CONFERENCE REGISTRATION

Advancing & Integrating Specialized Addiction Treatment & Recovery

MARCH 10–14, 2018
NEW YORK MARRIOTT MARQUIS
LOCATED IN THE HEART OF TIMES SQUARE

REGISTER BY
FEBRUARY 18, 2018
TO TAKE ADVANTAGE OF PRE-REGISTRATION DISCOUNT

aatod.org
Dear Colleagues, Stakeholders and Friends:

On behalf of the American Association for the Treatment of Opioid Dependence, Inc. (AATOD), and our hosts and sponsors, the New York State Office of Alcoholism and Substance Abuse Services (OASAS) and COMPA, the Coalition of Medication Assisted Treatment Providers and Advocates, it is my pleasure to invite you to the 2018 AATOD Conference. The conference will convene March 10-14, 2018, at the New York Marriott Marquis Hotel, in the heart of Times Square.

The conference theme, Advancing & Integrating Specialized Addiction Treatment & Recovery, focuses on realizing the goals of medication for opioid use disorder (OUD) in a Comprehensive Hub setting. The opioid epidemic continues to intensify while our national healthcare system undergoes rapid change, including the transition to value based purchasing arrangements, greater need for integration and care coordination, and less certainty. Ultimately, we must respond to the demands of this environment by translating and mapping the essential elements of Opioid Treatment Programs into clear methods of treatment that lead to better quality, better outcomes and expansive recovery.

AATOD has a history of providing an outstanding conference experience filled with state-of-the-art training and cutting-edge information on medication for opioid use disorder (OUD) for providers, policy makers, peers and advocates. Our planning committees are working diligently to ensure a fascinating program. Stop by the Poster Sessions. Contribute to the discussion at one of the Hot Topic Roundtables or Workshops. Visit our exhibit booths with the latest technologies, science and products that support our work. Take a tour of a local program—in person or virtually. Join over 2,000 colleagues from around the world at our inspiring Plenary Sessions. Experience an “aha!” moment that catapults discovery and jolts the imagination.

The AATOD Conference is the largest gathering of the opioid treatment community. This conference brings innovative people together in a diverse array of forums and workshops. Much of the benefit of the conference comes from the informal interactions. There are chances to connect with national and local AATOD representatives, federal and state officials, international colleagues and other delegates during the Open AATOD Board Meeting, Welcome Reception, Continental Breakfasts or Refreshment Breaks. The Awards Banquet on Monday evening will be an elegant celebration to honor those who have made significant contributions to our field.

There is no city in the world like New York. From the United Nations to the Freedom Tower, from the Brooklyn Bridge to the Statue of Liberty, everywhere you turn there is a stirring symbol of our shared past and an uplifting reminder of a hopeful tomorrow.

On behalf of AATOD’s Board, our hosts, and our planning committee (please visit aatod.org for complete listing), I thank you for planning to attend our conference and for the knowledge, experience and dedication you bring here and to our field. I look forward to welcoming each of you to New York City.

My best to all,

Allegra Schorr
2018 Conference Chair
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 a.m.</td>
<td>Registration Open</td>
</tr>
<tr>
<td>8:00 a.m.</td>
<td>The Certified Medication Assisted Treatment Advocate (CMA) Training Course</td>
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<tr>
<td>8:00 a.m.</td>
<td>State Opioid Treatment Authorities Training (Invitation Only)</td>
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<tr>
<td>8:00 a.m.</td>
<td>Buprenorphine and Office-Based Treatment of Opioid Use Disorders</td>
</tr>
<tr>
<td>8:30 a.m.</td>
<td>Improving Cultural Competence in Substance Abuse Treatment</td>
</tr>
<tr>
<td>9:00 a.m.</td>
<td>Opioid Overdose Prevention and Naloxone Access: Opportunities for Integration into Substance Use Disorder Treatment and Recovery</td>
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<td>1:00 p.m.</td>
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<td>5:00 p.m.</td>
<td>AATOD Open Board Meeting</td>
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<tr>
<td>7:30 a.m.</td>
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<tr>
<td>8:00 a.m.</td>
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<tr>
<td>8:30 a.m.</td>
<td>State Opioid Treatment Authorities’ Meeting (Closed Session for State and Federal Officials)</td>
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<tr>
<td>8:30 a.m.</td>
<td>Collaborative Practice Settings Facilitate Integrative Approaches to Treating Opioid Use Disorder: Findings from Three National Programs</td>
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<tr>
<td>9:00 a.m.</td>
<td>Adding Peer Recovery Support Services to Effective Medication Assisted Treatment</td>
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<tr>
<td>9:00 a.m.</td>
<td>Moving the Treatment Paradigm: Measuring Outcomes to Improve the Delivery of Care, Treatment and Services</td>
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<tr>
<td>12:15 p.m.</td>
<td>Presentations by the World Federation for the Treatment of Opioid Dependence (WFTOD)</td>
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<tr>
<td>1:00 p.m.</td>
<td>The New York Experience—“Reversing the Stigma” Documentary Premiere and Panel Discussion</td>
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<tr>
<td>1:00 p.m.</td>
<td>Management of Pregnant and Parenting Women with Opioid Use Disorder and their Infants</td>
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<tr>
<td>4:00 p.m.</td>
<td>Posters</td>
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<tr>
<td>4:00 p.m.</td>
<td>Exhibits</td>
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<tr>
<td>5:30 p.m.</td>
<td>Welcome Reception in Exhibit Hall</td>
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<tr>
<td>7:30 a.m.</td>
<td>Methadone Anonymous Meeting (Open)</td>
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<tr>
<td>7:30 a.m.</td>
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<td>7:30 a.m.</td>
<td>Continental Breakfast in Exhibit Hall</td>
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<td>7:30 a.m.</td>
<td>Poster Author Session—Author(s) presentation including Q&amp;A</td>
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<tr>
<td>7:30 a.m.</td>
<td>Exhibits</td>
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<tr>
<td>8:45 a.m.</td>
<td>Opening Plenary Session—Tackling the Opioid Crisis Both Locally and Globally</td>
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<tr>
<td>10:30 a.m.</td>
<td>Workshop Sessions</td>
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<tr>
<td>11:30 a.m.</td>
<td>Exhibits</td>
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<tr>
<td>12:00 p.m.</td>
<td>Lunch in Exhibit Hall</td>
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<tr>
<td>1:30 p.m.</td>
<td>Workshop Sessions</td>
</tr>
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<td>3:15 p.m.</td>
<td>International Presentations</td>
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<tr>
<td>3:15 p.m.</td>
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<tr>
<td>7:00 p.m.</td>
<td>Awards Banquet</td>
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<td>Exhibits</td>
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<tr>
<td>8:45 a.m.</td>
<td>Middle Plenary Session—Advancing &amp; Integrating Specialized Addiction Treatment &amp; Recovery</td>
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<tr>
<td>10:30 a.m.</td>
<td>Workshop Sessions</td>
</tr>
<tr>
<td>12:00 p.m.</td>
<td>Lunch (on your own)</td>
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<tr>
<td>1:30 p.m.</td>
<td>Workshop Sessions / Hot Topic Roundtables</td>
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<td>Closing Plenary Session—How the Federal Government is Fighting Back Against the Opioid Epidemic</td>
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<td>1:00 p.m.</td>
<td>Clinic Tours (Sign-Up at Hospitality Table)</td>
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</tbody>
</table>
8:00 a.m.–5:00 p.m.

The Certified Medication Assisted Treatment Advocate (CMA) Training Course

Laura McNicholas, MD, NAMA-R Advisory Board, Philadelphia, PA
Joycelyn Woods, MA, MARS Project, Bronx, NY & NAMA-R, New York, NY
Belinda Greenfield, PhD, New York State Office of Alcoholism and Substance Abuse Services (OASAS), New York, NY
Mary Lou Ojeda, MS, Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD
Nichole Smith, MSHS, Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD
Claude Hopkins, CDAC, NAMA-R, Neptune, NJ
Brenda Davis, MSW, NAMA-R and Beth Israel Medical Center, New York, NY
Paul Bowman, Jr, CMA, NAMA-R, Boston, MA
Herman Joseph, PhD, Stop Stigma Now, New York, NY

The leading advocate and recovery organization for medication assisted treatment, the National Alliance for Medication Assisted Recovery (NAMA Recovery), developed this training believing that professionals, patients and their families can work together for a better understanding of the physiology of addiction and the use of medication for opioid use disorder (OUD). Both patients and non-patients are encouraged to become Certified Medication Assisted Treatment Advocates (CMA).

The course presentation includes:

Medication for Opioid Use Disorder (OUD)—Basic clinical information about medications for OUD.
Addiction & Methadone—Current science about addiction in a language understandable to the non-clinician.
Regulations & Accreditation—Current regulations explained by the federal agency that oversees methadone and buprenorphine treatment, and the State Opioid Treatment Authority.
Basic Advocacy—Basic tools for advocacy, managing simple issues that confront advocates, educating patients about their rights, handling grievances, legal issues, and working within communities to benefit patients and treatment.

Participants will gain the initial tools for basic advocacy in order to grow and develop into successful advocates. The course involves eight hours of rigorous training and fulfills the training requirement for Certification as a Medication Assisted Treatment Advocate (CMA).

Candidates for certification must register with NAMA Recovery prior to the conference. There is a separate registration fee for the event. The fee includes all materials, 2018 membership in NAMA Recovery, and the application for CMA. Registration information is available at: www.methadone.org. NAMA Recovery cannot guarantee a place to anyone not pre-registered. Lunch is not provided.

Sponsored by the National Alliance for Medication Assisted Recovery (NAMA Recovery) and Mallinckrodt Pharmaceuticals

8:00 a.m.–5:30 p.m.

