

In this issue #29:

OTPG Helps Pass
Legislation at the
Capitol

A Lifestyle Change

My Story
By Melissa Pruitt

AATOD Update

Upcoming Training

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**The Next OTPG
meeting for 2016:
July 21, 2016
11:00am - 2:00pm
MedMark, Savannah**

Board Members:

Jonathan Connell President	Diana Harris Secretary
Brook Etherington Vice President	Stacey Pearce AATOD Delegate
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OTPG Helps Pass Legislation at the Capitol

By Brook Etherington, MA | Alliance Recovery Centers, Inc. | Vice President, OTPG



This article will provide a summary of our recent involvement in the 2015-2016 Georgia legislative session. Please feel free to contact our executive board with any questions you might have about our involvement at the Capitol.

The Opioid Treatment Providers of Georgia began working with a lobbyist early in February of this year after our board and members determined that it was necessary for our interests to be represented at the capitol during this legislative session. It was brought to our attention that lawmakers from the northwest part of the state were planning to draft legislation that would directly impact our modality of treatment due to the large increase of program openings in the area, the increase in methadone-involved overdoses, and an abundant supply of methadone on the street.

After interviewing a number of lobbyists, the executive board hired the group that we thought would most effectively represent our interests. Shortly thereafter, we were in contact with the legislators who were intent on passing legislation on our industry. The executive board was able to participate in the bill writing process and much of the content and verbiage in the bill came from OTPG. The result of this process is "SB 402

Drug Abuse Treatment and Education Programs; provide for a moratorium on the issuance of new licenses to narcotic treatment programs". You can find the bill here:

<http://www.legis.ga.gov/Legislation/en-US/display/20152016/SB/402>. In brief, this bill calls for a temporary moratorium on the issuance of new narcotic treatment program licenses from June 1st, 2016 through June 30th, 2017, as well as the creation of a study commission to examine the state of the industry in Georgia and to address the lack of regulation enforcement as well as flaws in the application process.

Here is a snapshot of the time line of events: SB 402 was dropped on February 18, The Senate Regulated Industries and Utilities committee favorably voted on the bill on February 25, sending it to the Senate who unanimously passed the bill on February 29, crossover day. On March 10, the House Regulated Industries committee favorably voted on HB 402 sending it to the floor of the House of Representatives for a vote. On March 15, The House of Representatives voted to pass HB 402 unanimously pending an amendment from the Senate, which was later agreed on March 24. On April 4, the Senate sent the bill to the governor's office for signing. Members of OTPG were present at the Capitol during this entire process to lend support, offer guidance, and answer questions. This was no small amount of work.

OTPG realizes that some of the content in this bill may be controversial, especially the temporary moratorium on new narcotic treatment program licenses. However, we feel that the exponential growth of our industry over the past 8 years is not compatible with current state of our Georgia regulators. We view this combination as a threat to the public and a threat to the integrity of our field. Our efforts in the legislature serve to protect our patients from poorly-run programs and to protect virtuous programs from punitive legislation being passed, which without our efforts, we believe would have taken place. Our ears are open to any questions or concerns you might have about this process. If you are not a member of OTPG but would like your voice to be heard, please consider joining our organization. OTPG can and does make a difference in our industry and we welcome you to be a part of it.

Upon the writing of this article, SB 402 has not been signed by the governor and is not yet law, however we anticipate the bill to be signed by the end of April.

Editors Note: On April 26, 2016 The governor signed SB 402 into law.

A Lifestyle Change

By Courtney Coyle | Private Clinic Columbus

“Recovery is a full time job — a lifestyle change.”

“It’s not going to be easy.”

“The first step is admitting that you have a problem.”

If only I had a dime for every time I’ve said these phrases to my patients!

“But, Mrs. Courtney. You don’t understand.

You don’t have cravings like I do.”

“You don’t know the guilt I feel or how stressed I am.”

Every day I go into work at 5:30 am with a smile on my face. I am there to serve as a listening ear, a guiding voice, to offer a sense of understanding to help my patients learn how to live life without drugs, without heroin, Percocet, or Vicodin. A prescribed tablet of hope that so commonly is used for real pain, and for the unlucky ones, leads to a life of disease, sickness, and helplessness.

