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2021 Conference Issue WELCOME BACK



real help = real hope

OTPG QUARTERLY OCT. 20, 2021

Message from the President

By Brook Etherington, MA | President, OTPG

Greetings friends and colleagues!



I welcome you to the 14th annual Opioid Treatment Providers of Georgia conference at our location in Stone Mountain, Georgia. Our conference theme this year is “Uniting To Take Action”, and I believe

that it is essential for all of us; professionals, peers, stakeholders, patients and allies, to embrace this message if we’re going to continue to fight against and recover from this epidemic.

We invite you to join us and take the opportunity to learn, to network and to develop community. Take advantage of the immense knowledge of your colleagues and our esteemed presenters. OTPG is welcoming Neil Campbell as our key note speaker. We’re always excited and grateful to have her share her awe-inspiring expertise with our community.

**Enjoy the conference everyone!**

Changing Faces - Reprint from 2019  
Supporting our Aging Clients

By Carlton Knight LPC, CAADC, NCC

Over the past few years, I have noticed an increasing concern surrounding patient age and care. With over seven years of direct counseling experience and four working at a Medication Assisted Treatment (MAT) facility. I have noticed firsthand that changes to protocols are needed to keep pace with the increasing needs of our clients.

Baby Boomers are one of the largest generations and as they age their needs, specifically their care, changes. With an aging population, like Baby Boomers, personal health and resources become an increased concern. Clients take prescription methadone or buprenorphine on a daily basis, no different than taking blood pressure or cholesterol medication. Over time, physical changes bring new medical concerns and the amount of daily medication increases. For example, a thirty-year-old client takes only Lisinopril for his blood pressure, but when he turns sixty-three, he contracts COPD. Doctors prescribe additional medication, but shortly after the client complains of having shallow breathing exacerbated by his methadone prescription. These clients have a higher likelihood of being on multiple medications which can, if not monitored, can hinder their overall recovery.

## We Are All Heros Continuing the Fight

By Scott Scheerhorn | CEO of Scheerhorn Creative Services



My Name is Scott Scheerhorn, I have had the privilege of creating visual communications using all sorts of media for various opioid treatment centers across America for over 15 years. Using graphic design for print, digital, web and video.

I believe that there is no reason for addiction to be one of the leading causes of death in the US which is why we have a moral responsibility to educate and raise awareness for the life saving addiction treatment that places and people like yours across America make available to your patients every single day. I believe that by making effective addiction treatment available to everyone, we will begin to turn the tide on this epidemic, one life at a time.

Some of the passed articles from patients that have recovered from addiction are truly heart wrenching and beautiful at the same time. That is why I am sharing some of these articles from past newsletters that signify the true heroes on the front lines of the opioid treatment centers providing life changing help to those in need of recovery.

**We are all heroes continue the good fight to put an end to this epidemic of opioid addiction.  
Thank you so much for what you do,  
real help = real hope.**



**Scheerhorn Creative Services**

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## Changing Faces - Supporting our Aging Clients

By Carlton Knight LPC, CAADC, NCC

Similarly, clients who avoid annual medical appointments or have taken medication over an extended period of time are more prone to health risks.

Aging clients also experience perception changes. Several them do not necessarily see themselves beyond the MAT facility. Clients may not feel they are a part of a voluntary facility, but rather frozen in place. Some have been in treatment for longer than desired, and the feeling of being stagnant can affect treatment outcomes. Stagnant clients can become disoriented when their dosage of twenty years is changed or lose interest in participating in their recovery because they feel as though their plight will never change. Increased psychoeducation within the field can be used to address these changes. Along with a medical professional, counselors should address any mental health changes that can occur as clients add new medications to their methadone. This will keep clients aware of any changes to their treatment that may occur, instead of being surprised by new changes. Using individual and group sessions, counselors should use the space and opportunity to reinforce the importance of physical self-care. Attending routine medical appointments and communicating new medications and medical issues is critical to recovery. Having these discussions will help the clients understand the connection between their physical and mental health. Creating an aftercare plan with clients that are no longer on methadone, but want to continue to refine their recovery goals, ease client's hesitation when making the decision to improve their health.

**Faces within the field will continue to change and it is important that everyone participating in the client's recovery make the necessary steps and efforts to keep up. Treatment modifications can be implemented in a way that best fits the individual client, but making these changes creates a more satisfying outcome for those in need.**

My name is Cassandra Lee, and I am a woman in long-term recovery. I came to Alliance Recovery Center for the first time in February of 1998, but it wasn't until December of 2007, after being in treatment for almost ten years, that I managed to sustain myself in recovery and take my life seriously. Since then I have had many firsts. The first one obviously being that I have maintained my recovery for over ten years, something I never dreamed possible. For the first time I make an honest living as a home health aide. I take pride in knowing that I am responsible, dependable, and trustworthy; characteristics which took time and effort to embody and exemplify. This is the first time in my life that I have maintained a job, a job I've now worked for over 9 years. I have become financially stable and independent. I now live by myself, no roommates, no boyfriends – no friends on the couch – just me. For the first time I have relationships that are real and genuine, and not based on what someone can do for me or my addiction.

My addiction to drugs and alcohol started as an adolescent and by thirteen years old I was physically and emotionally dependent on intravenous heroin, as well as abusing alcohol and other drugs. I dropped out of school and was on my own, despite still being very much a traumatized and vulnerable child. At sixteen years old I had my daughter. As a young single parent, I needed to support myself and my child. I diluted myself into thinking that if I simply refrained from using the “hard drugs” that I would be ok, so I started dealing drugs. After two years of relative abstinence, I started back using “recreationally” – or so I had tried to convince myself. But like anyone struggling with a substance use disorder who is not engaged in recovery, when the first major crisis erupted in my life, I dealt with it the only way I knew how and turned to my most reliable but treacherous coping skill – drugs. I quickly became dependent and spiraled out of control. Once again, I found myself struggling with opioid use disorder. So, I willingly sent my daughter to live with my mother while I continued to spiral. I got infected with Hepatitis C and developed bacterial endocarditis with MRSA. Eventually I got sick and tired of being sick and tired, so I made the

choice to enroll myself in an opioid treatment program. In fact, I went to several different OTPs before I got to Alliance Recovery Center.

Initially I was only utilizing the medication as a form of harm reduction, but I was still missing the most important part of the OTP– the counseling and recovery involvement.

After being at ARC for about six years with minimal treatment progress and continued use of illicit substances, I was facing an administrative detox and discharge from the program. This was a huge problem – I would be back out on the streets. Ultimately the treatment team compromised with me, agreeing that I could remain on the program with the stipulation that I would participate in group therapy everyday prior to receiving my medication. This went on for another four years before I was able to maintain my recovery for more than one week. But the biggest difference was the compassion, connection, and support I received. It was in those groups that I learned the true purpose of medication assisted treatment. To keep the body stable and out of withdrawal so the mind can focus and learn how not to use drugs– how to identify triggers and utilize supports and positive coping mechanisms. I learned that methadone is only a tool within the recovery process; that it is treatment with a side of medication. Learning this had an enormous impact on me and my beliefs about medication assisted treatment, as I had always believed the multitude of stigmas associated with it.

**With the stigma of addiction as a moral failing rather than a brain disease, most people in our lives, both family and friends, and society as a whole, get burned out and frustrated with their addicted love one and simply give up on them. But there is hope. There is help. I was in treatment for over ten years before finally learning and utilizing the skills necessary to maintain long-term recovery. It takes work everyday and will be a lifelong commitment, but my recovery is worth it. I am worth it.**

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