Buprenorphine and Office-Based Treatment of Opioid Use Disorders

John A. Renner, Jr., MD, American Academy of Addiction Psychiatry / PCSSMAT, Boston, MA
Laura F. McNicholas, MD, Independent Medical Consultant, Philadelphia, PA

Designated by the Department of Health and Human Services, this training meets the eight-hour requirement and is designed to instruct physicians, nurse practitioners and physician assistants to dispense buprenorphine in office-based treatment for opioid use disorder. Participation in this training will provide a comprehensive overview of buprenorphine prescribing and its safe and effective use in an office-based setting. This training is designed for physicians and other primary care providers who are likely to treat opioid dependent persons in their practice, such as those in family practice, general internal medicine, psychiatry, pediatrics, adolescent medicine specialists and Opioid Treatment Programs.

Sponsored in part by the Substance Abuse and Mental Health Services Administration (SAMHSA) and in partnership with the American Academy of Addiction Psychiatry (AAAP), the American Osteopathic Academy of Addiction Medicine (AOAAM) and the American Psychiatric Association (APA)

Funding for this course was made possible (in part) by 1H79T1022022 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

8:30 a.m.–5:00 p.m.

Improving Cultural Competence in Substance Abuse Treatment

Maxine Fuller, MS, The Bizzell Group, Atlanta, GA
Robert Johnson, MED, Accreditation Readiness, LLC, Columbia, MO

As the United States becomes more and more racially and ethnically diverse, it is important for healthcare providers to provide culturally competent services. The goal of this session is to provide mental and behavioral health staff and counselors with the knowledge, skill and strategies to serve diverse patients, families and communities. This session targets specific racial, ethnic and cultural considerations and the core elements of cultural competence such as cultural awareness, general cultural knowledge, cultural skill knowledge and cultural knowledge of behavioral health. The foundation for this interactive training is the Substance Abuse Mental Health Services Administration’s (SAMHSA) Treatment Improvement Protocols (TIP) 59: Improving Cultural Competence. This comprehensive guide was published in 2014 and is a free resource for healthcare professionals. The primary objective of TIP 59 is understanding the role of culture in the delivery of behavioral health services. Upon completion of this session, participants will be able to (1) Understand what cultural competence is and why it is important, (2) Know the core competences counselors and other clinical staff must have to be able to
effectively serve diverse patients, families and communities, (3) Practice the nine steps of culturally responsive evaluation and treatment planning, (4) Know what is necessary to become a culturally competent organization and (5) Understand how to provide effective services to major racial and ethnic groups.

Note: Due to the interactive nature of the session, participation is limited to 60 individuals.

Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA)

9:00 a.m.–12:00 p.m.

Opioid Overdose Prevention and Naloxone Access: Opportunities for Integration into Substance Use Disorder Treatment and Recovery

LCOR Brandon Johnson, PhD (c), Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD
Maya Doe-Simkins, MPH, JBS International, Maple City, MI
Sharon Stancilff, MD, Harm Reduction Coalition, New York, NY
Eliza Wheeler, MS, Harm Reduction Coalition, New York, NY

This half-day session is an opportunity for attendees to learn about the Substance Abuse Mental Health Services Administration’s (SAMHSA) detailed overdose prevention and response curriculum, which serves to support implementation of strategies discussed in the Opioid Overdose Prevention toolkit and Federal Guidelines for Opioid Treatment Programs. The presenters will discuss why it is most essential to expand our ability to provide naloxone to those most likely to be present at the scene of an overdose: heroin/opioid users themselves. To do this effectively, we need to use low threshold models, reaching individuals where they are and Substance Use Disorder (SUD) treatment programs and Recovery Community Organizations (RCO) are important existing infrastructures for accessing people at high risk. Jointly with attendees, the presenters will discuss various models for integrating overdose prevention in SUD treatment programs and RCOs and brainstorm some strategies for addressing common barriers. The presenters will facilitate a discussion of some of the nuanced details of increasing naloxone access through SUD treatment organizations or collaboration with other organizations in the community. With a sample agency policy as a template, attendees will have the opportunity to develop a policy that fits the context of their respective agencies. The presenters will discuss approaches in modifying overdose prevention education including illicitly manufactured fentanyl (IMF) and counterfeit prescription pills. In addition to case scenarios for incorporating real-time information from people who use drugs into safety campaigns. The presenters will also discuss how overdose prevention education differs based on population, including people who are incarcerated. All presenters will facilitate a question and answer session and conclude the session with an explanation of activities and opportunities for overdose prevention support that reflect SAMHSA’s commitment to overdose prevention.

Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA)

1:00 p.m.–4:00 p.m.

Concurrent Use and Misuse of Benzodiazepines Among Patients Receiving Pharmacotherapy for Opioid Use Disorder

Onaje Salim, PhD, Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD
Stephen A. Wyatt, DO, Carolinas HealthCare System, Charlotte, NC
Julie A. Kmiec, DO, Western Psychiatric Institute and Clinic, Pittsburgh, PA
Kenneth Stoller, MD, Johns Hopkins Bayview Medical Center, Baltimore, MD

This session will provide an evidence-based overview for addressing the concurrent use of benzodiazepines in patients receiving pharmacotherapy for Opioid Use Disorder (OUD). Experts will share clinical recommendations and lessons learned from the field. Concurrent use and abuse of benzodiazepines among patients receiving pharmacotherapy for OUD are important public health issues. Nearly 30% of fatal “opioid” overdoses involve the concurrent use of benzodiazepines (Sun et al., 2017). Lack of monitoring and inaccurate reporting from patients make it difficult to determine the scope of benzodiazepine misuse among patients receiving pharmacotherapy for OUD (Chen et al., 2011). Safe prescribing methods and interventions are needed to prevent harm among patients receiving pharmacotherapy for OUD who concurrently use or misuse benzodiazepines. However, evidence-based information about the clinical management of this population is lacking (Lintzeris & Nielsen, 2009). The medical community, patients receiving treatment for OUD, and their family members need education to raise awareness about the health risks associated with benzodiazepine and opioid use, treatment options for managing OUD and anxiety, and best practices for managing risks. To educate those in the field and community stakeholders, the Substance Abuse and Mental Health Services Administration (SAMHSA) conducted a literature review and convened an expert panel of providers with experience in prescribing pharmacotherapy for OUD and managing anxiety with or without benzodiazepines. The presenters will discuss results from the literature review and provide clinical recommendations for improving health outcomes and mitigating risks for overdose among this patient population. The presenters will also address gaps that remain in the literature and recommendations from the field as well as seek audience members’ input for effective approaches used in treatment programs.

Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA)
Hepatitis C virus (HCV) infection is a leading cause of chronic liver disease (CLD) with an estimated global prevalence of more than 150 million, with up to an estimated 3.2 million infected individuals in the United States. Currently, injection drug use is the leading risk factor for HCV acquisition. In fact, people who inject drugs (PWID) represent the majority of HCV disease burden in developed countries. HCV prevalence among PWID is as high as 80% depending on frequency and duration of use, while incidence ranges from 16–42% per year. Recent FDA-approved HCV treatments can cure >90% of patients without the need for interferon. Despite these facts, HCV treatment uptake amongst PWID participants has been low.

Unfortunately, a variety of factors contribute to the limited number of PWID entering HCV care and treatment. Such barriers exist at the patient, physician, and health system levels. Although there are different barriers that are specific to each group, in general these barriers are either 1) based on misperceptions or 2) have become “partially resolved” in the wake of advances in HCV management, healthcare reform including expanded Medicaid coverage for low-income patients, increased pharmaceutical access through public insurance and private indigent care support programs, and federal and state government screening mandates. Addressing such barriers is the important first step toward formulating interventions to increase access to care.

The Triple E session will be built around a series of expert-led presentations with the integration of real-world cases serving to highlight and reinforce the recognition of, methods for diagnosing, and the management of HCV. These clinical cases will provide abundant opportunities for audience input, panel discussion, and debate regarding the best treatment strategies for a given patient. This session emphasizes the need to ensure that PWID have access to viral hepatitis prevention, care, and treatment services; to develop and mobilize community resources that prevent viral hepatitis caused by injection drug use; and to advance research into the prevention of viral hepatitis among persons who use drugs.

Sponsored by the Chronic Liver Disease Foundation and an educational grant from AbbVie and Gilead

1:00 p.m.–5:00 p.m.

Triple E for HCV: Engagement, Education and Eradication of HCV Among Patients with Substance Use Disorders

Stevan Gonzalez, MD, Baylor All Saints Medical Center, Fort Worth, TX
Daniel Fierer, MD, Icahn School of Medicine at Mount Sinai, New York, NY
Andrew Talal, MD, University at Buffalo, Buffalo, NY
Lawrence S. Brown, Jr., START Treatment and Recovery Centers, Brooklyn, NY

Opioid Maintenance Pharmacotherapy: A Course for Clinicians

Laura F. McNicholas, MD, Independent Medical Consultant, Philadelphia, PA
Abigail Kay, MD, Thomas Jefferson University, Philadelphia, PA
Brian Mccarroll, DO, BIO-MED Behavioral Healthcare, Roseville, MI
Kenneth Stoller, MD, Johns Hopkins Bayview Medical Center, Baltimore, MD

The course is recommended for clinicians who have an interest in increasing their knowledge of medications to treat opioid use disorder (OUD). The updated curriculum includes current guidance for best practice treatment for opioid use disorder.

Topics include overview of opioid use disorder, epidemiology, opioid pharmacology, evidence-based treatment options, patient assessment/selection, special populations, induction and maintenance protocols, pain management, drug-to-drug interactions, adverse effects, methadone deaths, managing medical/psychiatric problems, drug testing, regulatory issues, an accreditation update, risk management, and an overview of other medication modalities.

While the course is primarily intended for clinicians with limited experience in using medication for OUD, it also provides updated information for more experienced clinicians. Participants will receive a comprehensive syllabus with reference and resource materials. To further integrate the educational objectives, participants are encouraged to discuss challenging problems and clinical issues to facilitate understanding of didactic principles.