Over the years I’ve seen ups and downs, successes and relapses. I’ve seen overdoses and deaths. I’ve seen desperate men finally become the fathers they wanted to be and I’ve seen women learn to love themselves without sacrificing their integrity. I’ve seen children come home to their parents and trust brought back to families. And over the years I’ve learned that I am really not that different.

I’ve had a love-hate relationship with food, and with my body, for as long as I can remember. I was always the friendly, abnormally tall chubby kid. I could never shop from Aeropostle or Limited Too. Long shirts were crop tops and pants were capris. Embarrassment prevailed.

I don’t remember being made fun of or ridiculed. I wasn’t cornered on the playground and laughed at, but I always felt out of place. It didn’t feel right to eat cake and ice cream next to the petite girl at the birthday party. “They must think I am huge.” “They probably think I’m a fat cow.” Negative thoughts consumed my mind, so I ate more.

I remember seeing my senior pictures and thinking, “No one is ever going to want to be with me.” So with that in mind I started exercising.

When I started college, the freshmen fifteen came by no surprise. My first day in the gym at the Pete Hanna Center was one to remember. My sprints on the treadmill turned to a jog, to a brisk walk, then to a slow walk... right out the door when the men’s basketball team flooded into the room. Cue negative thoughts: “They probably think I am a moron to be doing this. I don’t need a treadmill I need liposuction.”

My negative, destructive thoughts and I frequented the Pete Hanna Center until I started working a full time job with 16- hour semesters. I didn’t need exercise then because there weren’t enough hours in the day and I had endless espresso at my fingertips. Between work and research papers I shed some pounds, made good grades, and had a boyfriend. I had it all, until the relationship soured and I went to the go-to friend that I could always fall back on...Food. And the cycle started again.

I took a water aerobics class towards the end of my time at Samford and I learned more about my body, the importance of exercise and the food I put in it. I was surrounded by non-judgmental people who helped me build my

self-esteem and helped me get on the right track to healthy-ville. I realized then, that even with hard work, I am not built to be skinny. I’m a 5’10, curly headed girl who’s supposed to have meat on her bones. And for the first time in a long time I was okay with that.

Then the stress of graduation, combined with one of the worst nights in my life, lead me to the most destructive thoughts I’ve ever had about myself. So I moved away from a place I thought I wanted to make a home, leaving the good and the bad behind. I found myself depressed and taking every opportunity to eat my feelings. I didn’t want to feel sad, or happy, or hungry. I wanted fullness and I got that with food. So I became obsessed and unhealthy, and my waistline grew. Luckily, I have a great family who came as my wake up call. I got a great job with great co-workers who encouraged me to go to the gym. Unfortunately those underlying voids and feelings that I hadn’t dealt with kept re-surfacing. So, I joined a challenge at the gym to see who could lose the most pounds and/or body mass in 2 months to keep my mind off of all the inner demons. To the other side I flew, working out two to three times a day, protein shakes and kale became my “best friends.” I was still hungry so I’d go to sleep early to avoid the feeling and wake up even earlier to go to the gym before work. I was so pleased with the results... I became obsessed and unhealthy again, but I was beautiful.

My iron dropped. My muscles were strong but I felt weak. Would I ever find a happy medium?

Yes. A wise soul once told me, “Remember, it’s not a diet. It’s about changing your relationship with food. Learning not to rely on it for comfort, company, or stress relief.”

A light bulb went off. I’m really not that different than my patients. Bread is my heroin, my comfort, and my companion in my time of need. Reese’s Cups keep me company and make me feel good until the high wears off. My brain suffers, my heart suffers, and my pant size suffers. My quality of life is in danger and so are the rest of my years if I don’t change. Working out and exercising put on a great front, but doesn’t change much when you sneak an extra serving of pasta and dinner roll when no one is looking.

It’s time that I practice what I preach on a daily basis and accept that I too am stronger than my excuses. I am a beautiful, educated woman with the support from family, friends, and an incredible husband. I have faith in my ability to overcome obstacles and achieve the goals that I set my mind to. I have a daily reminder when I go to work: to help my patients get through denial and identify their triggers, to be a living example for those around me, and when times get tough, to encourage them to think back to the beginning, to that first step, and remember why they decided to start this journey when they felt like giving up.

I have an extremely unhealthy relationship with food. And this my friends...is my first step.

