

Written Testimony for the Human Services Committee:

I am urging you to vote in Favor of H162- "An act relating to removal of buprenorphine from the misdemeanor crime of possession of a narcotic for 3 main reasons

- 1) Most patients that I have treated over the past 11 years used " street bupe" to keep them from using heroin. I give the reasons why below.
- 2) Buprenorphine is not only fundamental to the treatment of opioid use disorder but is also a form of "harm reduction," meaning its use is far safer than heroin, especially heroin nowadays laced with fentanyl.
- 3) People with opioid use disorder are often on probation and trying to stay clean. Those using buprenorphine without a prescription in order to keep from using heroin are sometimes put back in jail .
- 4) I believe this bill will reduce the number of overdose deaths 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. Over the years 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. 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. Over the years , after taking histories from patients, I have learned a lot.

Prior to this experience, I stood where many of you probably are now - doubting that this was really a "disease" and wondering why they can't "just stop," knowing what they are doing to themselves and their families why can't they say "no"? Over time my views changed. I began to see how treatment could give these patients their lives back. You begin to feel that when patients are well into recovery you meet 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 an opioid. Patients who take it regularly are dependent on it and 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 reflect 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. 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 will abate for a day.

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 a 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 and scoring heroin. Its their only thought.

Another point to be made is suboxone is relatively safe when compared with the other full agonist opioids out there. It only partially activates the receptor and has a ceiling effect so if someone uses more it doesn't cause respiratory depression. Almost the entire heroin supply is now laced with fentanyl- the powerful opioid that is now responsible for the lions share of overdose deaths. I think if any of us had a son or daughter who was opioid addict we would prefer they reach for buprenorphine which doesnt typically cause respiratory depression, rather than heroin which is likely laced with fentanyl.

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 18 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.

The committee has a right to be concerned about the public health implications of removing the criminal penalties of possessing illicit buprenorphine. But In my view removing the criminal penalties could lead to reducing the harm that heroin laced with fentanyl has inflicted on the Vermont community and I urge you to vote in favor of it.

Thank you for your time and dedication to this very important issue.

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Deb Richter, MD
PO Box 1467
Montpelier, VT 05601