Experienced opioid treatment program Medical Directors will conduct the program, focusing on the goal for participants to acquire the essential knowledge and skills necessary to deliver safe and effective medication for opioid use disorder.

The $275.00 registration fee includes course materials, morning coffee service and afternoon luncheon.

Sponsored by the American Association for the Treatment of Opioid Dependence, Inc. (AATOD)

Supported by the National Institute on Drug Abuse (NIDA) and through a grant from Mallinckrodt Pharmaceuticals

8:00 a.m.–5:30 p.m.

State Opioid Treatment Authorities’ Meeting

(Closed session for State and Federal Officials)

Danielle Johnson, MPH, Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD
Wilmarie Hernandez, MBA, Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD
Barbara Howes, MA, Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD
Brandon Johnson, PhD(c), Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD
William Longinetti, MS, Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD
Mary Lou Ojeda, MS, Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD
Ivette Ruiz, MA-CRP, Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD
Nichole Smith, MSHS, Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD
James Arnold, Drug Enforcement Administration (DEA), Arlington, VA
Demetra Ashley, Drug Enforcement Administration (DEA), Arlington, VA
State Opioid Treatment Authorities (SOTAs)

Federal officials, including Substance Abuse Mental Health Services Administration (SAMHSA), the Drug Enforcement Administration (DEA), and State Opioid Treatment Authorities, will convene to share information and discuss a variety of topics of interest to SAMHSA, DEA and the States. Issues of mutual concern in the approval and monitoring of Opioid Treatment Programs, including clinical, administrative, financing and regulatory policy topics, will be discussed to improve and coordinate joint oversight.

Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA)

8:30 a.m.–12:30 p.m.

Collaborative Practice Settings Facilitate Integrative Approaches to Treating Opioid Use Disorder: Findings from Three National Programs

Petra E. Jacobs, MD, National Institute on Drug Abuse, Center for the Clinical Trials Network (NIDA/CTN), Bethesda, MD
Brad Shapiro, MD, University of California, San Francisco School of Medicine, San Francisco, CA
Felicity Homsted, PharmD, Community Care Partnership of Maine—Accountable Care Organization, Newburgh, ME
Beth Tannman, MSW, Vermont Blueprint for Health, Shelburne, VT

In the wake of the current prescription opioid crisis, improving access to treatment is critical. Until the Drug Abuse Treatment Act (DATA) of 2000, patients could only receive medication treatment through federally-approved and licensed Opioid Treatment Programs (OTPs). Now, providers may offer pharmacotherapies for opioid use disorders (OUD) and naloxone to prevent overdose in office-based settings. However, research shows that access to these vital medications remains limited. This is due in part to the low numbers of physicians seeking buprenorphine licenses as well as issues of insurance, accessibility and stigma. Many OUD patients may also present with co-occurring conditions—including mental disorders and infectious diseases (e.g., HIV and/or HCV)—and may be unable, unwilling, or unlikely to seek separate treatment. Integrated care for addiction and other conditions at one treatment center is most likely to engage and retain these patients. It is therefore crucial to identify creative and practical solutions that meet patients where they are and offer comprehensive, accessible treatment options.

This session will explore three models showcasing different implementation strategies for the treatment of OUD patients: Vermont’s Hub & Spoke Model; San Francisco’s Office-Based Opioid Treatment (OBOT) program incorporating pharmacies for dispensing of methadone; and Penobscot Community Health Care (PCHC) efforts to engage pharmacists in medication management. Attendees will hear about program goals, methods, challenges, and preliminary outcome and evaluation results. The session will allow the opportunity for discussion. In keeping with the AATOD conference theme of “Advancing & Integrating Specialized Addiction Treatment & Recovery,” presenters will describe creative models for provision of comprehensive OUD treatment in settings that are accessible to patients with multiple medical or psychosocial challenges. There will also be a presentation of the results of outcome and evaluation studies, feedback on utilization and efficacy, and challenges to widespread adoption.

Supported by the National Institute on Drug Abuse, the National Drug Abuse Treatment Clinical Trials Network (NIDA/CTN)

9:00 a.m.–12:00 p.m.

Adding Peer Recovery Support Services to Effective Medication Assisted Treatment

Walter Ginter, CMA, MARS™ Project, New York, NY
Suzanne Hall-Westcott, MS, Beyond MARS™ Training Institute, New York, NY
Ivette Torres, MEd, Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD
Sharon Dow, MS, The Bizell Group, Lanham, MD

This session will help participants understand the importance and the role of peer recovery support services in improving outcomes in Medication Assisted Treatment (MAT). It will also provide the opportunity for them to enroll in a special, SAMHSA-funded effort for programs that want to create their own structured program of peer support.

The session begins with a description of recovery supports that have been shown to work for MAT patients and that peer support services are often underutilized. This introduction will include an overview of how peer recovery support services fit into the holistic, Bio-Psycho-Social model of chronic disease treatment services. Participants will see how social support, in conjunction with a traditional medication and counseling approach, can effectively work to help patients achieve and sustain recovery. An example of a structured program of peer support will be presented.

While peer-group social supports have been an important part of medication-free recovery for many decades (12 Step, Therapeutic Communities, etc.), it is only recently that this type of support has been shown to be effective in MAT. The MARS™ (Medication Assisted Recovery Services) Project is a trademarked intervention that provides an easy-to-implement model of peer-group based social support and patient education. In addition to this unique community of peer support, there will also be a discussion about recovery coaching. Recovery coaching has been used in the medication free recovery community in the last decade and is now showing its effectiveness in MAT. The session concludes with showing participants how to access SAMHSA-funded OTP-Q Training and Technical Assistance to support their programs’ efforts to implement peer recovery support services or to enhance an existing program of peer support services.

Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA)
Moving the Treatment Paradigm: Measuring Outcomes to Improve the Delivery of Care, Treatment and Services

Megan Marx, MPA, Joint Commission, Behavioral Healthcare and Psychiatric Hospital Accreditation Program, Oakbrook Terrace, IL
John (“Chuck”) Ross, MSSA, Joint Commission, Oakbrook Terrace, IL
Darren Lubbers, PhD, Integrated Health Analytics, LLC, Keego Harbor, MI
Jaimie Brandon, MS, Integrated Health Analytics, LLC, Keego Harbor, MI

According to a recent report from the Kennedy Forum, “Patients with mental health and substance use disorders (MH/SUD) treated in routine care experience worse outcomes than patients enrolled in clinical trials that have demonstrated the effectiveness of evidence-based treatments. This large gap between routine outcomes and optimal outcomes exists across a wide range of patient populations and treatment settings, including primary care and specialty behavioral health.” Part of what contributes to these poor outcomes is the lack of consistent utilization of measurement based care to determine whether individuals receiving care, treatment and services are improving. This, despite nearly two decades of research that suggests that the effects of utilizing measurement based care are robust, cutting across treatment modalities, populations and settings.

Mental Health America (MHA), in their position statement on Evidence Based Healthcare, state that “Outcome measurement is essential to make any system of care accountable.” Incorporating measurement based care in behavioral health care settings has been demonstrated to allow providers to address opportunities in real time to improve the delivery of care, treatment and services while a patient is in their care. These improvements also translate into improved outcomes for future patients. According to MHA, as outcome data are accumulated and analyzed, it will become more and more feasible to use the data in evaluating and modifying treatment and monitoring and improving provider services and systems of care. This is essential in a behavioral healthcare environment where there is a growing emphasis on demonstrating outcomes.

The Kennedy Forum has developed and endorsed the policy that “All primary care and behavioral health providers treating mental health and substance use disorders should implement a system of measurement-based care whereby validated symptom rating scales are completed by patients and reviewed by clinicians during encounters. Measurement-based care will help providers determine whether the treatment is working and facilitate treatment adjustments, consultations, or referrals for higher intensity services when patients are not improving as expected.”

Beginning in January 2018 the Joint Commission will require all programs accredited under the Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC) to use a standardized instrument to collect data measuring treatment outcomes. Data collected and analyzed using the selected standardized tool(s) should be used by the accredited organization to inform and improve the delivery of care, treatment and services. This session will focus on the Joint Commission’s revised accreditation elements of performance, what research tells us about the use of standardized instruments to measure outcomes and the challenges programs face in selecting and implementing standardized tools to measure outcomes.

Sponsored by the Joint Commission
Welcome Reception

Sunday, March 11 • 5:30 p.m.–7:30 p.m.

The Welcome Reception affords all participants the opportunity to make new professional and personal acquaintances, as well as to enjoy some time reuniting with old friends and colleagues.

Supported in part by Atlantic Diagnostic Laboratories
The AATOD Conference serves as a central gathering point for the opioid treatment community and offers significant opportunities for exhibiting companies to interact with other professionals who are devoted to the treatment of opioid use disorder throughout the nation and abroad. The registrants will consist of the decision makers in this field who spend over $1 billion annually treating more than 350,000 patients in opioid treatment programs.

In order to provide exhibitors with steady exposure to conference attendees, all continental breakfasts and refreshment breaks will be held exclusively in the exhibit area. An Exhibitor’s Networking Lunch will be held Monday, March 12 to encourage contact and dialogue between attendees and the exhibiting companies.

EXHIBIT HOURS
Sunday, March 11–4:00 p.m.–7:30 p.m.
Monday, March 12–7:30 a.m.–9:30 a.m.; 11:30 a.m.–4:30 p.m.
Tuesday, March 13–7:30 a.m.–1:30 p.m.