OTPG is proud to introduce on-site training and education

So what are you waiting for? Schedule a free consultation TODAY. Call Joelyn Alfred at (770) 840-9912



My Story By Melissa Pruitt

I am a 38 year old female. I have been married, divorced, and recently ended an engagement. I come from a divorced family of four sisters and one brother. I have one son just out of high school. Opiates have been part of my life since the age of 18. I was given painkillers due to a surgery after giving birth to my son. For almost 20 years, sadly, drugs WERE my life. Pills were my first drugs of choice, but unfortunately I have experimented with others such as cocaine, crack, marijuana, and methamphetamines.

Two years ago, after losing my home, wrecking a few cars, my one and only son left to live with more responsible family members. True friends became limited (other than my drug buddies, of course) and family became distant...it all became REAL to me.

While I was using my bill money AGAIN to buy more pills, I spent the last 100 dollars I had. In my addictive mind I would substitute a different drug until I could score my drug of choice. To my surprise the deal went bad. I was left drugless, hurting, financially broke and so very afraid. I decided then...I HAD TO MAKE A CHANGE. I was exhausted from running the roads, ashamed of stealing, tired of spending my money, (and everyone else's) on drugs. I desperately fought the urges, the sweating, the vomiting, and all the pain and misery. I just wanted to feel normal. I ended up in the hospital for a week until the doctor at the local methadone clinic could assess me.

I had heard of methadone before and had a few friends that were prescribed the medication, but it never interested me. Those friends tried to explain to me so long ago about the positive side of this medication but it took me literally hitting my rock bottom before I would attempt it. The hospital would only release me to the local methadone clinic, which was finally what I wanted also.

At first I had a negative attitude about methadone and the entire new situation. I didn't want to go out of my way every day to the clinic, I didn't want the embarrassment of failed drug tests, I was nervous about the people I may see. I was afraid of change and most of all I was unsure if I was strong enough. Then it started to all come together-LIFE. I moved closer to family for support, I changed my employment (where I knew no one and no one to buy pills from), I changed my phone number, and I changed the crowd of people I hung out with.

The further along I got in my recovery, the more I realized methadone SAVED MY LIFE.

I have a very supportive counselor whom I tell almost everything to. I go to a couple meetings a week ranging from my Codependency group to self-esteem, Women's only groups, and health groups with the in-house medical director. I got involved as much as I could just to be around positive people, people who had similar backgrounds, who didn't judge. FINALLY, I am in a comfortable state of mind. I realize coming off the methadone medication will not be easy, but in time it will happen. Alliance Recovery Center and their caring, wonderful staff will help me make it happen. When I am ready to decrease my medication and move forward in life, ARC offers one free year of aftercare counseling to help me become even stronger about my choices after treatment. I've leaved a lot in two years. I've learned the kind of friends I should desire, the true value of myself, the value of my family, and those who supported me as an addict. Once an addict, maybe always an addict, but I'M AN ADDICT IN RECOVERY...



Update what you
need to know

By Stacey Pearce | GPA Treatment of Macon, Inc.

Happy Spring. This year March in New York was surprisingly mild and wonderful weather! This worked out nicely for me because my new goal for 2016 is to run a half marathon in a different state every month. I took advantage of being in New York while there for AATOD and ran one in Brooklyn Saturday morning after Friday's meeting. With the beautiful weather, it was very enjoyable and I got to run along the river at points looking at the Statue of Liberty and One World Trade Center. Now on to what you guys really care about – your AATOD update!

Remember to register for the next AATOD conference in Baltimore. There is going to be some new things on the agenda this year outside of the conference, including the opportunity for a morning group exercise arranged by yours truly. Y'all please come so it's a success! Don't forget to book your hotel room while there are still group rooms at the \$199/night rate. That's a great deal for the Baltimore Marriott Waterfront. The workshops have been selected and I have it on good authority that this conference is going to be even better than the last. Although, I find this hard to believe since Georgia providers did such a fabulous job in Atlanta last year!

As many of you know, opioid dependence and overdose is all over the news lately. This is largely due to the Federal Government's recent dedication to address opioid overdose. ONDCP Director Michael Botticelli has always been a friend to the field, but this is now spilling over into the President's office. All of this attention is a wonderful opportunity for us, as providers, to demonstrate what we do and how effective we are in our communities.

