My name is Deborah Richter. I am a practicing family physician and addiction medicine specialist. I have been treating patients with opioid use disorder (OUD) since 2008. My comments today are strictly my own and not necessarily the views of either of my employers

I urge you to vote in favor of H.225- "An act relating to possession of a therapeutic dosage of buprenorphine". I do so based on my experience practicing in the field of addiction medicine.

My reasons can be boiled down to four:

1. Most patients that I have treated over the past 13 years used "street bupe" to stay away from using heroin. Nearly all the street supply of heroin today is laced with fentanyl. Fentanyl can be deadly and in fact is the leading cause of overdose deaths.

2. Buprenorphine is fundamental to the treatment of opioid use disorder, But it also acts as a form of harm reduction, which means it can and often does replace the deadly heroin supply on the street for those struggling with opioid use disorder.

3. At this point in time those of us actually practicing addiction medicine are widely agreed that opioid use disorder is more like a disease than a moral failure. Our society is ill equipped to make the distinction and these patients too often end up facing a societal order: Stay "clean" or else. Rather like putting a diabetic on probation for eating donuts. The point here is that allowing these patients to sometimes use "street bupe" (buprenorphine minus a prescription) is a societal safety measure, not an endorsement of addiction.

4. In my mind, this bill will reduce the number of overdose deaths.

I have treated hundreds of patients suffering from opioid use disorder. Currently I run a suboxone MAT (medication assisted treatment) program at the Howard Center and I treat approximately 50 patients in an independent primary care practice in Cambridge, VT. Prior to this I

ran the Hub in Berlin for several years where I treated hundreds of patients suffering from OUD with methadone or buprenorphine.

I have learned a lot. Before this I stood where many of you probably are now -doubting that this really is a “disease" and wondering why patients can't “just stop using drugs." Knowing what they are doing to themselves and their families, why can’t they just say “no”? Over time I began to see how treatment could give these patients their lives back. I began to see that when patients are well into recovery I met the real person hiding within the addict. I concluded that indeed addiction is a disease and with treatment a person could emerge from the dark and dangerous place that addiction leads them to.

Suboxone (buprenorphine) is a major player in the path to recovery. As you may know it is also an opioid. Patients who take it regularly are dependent on it. Consequently many people see use of suboxone as "trading one addiction for another".

We must distinguish between dependence and addiction. The National Institute on Drug Abuse (NIDA) distinguishes the two as follows: "Addiction—or compulsive drug use despite harmful consequences—is characterized by an inability to stop using a drug; failure to meet work, social, or family obligations; and, sometimes (depending on the drug), tolerance and withdrawal. The latter reflects physical dependence in which the body adapts to the drug, requiring more of it to achieve a certain effect (tolerance) and eliciting drug-specific physical or mental symptoms if drug use is abruptly ceased (withdrawal). Physical dependence can happen with the chronic use of many drugs—including many prescription drugs, even if taken as instructed. Examples include beta blockers, anti-seizure medications or antidepressants. Thus, physical dependence in and of itself does not constitute addiction, but it often accompanies addiction."

When people use heroin daily and then stop suddenly they suffer from withdrawal symptoms. Patients describe what I can only imagine might be the worst intestinal and respiratory infection you have ever had. Both all at once. The kind of illness that makes you feel like you want to die. When someone is “jonesing" (withdrawing from heroin) they begin to feel nauseous, anxious, get cold chills and sweats and muscle aches, develop abdominal pain and diarrhea and vomiting. Their intense craving for heroin goes beyond the drug itself –it will take away the symptoms for a few hours. Or, if they manage to get some buprenorphine their symptoms could abate for a day or more.

This is why the majority of the hundreds of patients I have cared for over the years used street suboxone to help them stay away from heroin. Many of them realized that this might be their path to getting this "monkey off their back". Street bupe often leads people into treatment. It serves as a great motivator for people who are "sick and tired of being sick and tired". In others, it helps them stay "clean" until they can get into treatment. It can serve as positive reinforcement because it gives them a glimpse of how to escape this vicious cycle of using heroin several times/day. Finding heroin every few hours is a full-time job. It hardly leaves time for someone to work, or to properly take care of their kids. Granted some people are able to work but most spend all their waking hours scraping up money to secure more heroin. Many commit crimes to feed their habit. It’s their one and only thought.

Another point to be made is suboxone is relatively safe when compared with the other full agonist opioids. It only partially activates the opioid receptors in the brain and has a ceiling effect. So if someone uses more of it, it doesn't cause respiratory depression liks full agonist opioids like heroin do. Almost the entire heroin supply is now laced with fentanyl- the powerful opioid that is now responsible for the lions share of overdose deaths.

It is understandable that the committee is concerned about use of buprenorphine by minors. I do feel that inclusion of the language that sends kids under 16 to court diversion should they be caught with buprenorphine that is not prescribed to them is important. And that they be referred for treatment if they are found to be addicted. That sends the right message. Another concern I have heard expressed is a worry that people will get addicted to buprenorphine if it is available on the street. In my experience, this is a rare and I mean very rare occurrence. Out of the hundreds of patients I have cared for I can only recall 3 that started with suboxone rather than another opioid, became dependent and continued to use it.

Some argue that we shouldn't decriminalize possession of small amounts of buprenorphine not prescribed by a physician because there are plenty of available slots in treatment programs. While it is true that the available capacity for treatment has greatly expanded over the past several years, many patients still have trouble accessing care urgently.

My final question to all of you is- if you had a son or daughter who was addicted to heroin, which would you rather they do- put a needle in their arm full of heroin laced with fentanyl or use a dose of suboxone?