EXHIBITORS
Acadia Healthcare
Accreditation Guru, Inc.
Accumedic
ACM Global Laboratories
Addiction Treatment Providers Insurance Program
Alkermes Inc.
American Association for the Treatment of Opioid Dependence, Inc.
Atlantic Diagnostic Laboratories, LLC
ATTIC Network
BestNotes
CARF International
Clinical Science Laboratory
COMPA
Cordant Health Solutions
Council on Accreditation
CSS Inc.
Development Services Group, Inc.
Enovative Technologies
Gilead Sciences
Harvard Medical School
Harwood’s Miami Safe Co.
IC&RC
Indivior Inc
IVEK Corporation
Laboratory Corporation of America
Mallinckrodt Pharmaceuticals
MedStat, A Division of C&C containers, LLC
MedTest
Mertz Taggart
MethodOne by Computalogic
MJS Packaging
Molecular Dx
Netalytics LLC (Methasoft)
Netrix LLC
Netsmart
OC Berk Company of New England / Kols Containers
OraSure Technologies
Oreno US Inc
Philadelphia Insurance Companies
Pinnacle Treatment Centers
Pyramid Healthcare
Redwood Toxicology Laboratory, Inc.
San Diego Reference Laboratory
SciLog I Parker Bioscience
Smart Management, Inc.
Smith Medical Partners
Stop Stigma Now
TenEleven Group, Inc.
The Braff Group
The Joint Commission
Tower Systems Inc
Truetox Laboratories, LLC
Turning Point Clinic
US WorldMeds
Vista Pharm, Inc.
West-Ward Pharmaceuticals

POSTER SESSIONS

Posters are in place during the times listed on the schedule. However, authors will be present to discuss their topic(s) on Monday, March 12 from 7:30 a.m.–8:45 a.m. and 3:15 p.m.–4:15 p.m.

The following domestic and international posters will provide valuable research findings to treatment providers:

**Bringing it to the MAT: A Collaboration Between Courts and Medication Assisted Treatment Programs**
Angela Bonaguidi, LCSW

**Providing Ongoing Peer-led Motivational Interviewing Trainings for Clinical Staff at Opioid Treatment Program: Model for Fostering Professional Development While Also Providing Patients with State-of-the-art Care**
Yunhee Choi-Kuaea, MSW

**Relevance of Pharmacogenomic Testing In an OTP: A Case Series Report**
Reynolds Clodfelter, Jr., PsyD

**Implementation of Overdose Education and Naloxone Distribution**
Emily Daniell, MSN

**Further Evidence of a Psychopathology Specific to Heroin Use Disorder. Relationships Between Psychopathological Dimensions and Addictive Behaviours**
Filippo Della Rocca

**Increase in Drug Injectors in Southeast U.S. and in Rural-Suburban Counties among Entrants to Opioid Treatment Programs**
Chunki Fong, MS

**Clinical Utility of a Data-Based Mental Health Patient Engagement Tool in the Dual Diagnosis Population**
Sydney Goldblatt, MD

**SUD Services for Prescription Opioid Use in 4-Year College and University Health Centers**
Brandon Johnson, PhD(c)

**Antipsychotic Treatment of Opiate Addicts with Dual Psychiatric Diagnosis (Optimal Choice of Drug and Length of Treatment)**
Samir Shimon Kasper
Factors Predicting Treatment Outcome in Heroin Addicts Treated with Naltrexone and Cognitive Behavioral Therapy
Jasmina Knežević-Tasi

Average Treatment Duration and Clinical Practice Behaviors in Buprenorphine Treatment: A National Survey of Buprenorphine-Prescribing Physicians
Hannah Knudsen, PhD

Relevance of Pharmacogenomic Testing in a Methadone Clinic: A Case Series Report
John Kriak, PharmD

Prescription Drug Monitoring Program Data as a Predictor of Diversion in Medication-Assisted Treatment
Emily Loscalzo, PsyD

Novel Synthetic Opioids As A Public Health Threat
Mercedes Lovrecic

Reported Chronic Pain and Overdose by Patients Enrolling in Opioid Dependence Treatment in France and the United Kingdom
Karen McBride, MA

Use of Treatment History to Identify Drug Use Differences in Patients Entering Medication-Assisted Maintenance Substance Abuse Treatment Programs in France and the United Kingdom
Karen McBride, MA

Opioid Treatment Program (OTP) Patient Perceptions and Attitudes on Newer Medications for Medication-Assisted Treatment (MAT) at a NYC Treatment Provider
Jung-Yun Min

Substance Use in Children in Afghanistan: Gender Differences at Treatment Entry and in Response to Treatment
Abdul Momand

Opioid Maintenance Treatment and Factors Supporting Long-Term Retention in Treatment
Ashley Muller

Pregnancy Outcomes Among Female Opioid Drug Users on Medication Assisted Therapy (MAT) in Mathari MAT Clinic, Kenya
Chaterine Mutahi

Benzodiazepines Abusers with and Without History of Opiate Addiction
Matteo Pacini

The Relation Between Mindfulness Trait and Perceived Stress among Methadone Maintenance Treatment Patients
Einat Peles, PhD

Empowering Primary Care Providers to Identify and Effectively Treat Prescription Opioid Use
Diego Ponieman, MD

Cognitive Impairments and Intervention in Dual Diagnosis (Mental Illness and Opioid Abuse) Patients
Pat Precin, PhD

Quantifying Urinalysis Results to Predict Treatment Retention
Angelo Rannazzisi, PsyD

Viral Hepatitis and Liver Fibrosis Screening in Psychiatric Patients by Cross Multidisciplinary Approach: Experience of French Mobile Unit
Andre Jean Remy

Pharmacists Can Provide MAT: Examining Innovative Models of Collaborative Care
Gail Scott, MPH

Erectile Dysfunction in Men with Opioid Addiction
Nusa Segrec

Guiding Principles on Framework and Support Measures for Opioid Agonist Treatment: A Right to Health Perspective
Olivier Simon, MD

Peer-Delivered Support Groups in MAT: Observations from the MARS Project
Jo Sotheran, PhD

Extended-Release Naltrexone for Abstinence-Oriented Opioid Users Compared to Buprenorphine-Based OMT
Lars Tanum

Opioid Misuse and Abuse among Older Adults: Raising Awareness and Improving Access to Care
Gilbert Thompson

Heroin, a Treatment Like the Others
Gabriel Thorens

The Factors Associated with Drop-out Rate in the Ho Chi Minh City (Vietnam) Methadone Program
Vi Thi Tuong Vu, MA
OPENING PLENARY SESSION

Tackling the Opioid Crisis Both Locally and Globally

MODERATOR:
Allegra Schorr, President, Coalition of Medication Assisted Treatment Providers and Advocates (COMPA), & Vice President, West Midtown Medical Group, New York, NY

KEYNOTE SPEAKERS:
Honorable Andrew Cuomo, Governor of New York, Albany, NY (Invited)
Arlene González-Sánchez, Commissioner, New York State Office of Alcoholism and Substance Abuse Services (OASAS), Albany, NY
Mark W. Parrino, MPA, President, American Association for the Treatment of Opioid Dependence, Inc. (AATOD), New York, NY
Icro Maremmani, MD, President, World Federation for the Treatment of Opioid Dependence, NGO with Special Consultative Status with United Nations Economic and Social Council, Pisa, Italy

The Opening Plenary Session will review AATOD’s strategies and critical efforts in New York State (NYS), as well as plans for work both nationally and internationally. Ms. Allegra Schorr, Conference Chairperson and President of the Coalition of Medication Assisted Treatment Providers and Advocates (COMPA) and Vice President of West Midtown Medical Group, will welcome conference attendees and provide an overview of this exciting conference and the rich offerings available. Ms. Schorr will be followed by a very special welcome to New York by The Honorable Andrew Cuomo, Governor of New York. Governor Cuomo will discuss the comprehensive legislation and funding efforts implemented in NYS to address this epidemic. Commissioner González-Sánchez will follow by providing additional insight into how NYS OASAS is continuing treatment, prevention and recovery efforts to combat addiction across the state. Mr. Mark Parrino, AATOD President, will provide an overview of the challenges, opportunities and accomplishments of AATOD over the past 18 months and will provide insight into the Association’s plans and strategies for the future. Dr. Icro Maremmani, President of the World Federation for the Treatment of Opioid Dependence, will conclude by providing an overview of the opioid crisis throughout the world and will share some of the international work being done to address opioid use disorders abroad.

A1 Methadone 101
Laura F. McNicholas, MD, Independent Medical Consultant, Philadelphia, PA
Kenneth B. Stoller, MD, Johns Hopkins University, Baltimore, MD

Methadone maintenance treatment within the setting of comprehensive opioid treatment programs (OTPs) has been available for decades. Yet many clinicians and policymakers do not understand how and why it is effective in treating opioid use disorder (OUD). The presenters will review the basic elements of opioid agonist treatment; examine the pharmacologic aspects of methadone; present initial screening, admission, and assessment techniques; describe associated medical, psychiatric, and substance use conditions associated with OUD; describe the efficacy of methadone maintenance; review other OUD pharmacotherapies; and review the continuum of routine and wrap-around services that are provided in OTPs.

A2 Opioids, Pregnancy, NAS: How We Provide the Best Care for Women and Babies
Mishka Terplan, MD, Virginia Commonwealth University, Richmond, VA
Loretta Finnegan, MD, College on Problems of Drug Dependence, Philadelphia, PA

The majority of newborns born to women who receive pharmacotherapy for opioid use disorder develop neonatal abstinence syndrome (NAS). We will review opioid use disorder through the lens of reproductive health with a particular focus on the management of pregnant women and their newborns. Attention will be focused on the responsibilities of Opioid Treatment Program (OTP) providers for reproductive-aged women in general, including the postpartum period, and substance-exposed newborn reporting guidelines. Concrete tools to integrate reproductive health care into OTPs will be shared and the most current evidence regarding NAS etiology and management will be detailed.
WORKSHOP SESSIONS

A1 Building Therapeutic Partnerships: The Most Important Evidence-Based Practice
Robert C. Lambert, MA, Connecticut Counseling Centers, Inc., Waterbury, CT

Research indicates that the quality of the therapeutic relationship has a greater effect on patient retention and outcomes than the specific counseling approach used. This workshop will focus on the opportunities and unique challenges involved in enhancing the therapeutic alliance with medication-assisted patients within the clinic setting, a review of the fundamentals of forming and maintaining a therapeutic relationship and the factors that affect the quality of the therapeutic relationship, explore patient expectancy as a therapeutic factor, and discuss the use of patient feedback to strengthen the therapeutic alliance.