I challenge each of you to look at your policies and operations and ensure you are providing the best possible services to all of your patients and really making an effort to get out and reduce stigma within your community. Within Georgia, we are facing our own challenges that may have national repercussions and each facility needs to make sure they are treating patients effectively so we can make sure our soon to begin moratorium is removed on the intended date of July 31, 2017. During the AATOD meeting, I had the opportunity to discuss other states' experience of moratorium and I hope Georgia can be the first to honor the beginning and end dates and sort out the issues within the specified timeframe so underserved areas within our state can get clinics opened.

You may have heard that there are proposed changes to 42 CFR Part 2; I sent an email out to member clinics in February about this issue. At the AATOD meeting, Paul Samuels with the Legal Action Center came and explained how the changes impact us and what they mean. The main area of change allows programs to make disclosures to researchers for research purposes without patient consent. Redislosure is still prohibited and researchers will not be able to allow patient identifying information. Also the language is proposed to change to substance use disorder to more accurately reflect the current language used within our field. There are no proposed changes for court orders or the records release process in this area. The final change will allow releases to be good for more than a year. This is my favorite change because this means we won't have to update that emergency contact release every year anymore!

Mr. Samuels also reminded us that the Legal Action Center is still looking for strong cases where a court system has either denied access to medication assisted treatment, or mandated an individual get out of MAT. A strong case would include a patient who is doing well, clearly needs MAT, and there is a clear policy in writing or practice that no one is allowed in MAT. This last piece means if a Judge ordered a patient to withdraw from treatment, there is a court order written or the transcript clearly reflects this mandate. I know in Georgia we have a lot of family courts that will tell parents they can't get their children back while in MAT, so if you have a patient that this is the case please contact me. Patients involved in drug court, criminal courts, or even probation and parole will all be considered.

The SAMHSA proposed regulations changes in regards to increasing the buprenorphine cap for physicians were recently released, and again I sent an email to all members with the information concerning the public comment period. Please comment before the end of May, if you do not have the information or need help finding out how to comment you can contact me by email. Mark Parrino continues to work towards trying to get Medicare to include MAT as a covered service since so many of our patients are transitioning to retirement and Medicare eligibility. Mark is also working to get the new DEA Director of Diversion Control to meet and discuss some of the limitations of drug take back program announced a couple years ago. As a reminder, if you have a patient who returns medication to your facility, the patient must dispose of the medication not staff members. Also involving the DEA, Mark is trying to resolve more recent issues with some facilities being told they cannot deliver medication to patients in nursing homes and jails. The final DEA issue Mark hopes to address is to have the revised field operations instructions shared with at least SAMHSA and ONDCP and hopefully the field so we will be prepared and fully comprehend what we should be doing to satisfy the DEA when they come to inspect our facilities.

Upcoming Training EVENTS

Treatment of Prescription Drugs, Opiates, and Synthetics, May 13th, Lawrenceville, GA.
www.addictionsolutions.org

4th Annual ADACBGA Conference, June 9-10,
www.adabcgaconference.org

Talbot Recovery Seminars: Psychopharmacology - Bipolar Disorder, Schizophrenia, and Opioid Dependence, June 24, Dunwoody, GA www.talbottcampus.com

OTPG Conference, September 23
Lake Lanier Islands, Georgia

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The annual membership dues are listed below and are based on the current patient census of your facility.

- 0-149 patients: \$250
- 150-299 patients: \$500
- 300-499 patients: \$1,000
- 500+ patients: \$1,500

Please visit our web site for more information on membership.



On SALE NOW!

The OTPG video "Exploring the World of Opioid Addiction" is for sale. \$40.00 for non-members of OTPG and \$10.00 for member clinics. Call Brook Etherington (404) 377-7669 or email betherington1@gmail.com

Get to know the OTPG board members visit www.otpga.org

The benefits available to members of OTPG:

- Four free one CEC trainings during 2016
- Access to free hotline maintained by Jackson-Lewis PC, labor and employment law specialists
- Membership with the American Association for the Treatment of Opioid Dependence (AATOD)
- Discounted education opportunities
- Affiliation with community organizations
- Updated state and federal information to include statistics, changes to regulations, available funds, etc.
- Chance to network within our industry
- Ability to purchase discounted copies of "Exploring the World of Opioid Addiction"