

Regarding: Testimony in support of H. 225

Honorable members of Senate Judiciary Committee:

I would like to submit this written testimony in regard to H.225

I am writing from the perspective of a Family Physician who has practiced in Townsend, Vermont for over 36 years, and have been a licensed prescriber of buprenorphine for 14 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, an MSW counselor and the Spoke RN who together bring decades of experience in psychiatry and addiction counseling, we are unanimous in supporting the decreased criminalization of street buprenorphine.

We have seen many of our clients 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 they could not maintain sobriety without medication-assisted therapy. Others put themselves through detox withdrawal from opiate pills or heroin/fentanyl after a terrifying overdose experience, and transitioned successfully to the buprenorphine. Their stories are individual but in each case the buprenorphine they obtained on the street was the lifeline to survival.

In our experience, those who have come to us after weeks or even months or years of self-medicating have proved 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 they "want to get legal" and get on with her lives.

It is vital that you be aware that for anyone who is opiate tolerant, the "risk" of using a buprenorphine product is Zero. It does not 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 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 when they are struggling to maintain consistent sobriety. We will do all we can to support them and to help them achieve safe, intensified therapy. We will not cut them off and leave them to the fentanyl merchants.

In your legislative capacity, 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 those overdoses.

Thank you very much, and respectfully yours,

Timothy Shafer, MD, Townshend Vermont