A2 Addressing the Complexity of Working with Pregnant Women with Opioid Use Disorders
Holly Hills, PhD, University of South Florida, Tampa, FL
Tara Richards, PhD, University of Baltimore, Baltimore, MD
Sherri Kincade, MS, DACCO Behavioral Health, Tampa, FL

Pregnant women with opioid use disorders present unique clinical challenges for Opioid Treatment Programs (OTPs). This workshop will discuss co-occurring disorders in this population and efforts to integrate care. Screening for traumatic experience and evidence-based methods to intervene will be described. Prescriptive practice will be described, drawing on a recent analysis of 4,324 women in Florida OTPs. Current ‘best practice’ recommendations, and debates, will be explored. Implementation of clinical strategies drawn from experience at a large OTP in Florida, informed by CSAT (2008) recommendations will be reviewed. Case vignettes, highlighting decision-making strategies in a community-based program, will be discussed.

A3 Opioid Overdose Recovery Program—An ED-Based Peer Led Initiative
Suzanne Borys, EdD, NJ Division of Mental Health and Addiction Services, Trenton, NJ
Adam Bucon, LSW, NJ Division of Mental Health and Addiction Services, Trenton, NJ
Eric McIntire, RWJ Barnabas Health, Institute for Prevention, Opioid Overdose Recovery Program, West Orange, NJ

The Opioid Overdose Recovery Program (OORP) is designed to respond to individuals who are reversed from opioid overdoses and are subsequently treated at hospital emergency departments (ED). OORP utilizes Recovery Specialists and Patient Navigators to engage individuals in the ED and provide non-clinical assistance, recovery supports, referrals for assessment and substance use disorder (SUD) treatment, and follow-up with these individuals. This workshop will provide an overview of OORP including data regarding patients served, preliminary outcomes, and lessons learned. Additionally, the presenters will describe how OORP services have been of benefit to both the patients served as well as the Recovery Specialists who serve them.

A4 Improving Cultural Competencies in Substance Abuse Treatment
Maxine Fuller, MS, The Bizzell Group, Atlanta, GA
Robert Johnson, MEd, Accreditation Readiness, LLC, Columbia, MO

The foundation for the Improving Cultural Competence in Substance Abuse Treatment Seminar is SAMHSA’s TIP 59 Improving Cultural Competence. This comprehensive guide was published in 2014 and is a free resource for healthcare professionals. This workshop will focus on what cultural competence is and the core competences counselors and other clinical staff must have to be able to effectively serve diverse patients, families and communities.

A5 A Patient-Centered Policy to Enhance Retention in OTPs
K. Michelle Peavy, PhD, Evergreen Treatment Services, Seattle, WA
Paul Grekin, MD, Evergreen Treatment Services, Seattle, WA
Molly Carney, PhD, Evergreen Treatment Services, Seattle, WA

Opioid Treatment Programs (OTPs) can adopt a more patient-centered approach by avoiding punitive measures for discharge, and emphasizing the individual’s clock for change. In this workshop, the presenters will discuss a high tolerance treatment model developed and implemented at an OTP. This workshop will focus on how the OTP can best support the health and safety of patients who continue to use, and how the OTP can promote a recovery environment given a growing proportion of drug using and unstable patients. The discussion will be informed by the presentation of results from a patient satisfaction survey, as well as an internal evaluation of the model.

Exhibitors Networking Light Lunch

Monday, March 12 • 12:00 p.m.–1:00 p.m.
Sponsored in part by O.Berk Co. of New England & Kols Containers

Policy Makers Luncheon

Monday, March 12
Supported in part by a grant from the Joint Commission and CSS, Inc.

1:30 p.m.–3:00 p.m.

Supported in part by O.Berk Co. of New England & Kols Containers
B3  A Case for Integration: Innovative Programs for Veterans with Opioid Use

William Hua, PhD, San Francisco VA Healthcare System, San Francisco, CA
Stephanie Cardoos, PhD, San Francisco VA Healthcare System, San Francisco, CA
Matthew Tierney, APRN, University of California, San Francisco, CA

Compared to civilians, veterans are at elevated risk of high-risk opioid use concerns (Seal et al., 2012). Best practices for the treatment of opioid use include integration of medical and non-pharmacological modalities of care. This presentation will describe innovative opioid use treatment options for veterans at the San Francisco VA Healthcare System. Programs include: 1) integrated psychology in the HIV/Liver Clinics, 2) provider-to-provider consultation through a telehealth network and the Prescription Opioid Safety Team and 3) specialty substance use treatment through Addiction Recovery Treatment Services program. Each program’s successes, challenges, and approach to integrated opioid use care will be highlighted.

B4  A Peace Plan in Action for the Internal Addiction Treatment War

Robert L. DuPont, MD, Institute for Behavior and Health, Inc., Rockville, MD
George Kolodner, MD, Kolmac Treatment Centers, Burtonsville, MD

The opioid epidemic requires an end to the decades-long conflicts in treatment over the role of medications and the definition of the core goal of the treatment of opioid and other substance use disorders. This workshop presents the history of these conflicts and explores the challenges that frustrate a peace between programs that do and do not use medications. Results of two pioneering programs will be presented: 1) Hazelden Betty Ford Treatment Centers’ initiative to integrate buprenorphine and naltrexone into an abstinence-oriented program, and 2) Kolmac Treatment Centers’ experience in combining medication for opioid use disorder in an abstinence-oriented intensive outpatient rehabilitation program.

B5  Financing and Policy Issues for Medication for Opioid Use Disorder

Brandon Johnson, PhD(c), Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD
Nina Marshall, MSW, National Council for Behavioral Health, Washington, DC
Peggy O’Brien, PhD, Truven Health Analytics, Bethesda, MD

The economic cost of opioid misuse has proven burdensome ($37 billion annual cost on the health care system) and the number of lives lost to opioid use overdose continues to climb (33,091 opioid-related overdose deaths in 2015). Greater access to medication for opioid use disorder (OUD), an evidence-based intervention to treat various substance use disorders, can mitigate the financial and personal losses that have grown under our nation’s current opioid epidemic. This workshop will describe financing and policy issues for medication for OUD at the regulatory and provider level, including Medicaid coverage of medications to treat opioid use disorder and alternative financing models.

Supported by the Substance Abuse and Mental Health Services Administration (SAMHSA)

3:15 p.m.–4:45 p.m.

INTERNATIONAL PRESENTATIONS

Psypchopharmacological Treatment of Dual Disorder Heroin Use Disorder Patients

Icro Maremmani, MD, Santa Chiara University Hospital, Pisa, Italy
Angelo GI Maremmani, MD, Dept. of Psychiatry, Northern-West Tuscany Region Local Health Unit, Versiliana Zone, Viareggio, Italy
Luca Rovai, MD, Dept. of Psychiatry, Northern-West Tuscany Region Local Health Unit, Apuan Zone, Massa, Italy

This workshop will describe in details the combinations between methadone and psychopharmacological medications that are useful in the experience of Dual Diagnosis Unit at Santa Chiara University Hospital in Pisa, Italy, to treat heroin addicts with dual disorders. We will pay attention to the combinations methadone-antidepressants, methadone-antipsychotics, methadone-mood stabilizers and methadone-benzodiazepines for patients with affective disorders and chronic psychosis.
7:00 p.m.–9:30 p.m.

Please join us for the centerpiece of our Conference, a moving tribute to those individuals who have been nominated and selected by their peers for extraordinary service in the opioid treatment community. These successful Award recipients have devoted themselves to improving the lives of patients in our treatment system. Dr. Vincent Dole and Dr. Marie Nyswander were the first recipients of this Award in 1983. The Association has been responsible for bestowing this honor since the first Regional Conference of 1984 in New York.

The Nyswander/Dole “Marie” Awards will be presented by Loretta Finnegan, MD.

The 2018 American Association for the Treatment of Opioid Dependence Conference recognizes outstanding contributions to opioid treatment by honoring the following individuals with the Nyswander/Dole Award.

GLORIA BACIEWICZ, MD, NEW YORK

Dr. Gloria Baciewicz has been a Psychiatrist in the field of opioid treatment for 25 years. She is a dedicated champion, advocate, educator and supporter of medication assisted treatment. Some of her accomplishments include expansion of OTP at University of Rochester Medical Center, outreach in residential treatment agencies, work with Rochester Drug Treatment Court, incorporation of MATs into the traditional “drug free” outpatient clinics, development of Addiction Medicine Fellowship for University of Rochester Medical Center, and distribution of Narcan kits weekly to the public. Dr. Baciewicz is certified in Psychiatry by ABPN with an added qualification in Addiction Psychiatry, and is a diplomate of ABAM. She has chaired the Addiction Medicine Committee of the Monroe County Medical Society since 1998 and is a leader in the field of Addiction Medicine and Addiction Psychiatry. Gloria has broken ground repeatedly, especially in Upstate New York where 25 years ago many localities and politicians were steadfastly opposed to the use of methadone. She regularly encountered much the same resistance that was apparent in NYC during the late 1960s when Nyswander and Dole put forth their early findings. Dr. Baciewicz is a star-clinician, leader, and innovator dedicated to engaging and treating persons suffering a broad array of addictive conditions, and the quality of treatment in New York would not have been the same without her efforts.

