



**In this issue #33:**

- An OTPG Conference Note
- Why MAT
- My Experience
- Hepatitis C treatment is the new reality in OTP's
- Come Join Us

**OTPG 10th Annual Conference**  
Lake Lanier Islands, Georgia  
November 17, 2017

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### An OTPG Conference Note

By Joelyn Alfred | Lakeland Centres Treatment Center



**Come join the Opioid Treatment Providers of Georgia for the 10th Annual Fall Conference as we celebrate this year's theme of "Making Strides In Medication Assisted Treatment & Marching Towards Recovery."** An opportunity for educational exploration awaits you! The arena of conference

activities will include numerous educational opportunities. We urge you to take advantage of the wisdom of your colleagues and peers and saturate yourself in the knowledge that the conference has to offer. We proudly welcome the well renowned Mark Parrino as our keynote speaker. **November 17, 2017 will be here before you know it, so share the good news. Tweet it, Facebook your friends and affiliates, or just pick up the phone. It doesn't matter how you do it, just do it. Come join OTPG and help make a difference!**

**For More information: Visit [www.otpggeorgia.org](http://www.otpggeorgia.org) download the registration form.**

A late fee will be applied after November 3rd.



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### Why MAT

By Courtney Connell Coyle, CADC II | Private Clinic Columbus

I had the privilege of representing Private Clinic Columbus, OTPG, and Medication Assisted Treatment as a whole at June's ADACBGA Conference in Marietta, Georgia, along with several other OTPG members.

It is always a wonderful opportunity to talk with providers from other treatment modalities represented at these conferences, and be a voice for MAT and for our patients who do not always get the chance to speak up or to be heard, even if they do use their voice.

The same issue kept resurfacing through my conversations at the conference.

"Aren't your patients just trading one drug for another?"

It was yet another reminder to me of the stigma that is associated with opioid addiction and medication assisted treatment. It became even more apparent to me that the words we use when we talk to our patients and when we talk to our communities about what we do is crucial.

For starters, it's Medication Assisted Treatment... emphasis on the assisted. At PCC (and I know many of other programs) counseling is a pertinent part of recovery. Nowhere in our mission statement or core values does it say that medication is going to fix someone or be a cure all without any additional work.

I asked my patients in group why they chose MAT over other treatment options, and this is what they said,

"I tried inpatient before and it worked great for a while, but I relapsed as soon as I got out every single time, so I was ready to try something different."

"I couldn't go to inpatient and still work to provide for my family."

"Medication Assisted Treatment was the only affordable option for me."

"I felt at home and finally like I wasn't an outcast in society."

That last one pulled on my heart strings. Addiction is a disease, and slowly but surely it is being treated as such.

This is why I take every opportunity I can to educate anyone and everyone about MAT.

Are our patients trading one drug for another? No.

They are trading one lifestyle for another.

continued on page 2

## Why MAT continued from page 1

By Courtney Connell Coyle, CADC II | Private Clinic Columbus

They are trading addiction for dependency and often with a future plan of tapering after they have built the skillset to help with relapse prevention and life after treatment.

The behaviors associated with an active addicted lifestyle are the issues that are addressed in individual and group counseling. Another patient said, "I have finally learned to control my impulses" and "I don't feel the need to gamble with my life anymore."

It can often seem to many that MAT is the easy way out but it is important to remember that our patients are brave.

It takes courage to make that phone call and to walk through the door for the first time.

It takes a lot of patience to establish a therapeutic dosage and attend the first group.

It takes discipline to find a job to provide for their family.

And it certainly takes time to rebuild relationships.

This is why the words we use are so important. Life is hard enough in recovery battling external stigma, and internal battles, so be deliberate and conscious in the type of services you are providing for your patients. After all, they are the ones to walk out of your doors and have the most impact with spreading the word about why they chose YOUR program in the first place.

The way we talk to our patients and our communities about our programs sets the stage for change on the way others view what we do.

So let the message be clear and the words be mindful but bold.

Medication Assisted Treatment may not be the best option for every single person in need of help, but let's make it as amazing as we can for the ones whom it is the best option.



## Strategic Advances in Expanding Access to OTPs in the United States

By Mark Parino, MPA | President of AATOD

As our Georgia providers know, we are in the middle of one of the most dynamic policy periods in our history. Tragically, the abuse of opioids and heroin continues to take a toll on the American public. At the present time, more than

90 deaths are attributed each day to opioid overdose. Elected officials and policy makers agree that this represents the greatest threat to public health in our country. It took over 30 years to get to this point and it will take many years to reverse these trends.

