutic relationship develops. This is the principle of the harm reduction model of meeting people where they are at.

Many people think of buprenorphine as a medication to get high from, this is not the case. Buprenorphine is used primarily used to prevent the withdrawal symptoms. The withdrawal from opiates is likened to a terrible flu, with nausea and vomiting as well.

As buprenorphine acts as a partial agonist on the mu receptor, by occupying this receptor it helps prevent strong opiates like fentanyl from landing on this receptor. In a real sense being on buprenorphine prevents overdose. In fact, it was an old treatment for OD to place a film under the tongue of a patient who was overdosing.

Because buprenorphine does not produce euphoria in opiate dependent patients, it is not used to get "high". In fact, using an opiate while on maintenance therapy usually ends up "as a waste of money"

Suboxone is very safe, many experts call for it's declassification as a controlled substance. It is not a gateway drug.

I asked several patients if teens used suboxone, the answer was "only if they need it" (to stave off withdrawal)

Methadone has a fourfold risk of overdose than buprenorphine. Buprenorphine does not have the cardiac effect on the heart rate that Methadone does. There is not the concern of mixing medications and producing a heart rhythm abnormality.

Our overdose numbers are increasing. With the pandemic the access to treatment has become more difficult, despite all of our best efforts. The isolation of the pandemic has taken it's toll. We need every tool at our disposal to fight this crisis.

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