HOPE BOLGER, RPH, VIRGINIA

Cynthia Hope Bolger has made significant contributions to the field of Medication Assisted Treatment for 30 years. Ms. Bolger served as a monitor of Opioid Treatment Programs for the Office of Substance Abuse Services from 1987-1994. She continually served as a valuable and respected resource for SAMHSA and CSAT projects through various government contractors. She has served as a CARF surveyor since 2002 and serves as a mentor for surveyor training. Consistent with her commitment to comprehensive, respectful, and quality treatment, Hope has consulted with several state agencies addressing opioid treatment services, provided technical assistance for accreditation readiness for scores of individual treatment programs and multi-site providers, and participated in curriculum development for training events. Additionally, during her time as monitor and SOTA for Virginia the number of OTPs more than tripled. As Virginia’s SOTA, Hope signed the Memorandum of Agreement Among the Southeast State Authorities in 1994, which led to Model State Standards which became a model for CSAT accreditation standards. Hope also participated in the development of the DEA NTP Best Practice Guidelines in 2000. The positive impact that Ms. Bolger has had on this field has been so significant that in 2007 the Virginia Association of Medication Assisted Recovery Programs created an award to recognize outstanding individuals in the MAT field and named it the Hope Bolger Award. Ms. Bolger has had a substantial influence on the quality of treatment in OTPs not only in Virginia, but across the nation.

W. JONAS COATSWORTH, MA, SOUTH CAROLINA

Jonas Coatsworth demonstrates the clinical skills necessary to empower patients to become the change agents in their own lives and also serves as a change agent at the systems level. Jonas assumed the Chair of the South Carolina Association for the Treatment of Opioid Dependence (SCATOD) at a critical juncture for opioid treatment in South Carolina. Through his tireless efforts, he laid the foundation for SCATOD to have a seat at the table wherever the topic related to opioid treatment. He constantly worked to increase people’s understanding of the positive benefits to individuals, families and communities of Medication Assisted Recovery. Jonas established working relationships with the new regulators and provided resources to expand their understanding of OUD and MAR. He pushed to have SCATOD included as part of the work group that was developing solutions to the opioid related issues in the state. He became the “go to” person related to all things MAR. He did not sit back and wait to be invited, he reached out created opportunities. He not only worked to improve the quality of services provided to individuals with OUD in South Carolina, but to raise the visibility and awareness of MAR. Jonas Coatsworth’s boundless energy and total commitment to reducing the stigma and discrimination has improved the lives of individuals with opioid use disorder in South Carolina.

GABRIELE FISCHER, MD, AUSTRIA

Dr. Gabriele Fischer is an internationally renowned and respected psychiatrist, scientist, and teacher in the field of MAT. She has dedicated her career to the ideals embodied in the concept of “Civil Society” and has applied those ideals to causes that the United Nations has deemed to be among the most important facing the world today. Dr. Fischer has promoted effective opioid maintenance treatment through groundbreaking research, countless worldwide activities, and technical consultancy for WHO & UNODC. Her academic and scientific contributions are extensive and have international impact. She has conceived, designed, and carried out numerous research investigations, particularly ones that relate to the female addict and co-morbidities in the drug addicted population. Dr. Gabriele Fischer’s appointment at the Medical University of Vienna recognizes her commitment to and effectiveness in treatment, research and teaching at different levels. Not only has she successfully established for decades a methadone maintenance program at her addiction treatment program, she has engaged with a network of general practitioners in collaborating with patients on opioid maintenance. Dr. Fischer has been an inspiration to countless colleagues all over the globe who have had the privilege of observing her compassionate care, listening to her impassioned advocacy of evidence-based treatment of addiction, and reading reports in the professional literature that describe her scientific contributions. Her work demonstrates the curiosity, humility, and courage that are indispensable in the quest for new and improved therapeutic approaches.

KATHLEEN MAURER, MD, CONNECTICUT

Dr. Kathleen Maurer is the Connecticut Department of Correction’s Director of Health and Addiction Services and Medical Director. During her career, Dr. Maurer has provided hands-on clinical care and medical program management in the private sector. In the realm of correctional care, she is particularly interested in the quality of patient care, in the role of correctional healthcare in the broader scope of public health such as in the treatment of Hepatitis C Virus in offender patients, and in facilitating re-entry programs through integration of community and correctional healthcare. Her recent initiatives include working to expand Medicaid access to halfway house residents and to integrate Medicaid utilization management with the correctional system. Dr. Maurer is the primary author of the monograph entitled “Hepatitis C in Correctional Settings: Challenges and Opportunities” and published by the American Correctional Association. She is a Member of the Institute of Medicine Committee charged with evaluating the feasibility of eliminating Hepatitis B and C in the US. In August 2017, she played a key role in the adoption of a resolution by the American Correctional Association supporting medication assisted treatment in the correctional environment. Dr. Maurer earned her MD from Yale University. She also earned a MPH from Yale. She holds a MBA from the University of Connecticut and is board-certified in internal medicine, occupational, environmental and addiction medicine.
STACEY PEARCE, GEORGIA

Stacey Pearce has been in the field of medication-assisted treatment in Georgia since 1995. Stacey served as Program director of one of the pilot programs for accreditation, where her love of policy and procedure writing was born. Stacey became a Certified Addiction Specialist (CAS) from the American Academy of Health Care Providers in Addictive Disorders and opened her own OTP in 2002. Since 2007, Stacey has served as the Georgia state delegate to the AATOD Board and is an active CARF surveyor. Stacey has been instrumental in educational policy makers and the public in Georgia about medication assisted treatment. She helped organize the providers during the 5-day limit on initial opioid prescriptions. Stacey has also been involved in the development of new regulations that were required following the new legislation in 2017. Stacey’s educational involvement extends to serving as the Plenary Chair for the 2015 AATOD Conference, providing ongoing dissemination on the evidence base of MAT to the Georgia providers group, mentoring new program directors and is always available to answer a provider’s question. Stacey’s selfless nature, her dedication, her honesty and sincerity would make Drs. Dole and Nyswander proud for her to receive this prestigious award.

VICKIE WALTERS, LCSW, MARYLAND

Ms. Vickie Walters has more than 25 years of experience in the addiction treatment field. She served as the Executive Director of REACH Health Services since 2009; where she has added IOP services and an office based opioid treatment program, had all staff trained and maintained in Motivational Interviewing, Trauma Informed Care and LGBTQ Cultural Competency. In this position, she is responsible for active legislative advocacy and continued engagement in implementing program refinements, expansion of clinical services, and integration with research initiatives. Ms. Walters has served on the Maryland Medicaid Advisory Board since 2015 and as President of the Baltimore City Substance Abuse Directorate since 2015 and serves as a member of the Behavioral Health System Baltimore’s Community Advocacy Committee. She was a member of the Baltimore City Mayor’s Heroin Task Force in 2015 and currently serves on the Baltimore City Health Departments Neighborhood Relations Workgroup and co-chairs a committee within the workgroup. Within these many committees she works tirelessly to advance the use and acceptance of medication assisted treatment. In addition, she has been an officer of the Maryland Association for the Treatment of Opioid Dependence since 2007, and serves currently as President-Elect. Ms. Walters was the chairperson of the 2016 American Association for the Treatment of Opioid Dependence International Conference. Ms. Walters is a caring and empathetic person who’s advocacy promotes the power of recovery and the dignity of the human spirit.

FRIEND OF THE FIELD AWARD

The prestigious Friend of the Field Award was established by AATOD’s Board of Directors. This award recognizes extraordinary contributions to the field of opioid treatment by an individual whose work, although not directly related to opioid treatment, has had a significant impact on our field. The 2018 Friend of the Field Award has been awarded to:

THE HONORABLE CHRIS CHRISTIE, GOVERNOR OF NEW JERSEY

As Governor of New Jersey, Chris Christie spotlighted the need to address stigma, change the conversation on drug addiction, and focus on treatment. Governor Christie has remained steadfast in his advocacy for a holistic approach to battling the scourge of drug addiction by increasing funding for Narcan; expanding the successful recovery coach program; and proposing and signing a historic, first in the nation, 5-day limit on initial opioid prescriptions. Chris Christie also executed landmark, bipartisan legislation to put in place a state-wide, mandatory drug court program. Chris Christie shows unwavering commitment to supporting solutions to the opioid crisis through his work on the President’s Commission on Combating Drug Addiction and the Opioid Crisis in addition to his extensive contributions in the state of New Jersey. He directed hundreds of millions of dollars toward prevention, treatment, and recovery initiatives, and used his entire state of the state address last January to outline his plan. This contribution will make the difference to so many lives in New Jersey and hopefully will serve as a national model for other states to emulate. Chris Christie is a national leader who truly understands the depth of the crisis from both a policy and personal stand point. As chairman of the President’s Commission he asked the President to declare opioid addiction and overdoses a national public health emergency. He continues to keep this topic in the national spotlight which is necessary if we want to stop the relentless and senseless loss of American lives to this awful disorder.

RICHARD LANE/ROBERT HOLDEN

PATIENT ADVOCACY AWARD

Richard Lane was a long-term heroin user who, upon release from prison in 1967, was instrumental in establishing one of the Nation’s first methadone treatment programs. In 1974, he became the Executive Director of Man Alive and later served as Vice President of the American Methadone Treatment Association and as Vice Chairman of the Governor’s Council on Alcohol and Drug Abuse in Maryland. Mr. Lane was a passionate advocate for methadone treatment and, by disclosing his own treatment experiences, provided inspiration to patients and colleagues alike. Robert Holden was also a recovering heroin user, who later became the Director of PIDARC, an outpatient methadone treatment program in the District of Columbia. He later served as the Vice President of AATOD, succeeding Richard Lane’s term of office. This award was established in 1995 and recognizes extraordinary achievements in patient advocacy.