**I am writing in anticipation of speaking at the Georgia Conference this November and the following topics will be reported on at that time:**

### DEA Policy Initiatives Affecting Opioid Treatment Programs

AATOD has been working with the leadership of the Drug Enforcement Administration for some time and we anticipate that the DEA will release two significant policy initiatives, affecting treatment availability in our treatment sector. The first relates to the licensing of mobile van units, which will work with the opioid treatment programs (OTPs) in expanding access to care in rural and underserved areas in the country. This will give OTPs the opportunity to develop such vans in support of our existing treatment system.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has provided CURES funding to a number of states, which have an interest in utilizing such mobile vans to fund access to care. Once the DEA licensing rules are implemented, these funds will be used to purchase such vans in the states and programs that have such an interest.

The second major DEA initiative is the publication of their revised NTP Guidelines, which should be released during the Autumn of 2017, updating the original Best Practice Guidelines, which were published for OTPs during April 2000. It is expected that these guidelines will provide comprehensive guidance to OTPs, with regard to being compliant with existing DEA regulations. These guidelines are important for a number of reasons, especially since all OTPs, DEA representatives and State Opioid Treatment Authorities (SOTAs) will get this information at the same time. Additionally, all federal agencies within the jurisdiction of this

policy arena, would also receive the guidelines, helping to create additional stability in interpreting how OTPs can be in compliance with the DEA regulations.

### Benzodiazepine Guidelines

AATOD issued benzodiazepine guidelines for OTPs several months ago. This guidance statement is located in the policy section of AATOD's website and is intended to provide clinical guidance to OTPs in the United States and to our colleagues internationally. OTPs currently have a wide variation in responding to patients who are using or abusing benzodiazepines during the treatment process. Some treatment programs are not admitting patients who test positive for the use of benzodiazepines on preadmission toxicology reports. We see this as counterproductive and the guidelines reflect this perspective.

### OTP Expansion in the United States

At the present time, there are over 1,500 OTPs in the country. Every state, with the exemption of Wyoming, has OTPs within their system. OTPs are also expanding in a number of states as new facilities provide access to such care.

AATOD is involved in working with federal agencies and state authorities to get a better sense of the existing patient census within these 1,500 OTPs. Based on a number of discussions with our associates, we are of the judgment that the patient census in OTPs is past 400,000 patients. Once again, AATOD will work with its policy partners at the federal and state levels to get a better sense of the existing patient census.

### Telemedicine Initiative

In conducting a Workforce Assessment of our system during the summer of 2016 and with subsequent conversations with OTP chief executive officers, it is also clear that OTPs, like other healthcare organizations will be facing a workforce shortage. This will be especially challenging during a period of major expansion. Accordingly, AATOD will be working with a major policy partner (American Academy of Addiction Psychiatry) to develop telemedicine guidelines for OTPs. At the

Continued on page 3

[www.otpgeorgia.org](http://www.otpgeorgia.org)

Continued from page 2

By Mark Parino, MPA | President of AATOD

present time, the Substance Abuse and Mental Health Services Administration and the Drug Enforcement Administration have been engaged in a series of policy discussions around this topic. SAMHSA has provided a grant to AAAP to develop a number of webinars and training initiatives to support opioid addiction treatment in the United States through DATA 2000 practices and OTPs. We will begin working on the telemedicine guidelines and I will be providing a progress report during the November 2017 Georgia provider Conference.

### AATOD Policy Papers

AATOD developed three major policy papers for the Substance Abuse and Mental Health Services Administration, which were released during the summer of 2016. All of these papers are available in the policy section of our website. I am advising our Georgia provider colleagues to read through these papers, certainly prior to the November 2017 Conference in Georgia. The papers provide models for OTPs working with Drug Courts, correctional facilities, Child Protective Services, state authorities with regard to the use of health homes, DATA 2000 practices and primary healthcare facilities in treating our patients more effectively and holistically.

### Mapping the System

SAMHSA recently released maps of different states in the country, identifying underserved areas for opioid addiction treatment. AATOD has been encouraging different state authorities throughout the country to develop an inventory of existing services to provide access to care for people with opioid use disorder. This is an essential first step in understanding what services may be needed in the state, especially in rural and underserved areas. This initial inventory of resources is critically important to help the state develop a better understanding of where underserved areas exist. Once that has been determined, the state gets a better understanding of the financial and operational infrastructure, which is also necessary to support the continuity of such care.

Once this basic inventory is completed and underserved areas are pinpointed, the state agencies can better evaluate how OTPs and other treatment providers (DATA 2000 practices) can work effectively with other organizations/facilities in the state.

I look forward to being with our Georgia colleagues this November and will be reporting on the progress of all of the abovementioned initiatives.