PAUL BOWMAN, CMA

Paul Bowman serves as Boston NAMA Chapter Director and Vice Chair of Consumer Advisory Board, MA Bureau of Substance Abuse Services. Paul has dedicated his life to treating the disease of addiction, addressing injustice, and removing stigma. Paul Bowman sat on the Advisory Board of Boston Public Health Commission needle exchange, served as a patient advisor to Habit OPCO Opioid Treatment Board and successfully changed policy that created better access for treatment. Mr. Bowman was personally selected by SAMHSA/CSAT as an expert on a panel to address QT prolongation. He served as a member of SAMHSA National Hepatitis C round table for five years. Paul has attended many of the Annual Chief Residents Immersion Training on Addiction Conferences to train Residents on addiction from real lived experience to give them skills to be better informed in treating addiction. He has taken part in the annual statewide recovery day at the Statehouse giving a story and a face of recovery. Paul Bowman exemplifies the values of a true leader who is vested in the good of others. He is the voice for recovery, for the many who have no voice, for the many lives we have lost, and for the many that continue in anguish every day. Paul has passion, commitment, and empathy to make a difference for others. He fights this battle every day.

AWARDS BANQUET

Monday, March 12

Sponsored by Mallinckrodt Pharmaceuticals
8:30 a.m.–10:15 a.m.  
MIDDLE PLENARY SESSION

Advancing & Integrating Specialized Addiction Treatment & Recovery

MODERATOR:
Robert A. Kent, Esq., General Counsel, New York State Office of Alcoholism and Substance Abuse Services (OASAS), Albany, NY

KEYNOTE SPEAKERS:
Jason A. Helgerson, MPP, Deputy Commissioner/New York State Medicaid Director, New York State Department of Health Office of Health Insurance Programs, Albany, NY
Kathleen Maurer, MD, Director of Health and Addiction Services & Medical Director Connecticut Department of Corrections, Wethersfield, CT
Mark Friedlander, MD, Chief Medical Officer, Aetna Behavioral Health, Blue Bell, PA

The conference theme, Advancing and Integrating Specialized Addiction Treatment and Recovery, was chosen to place a special focus on the need for multiple different systems to work using an integrated approach in order to provide quality care to patients struggling with addiction. This themed plenary session features three thought leaders who have been responsible for integrating care for opioid use disorders into large healthcare systems. Moderated by Robert A. Kent, this session will focus on the incorporation of expert addiction care through the differing perspectives of Medicaid reform, commercial insurance and the corrections system. Jason Helgerson will provide an overview of his pioneering work as the Director of New York State’s Medicaid program in which he has developed innovative payment systems for treatment and recovery. Dr. Kathleen Maurer will share her groundbreaking work in integrating medication for opioid use disorder into the entire Connecticut Department of Corrections system and Dr. Mark Friedlander will discuss the integration of medication for opioid use disorder into the commercial insurance benefit. Differing perspectives on integration of addiction treatment into healthcare systems will be provided that will demonstrate the importance of collaboration and integration in order to support patients and treatment providers.

10:30 a.m.–12:00 p.m.

C1 Meeting the Needs of Patients with Co-Occurring Disorders
Joan E. Zweben, PhD, University of California, San Francisco, CA

This workshop will discuss how counselors can help integrate the treatment of psychiatric disorders into the opioid treatment program. We will discuss addictive behavior and psychiatric problems, barriers to addressing them, prioritization of treatment tasks and appropriate education for patients. We will focus on anxiety disorders (especially PTSD) and mood disorders, and also review screening and assessment of suicide risk from the perspective of agency protocols as well as the role of the counselor. Treatment issues will include psychosocial issues (coping strategies, stigma), medication issues (attitudes, feelings, adherence), and collaboration with physicians. We will review several evidence-based treatments.

*Foundations of Medication for OUD

C2 Federal Addiction Policy: Protecting and Building on the Gains We’ve Made
Paul Samuels, JD, Legal Action Center, New York, NY
Ellen Weber, JD, Legal Action Center, Washington, DC
Gabrielle de la Gueronniere, JD, Legal Action Center, Washington, DC

The addiction care system continues to face tremendous change and upheaval. A new administration and new Congress have brought additional uncertainty about the policies governing coverage for and access to substance use disorder care. This workshop will review recent developments at the federal level related to coverage and access to addiction care, including medication for opioid use disorder. Workshop presenters will also discuss potential future federal developments related to substance use disorder treatment, the future of medication for opioid use disorder (OUD) access, delivery system reforms, and opportunities available for improving federal policy moving forward.

C3 Integrating Medication for Opioid Use Disorder into Adult Drug Court
Jeri Cohen, JD, 6th Circuit Court, Miami, FL
Patricia Ares-Romero, MD, Jackson Health System, Miami, FL

The Miami Dade Circuit Court and Jackson Behavioral Health Services have partnered to create an outpatient clinic for individuals with opioid use disorder who are entering adult drug court. The clinic, funded through a SAMHSA grant, provides outpatient detoxification services with medication for Opioid Use Disorder (OUD), targeted case management, drug and mental health counseling and other health related services. This is a unique partnership between the Court and a public hospital. The workshop will provide other jurisdictions with a comprehensive set of guidelines for incorporating medication for OUD into court practice.
**C4** Medication for Opioid Use Disorder Expansion in the RI Department of Corrections: Needs Assessments, Clinical Intervention, Reentry and Outcomes  
Jennifer Clarke, MD, Rhode Island Department of Corrections, Providence, RI  
Rosemarie Martin, PhD, Brown University, Providence, RI  
Linda Hurley, MA, CODAC Behavioral Healthcare, Providence, RI  
This workshop will examine the medication for opioid use disorder (OUD) program instituted by the Rhode Island Department of Corrections (RIDOC) in cooperation with CODAC Behavioral Healthcare, an Opioid Treatment Program contracted vendor. Utilizing a PowerPoint presentation and handouts, the presenters will describe the program from initial conception to implementation. The presenters will provide a description of Rhode Island’s needs assessment, drug screening, and medication for OUD protocols. Outcome data will be presented and patient testimonials will highlight the impact of the program on the incarcerated population. This workshop will provide participants with information they will need to consider when expanding medication for OUD within their own correctional facilities.

**C5** A Most Vexing Clinical Conundrum: Is it Pain, Addiction, or Both?  
Mark L. Kraus, MD, Connecticut Counseling Centers, Inc., Waterbury, CT  
Matthew Guzzetti, MA, Connecticut Counseling Centers, Inc., Waterbury, CT  
This workshop will provide an in depth look at a patient population that we see in our Medication for Opioid Use Disorder (OUD) Programs and Primary Care Settings, i.e., those patients who struggle with a primary opioid use disorder and are concomitantly being treated for chronic pain. The workshop content will focus on issues inclusive of epidemiology, triage, and practice management strategies in regard to the physician’s and clinician’s role in successfully managing these patients to achieve the best possible therapeutic and medical outcomes in a medication for OUD setting.

1:30 p.m.–3:00 p.m.  
**WORKSHOP SESSIONS**

**#1 Long-acting Naltrexone for Individuals in Jail and Prison**  
Michael S. Gordon, DPA, Friends Research Institute, Baltimore, MD  
Joshua D Lee, MD, New York University School of Medicine, New York, NY  
George Woody, MD, University of Pennsylvania, Philadelphia, PA  
Long-acting naltrexone may be a feasible and effective intervention for individuals with opioid use disorder who are under criminal justice supervision and warrants further investigation with this population. This workshop will discuss our current researcher experience with long-acting naltrexone amongst individuals in jail (New York City) and pre-release prisons (Philadelphia and Baltimore). The workshop will discuss the unexpectedly high level of interest among individuals incarcerated, and unique challenges involved in providing long-acting naltrexone to individuals in jail and prison settings. Presenters will discuss issues related to logistics involving the following: screening, consenting, medical examinations (inclusion/exclusion criteria), administration of medication, coordination with prison medical and custodial personnel and linkage to treatment upon release from incarceration, and post-release psychosocial support.

**#2 Partnering for Pregnant Women with Opioid Use Disorders: Lessons from State Initiatives**  
Nancy K. Young, PhD, National Center on Substance Abuse and Child Welfare, Lake Forest, CA  
Maria Morris Groves, MSEd, New York State Office of Alcoholism and Substance Abuse Services (OASAS), Albany, NY  
Christine Scalise, MA, New Jersey Division of Mental Health and Addiction Services Office of Treatment and Recovery Supports, Trenton, NJ  
This workshop guides medication for opioid use disorder (OUD) professionals on how to work collaboratively with partners to engage and treat pregnant women with opioid use disorders. The workshop highlights tactics used by leaders from New Jersey and New York to strengthen the capacity of their states to serve these women and their infants with Neonatal Abstinence Syndrome (NAS). The workshop will discuss how technical assistance from the National Center on Substance Abuse and Child Welfare supports state partners to create practice, policy and protocol changes for effective cross-system service delivery.

**Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA)**
#3 Addressing the Opioid Epidemic and Overdose: Grief and Loss Clinical Intervention in the Opioid Treatment Program

Heidi DiRoberto, MA, Spectrum Health Systems, Worcester, MA
Lynn Leblanc-Marrone, MA, Spectrum Health Systems, Worcester, MA
Jill McKiernan, LMHC, Spectrum Health Systems, Worcester, MA

It is estimated that Massachusetts is experiencing 4-6 fatal opioid overdoses a day. These premature deaths affect patients and staff tremendously. With the rise in numbers of fatal overdoses our patients are experiencing premature loss at much higher rate than other populations served. The need for a clinical intervention was identified to address loss with patients who are in recovery. This workshop will include a description of the development of the curriculum, implementation and integration throughout our continuum of care. Outcome data will also be presented, which includes patient self-report, and collaboration between the individual clinician and group leader.