## My Experience

By Rachell King

I began coming to Alliance Recovery Center about four and a half years ago to help me come off opiates. I started on Methadone to help with the withdrawals. As a part of my own recovery plan, I was mandated to do two groups a month. I started attending the Tuesday Women's Group after attending

several different ones. I also began to engage more in one on one counseling with my counselor. I came to realize, as I started using these resources and not just coming in for medicine, that I was learning different coping skills and ways of dealing with the root of my substance abuse. At the same time, I was peeling off the layers of stuff that I had been masking and numbing for years. Having these groups, and realizing that there were others who had gone through the same things I had, I was able to open up and not feel like I was alone. I was able to deal with the shame and guilt of my prior choices as an addict. These groups have helped save my life, and made me feel as though I belong; that there was hope for me.

My one on one individual counseling helped me work through many of my personal fears. These sessions gave me the chance to really open up and work on the underlying reason for my addiction. I felt heard, important, and that I mattered. It helped me be able to trust more, and that helped me to open up in a group setting. I know without a doubt that having

these tools and resources available to me has 100% helped not only my sobriety, but also changed the part of my brain that had shut down a long time ago. My thinking, reasoning, and ability to say "No" have permanently changed. Had I only had the medicine, I would not have gotten to the point where I was able to begin the tapering process, and come completely off Methadone. I would not be sitting here right now, almost three months after tapering from Methadone.

Having aftercare counseling and group therapy have helped me maintain a sober life and be able to deal with life, and everything it comes with, without using drugs. I have learned how to cope with negative situations normally as a productive, positive, and sober individual, who has in turn given a light and hope to others for their future as well.

I want to say thank you to ARC, and their choice to set the bar high enough to actually make a difference in so many lives. I couldn't have done it without you guys. I am forever grateful for the true care and concern you have for us as individual people. You have made it about family, and not just running a business.

Respectfully yours,  
#Theworldchanger

## Hepatitis C treatment is the new reality in OTP's

By: Jessica Foster, BS, CACII | Counselor | Counseling Solutions Treatment Centers - Chatsworth

Approximately 3.5 million Americans have chronic Hepatitis C with baby boomers being the most at-risk population. The risk for the younger generation is increasing as the opioid epidemic continues to flourish in the United States. However, we live in a world full of opportunity, growth, and healing in which medical advances never imagined ten years ago have officially occurred. For instance, individuals with a substance use disorder who have entered treatment for the first time now have a unique opportunity to seek out complete wellness. Many find out, within the first thirty days of treatment, that they are positive for Hepatitis C and have not sought medical care in many years. Luckily, there are programs such as Imagine Hope who offer education, support, care, and treatment that is

needed by so many. At Counseling Solutions Treatment Centers-Chatsworth, we work with Imagine Hope to offer these services. Before treatment is provided, the patients participate in support groups, individual counseling, and education. The patient is surrounded by an exponential amount of support from the staff at CSTC-Chatsworth, Imagine Hope, and their medical team. The goal is to motivate and to support our patients through their treatment and recovery process to help them meet their needs.

As professionals in the field, it is our duty to educate patients and the community about Hepatitis C and advocate for treatment. There are many misconceptions lingering about how HCV is transmitted and treated. These misconceptions often leave people afraid and confused about their treatment



Continued on page 3

options, and may even prevent them from seeking treatment. Hepatitis C is a quiet disease that can take years to become noticeable and can be unknowingly transmitted. HCV is transmitted through blood-to-blood contact via needles, finger nail clippers, razors, toothbrushes, etc. I had the privilege of attending Imagine Hope's training for HCV and HIV testing and I have been able to apply what I learned to the patients in need at CSTC-C. Thankfully we have been able to provide support, education, and guidance toward a path to treatment to many of our patients who are HCV positive.

Collaborating with the staff at Imagine Hope to provide HCV and HIV testing at our opioid treatment program has been a wonderful experience. Hepatitis C treatment is becoming a tangible goal for an underserved population. Every patient deserves to have access to medical care beyond their F11.20 diagnosis and that is what CSTC-C strives to accomplish with our partnership with Imagine Hope. In closing, hope is where change occurs and hope is what we give our patients every day they walk into their treatment facility. It is their time to shine and to celebrate their recovery without the worry of their unknown HCV status.

### 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](mailto:betherington1@gmail.com)

## Come Join Us! become an OTPG member

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.

**OTPG 10th Annual Conference.**  
Lake Lanier Islands, GA  
November 17, 2017  
8:00A.M. — 5:00 P.M.  
OTPG is approved as an education provider by NAADAC, GACA & ADACBGA and will award 8.5 continuing education credits to participants who attend the full conference.



Get to know the OTPG board members visit [www.otpggeorgia.org](http://www.otpggeorgia.org)

### The benefits available to members of OTPG:

- Four free one CEC trainings during 2017
- 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"