HOT TOPIC ROUNDTABLES

Confronting Stigma and Misinformation within Methadone Treatment and Beyond
FACILITATORS:
Robert C. Lambert, MA, Connecticut Counseling Centers, Inc., Waterbury, CT
Alan Nolan, LCSW, Connecticut Counseling Centers, Inc., Danbury, CT
Matt Guzzetti, MA, Connecticut Counseling Centers, Inc., Norwalk, CT

Integrating Peers and Peer Support into the OTP Continuum of Care
FACILITATOR:
Zac Talbott, ICADC, Counseling Solutions Treatment Centers, Chatsworth, GA

Medical Maintenance
FACILITATORS:
Edwin Salsitz, MD, Mount Sinai Beth Israel, New York, NY
Kellie Rollins, PsyD, San Francisco VA Medical Center, San Francisco, CA

Integrated Care in the OTP
FACILITATORS:
Patrick Seche, MS, University of Rochester Medical Center, Rochester, NY
Kevin Armington, MD, West Midtown Medical Group, New York, NY

Elderly Patient Care
FACILITATORS:
Soteri Polydorou, MD, New York University School of Medicine, New York, NY
Benjamin Han, MD, New York University School of Medicine, New York, NY

3:15 p.m.–4:45 p.m.
WORKSHOP SESSIONS

D1 Methadone: From Narcotic to Normalizer, the Misperceptions and the Persistence of Bias and Prejudice
Herman Joseph, PhD, Stop Stigma Now, New York, NY
Joycelyn Woods, MA, NAMA Recovery, New York, NY
Brenda Davis, MSW, NAMA Recovery, New York, NY

This workshop concentrates on methadone treatment as a normalizer for the impairments of opioid use disorder, and the misperceptions of it as substitute for heroin and continued opiate addiction. Drs. Dole, Nyswander and Kreek developed the first hypothesis of opioid addiction as a metabolic disease and that methadone normalized these impairments. Methadone treatment continues to be criticized as just substituting one addiction for another. Another misperception that treatment needs to be controlled results in a clinic system for persons early in treatment. Office-Based Opioid Treatment (OBOT) has not been developed for patients in long term recovery resulting in comprehensive treatment to normalize their lives.

*D5 Foundations of Medication for OUD

D2 Mindfulness Interventions with Mothers in Substance Use Treatment
Diane Abatemarco, PhD, Thomas Jefferson University, Philadelphia, PA
Meghan Gannon, PhD, Thomas Jefferson University, Philadelphia, PA

This workshop will introduce attendees to the principles of mindfulness and describe how a Mindfulness Based Parenting (MBP) intervention was implemented into an outpatient drug treatment program for pregnant and parenting women. Attendees will experience mindfulness activities such as brief meditation. Presenters will discuss how the intervention was adapted to a drug treatment program setting, results from 19 cohorts that completed the program, basic tenets of the curriculum of the program, integration in a clinical setting, sustainability, and lessons learned. Attendees will also learn how a similar mindfulness based intervention could be applied in their own treatment program.

D3 Shared & Different Aims: Treatment and Probation Systems in Collaboration
Laura Levine, LMHC, CODAC Behavioral Healthcare, East Providence, RI
Kathleen Hopkins, MPA, United States Probation Office, Foster, RI

Today’s treatment programs addressing substance use disorders seek to meet the needs of the rapidly increasing, high-risk population of individuals in prison or on probation. Historically, differing priorities and objectives of the criminal justice system and those of the substance abuse treatment profession have created gaps in care and a lack of cohesive treatment approaches. Using case studies, presenters from both CODAC and the Federal Probation system will consider these challenges and how to address them effectively, minimizing risk to the public while expanding access to Medication for opioid use disorder (OUD) and maintaining the integrity of professional evaluations and treatment services.
**D4 The Treatment Challenges of the Emerging Role of Legal Cannabis in OTPs**

Alan Lee Nolan, LCSW, Connecticut Counseling Centers, Inc., Danbury, CT

Medical and legal cannabis uses are becoming an increasing focus within Opioid Treatment Programs (OTPs). This workshop focuses on the unique challenges involved with addressing the evolving role of medical marijuana for patients enrolled in an OTP. The presenter will examine the numerous questions relating to marijuana’s potent psychoactive properties, associated risk management concerns, the inconclusive empirical data regarding adverse health consequences, and how these factors create significant challenges for policy decisions, treatment providers, treatment models, and consumer perspectives. An analysis of the potential service implications of marijuana use among OTP patients will be explored.

**D5 Psychopharmacological Treatment of Dual Disorder Heroin Use Disorder Patients**

Icro Maremmani, MD, Santa Chiara University Hospital, Pisa, Italy
Angelo Gi Maremmani, MD, Dept. of Psychiatry, Northern-West Tuscany Region Local Health Unit, Versilian Zone, Viareggio, Italy
Luca Rovai, MD, Dept. of Psychiatry, Northern-West Tuscany Region Local Health Unit, Apuan Zone, Massa, Italy

The workshop will describe in detail the combinations between methadone and psychopharmacological medications that are useful, in the experience of Dual Diagnosis Unit at Santa Chiara University Hospital in Pisa, Italy, to treat heroin addicts with dual disorders. We will pay attention to the combinations methadone-antidepressants, methadone-antipsychotics, methadone-mood stabilizers and methadone-benzodiazepine for patients with affective disorders and chronic psychosis.

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**E1 Individual Employment Support Services: Integrating EBP to Enhance Recovery Outcomes**

Michele Buoninfante-Blainey, CRC, Mount Sinai Beth Israel Opioid Treatment Program, New York, NY
Nicole Julien-Thomas, CRC, NADAP, Inc., New York, NY
Angela M. Lockhart, CRC, New York State Office of Alcoholism and Substance Abuse Services (OASAS), New York, NY

Employment is a social determinant of health, and supports an individual’s long and healthy life. This workshop will offer current information in how New York State integrates the Evidenced Based Practice of Individual Employment Support Services in the treatment setting, and discuss how to develop a plan of care with the individual designed to achieve their stated employment goal. Presenters will also review innovative rehabilitation counseling strategies to improve recovery, as well as expand and enhance the clinical skills of any behavioral healthcare worker seeking to improve patient care and treatment outcomes.

*Foundations of Medication for OUD*

**E2 Facing Addiction in America**

H. Westley Clark, MD, Santa Clara University, Santa Clara, CA

The 2016 Surgeon General’s Report offers a comprehensive update on neurobiology, treatment and recovery, covering the misuse of alcohol, prescription drugs, and other substances, and bringing together the best available science on the adverse health consequences of substance misuse. It also summarizes what we know about what works in prevention, treatment, and recovery. This workshop will assist the attendee to utilize the report for personal understanding of addiction, and patient, family and community education.
**E3  Buprenorphine Administration in the ED: Combating the Opioid Epidemic**

Marla Oros, MS, The Mosaic Group, Towson, MD
Christopher Welsh, MD, University of Maryland School of Medicine, MD
Eric Weintraub, MD, University of Maryland School of Medicine, MD

The United States is experiencing an opioid epidemic. Opioid-dependent patients are at high-risk for acute and chronic health complications, often presenting to Emergency Department for treatment. Patients being treated for acute medical problems have been shown to be in a vulnerable period with a resulting readiness to make behavioral changes and enter drug treatment. This team has developed guidelines to integrate buprenorphine administration for patients who present to their emergency departments with an opioid use disorder. They will describe the process used to gain hospital approval and to develop the clinical protocol. Preliminary data, along with lessons learned will be presented.

**E4  Effective Use of Technical Assistance for Opioid Treatment Programs**

Stephen Shearer, BS, The Bizzell Group, Redwood City, CA
Brenda Gilliam-Jones, MPA, The Bizzell Group, Orlando, FL
Nichole Smith, MSHS, Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD

The Opioid Treatment Program Quality contract at The Bizzell Group was developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide strategies such as onsite and offsite technical assistance (TA) and resources that improve quality of care within opioid treatment programs (OTPs). The purpose of this workshop is to discuss the effective use of TA within an OTP from the perspective of 2 successful programs and 3 consultants that conduct TA visits. Previous versions of this contract have indicated that programs that use TA have fewer deficiencies cited in their accreditation survey and are able to provide consistent quality care and treatment to their patients.

Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA)

**E5  Public Policy and Access to Recovery Housing for People on Medication for Opioid Use Disorder**

Sterling K. Johnson, JD, Mental Health Partnerships, Philadelphia, PA
Gail G. Scott, MPH, Substance Use Disorders Institute for Education, Policy and Research, Philadelphia, PA

In this workshop, the presenters will provide examples of policies that have been implemented in different states to increase access to recovery housing for patients taking buprenorphine and methadone. The workshop will compare and contrast regulations and laws from several states, and outline research gaps in this emerging area of public health policy. Participants will receive copies of a policy brief that workshop attendees can use to advocate with recovery housing operators to educate them on civil rights and medication for opioid use disorder. The emerging issue of medical cannabis and recovery housing policy will also be discussed.

9:45 a.m.–11:15 a.m.

**WORKSHOP SESSIONS**

**F1  Regulatory Updates—42 C.F.R. Part 2, Part 8, and CARA**

Brandon Johnson, PhD(c), Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD
Nicole Smith, MSHS, Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD
Danielle Tarino Rivkin, Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD

Federal officials will provide an update on efforts to modernize privacy regulations of substance abuse treatment records and to increase the patient limit for physicians prescribing opioid medications to treat an opioid use disorder under the Drug Addiction Treatment Act of 2000. They will also discuss new legislation that allows advanced practice practitioners to dispense and prescribe buprenorphine products for an opioid use disorder. Finally, the process for using midlevel practitioners within opioid treatment settings will be discussed.

Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA)

**F2  Red Light: Reducing the Harm in Sex Work**

Pastor James Sizemore, Southeastern Exchange, Fayetteville, NC
Stephanie Dixon, CSAC, Carolina Treatment Center of Fayetteville, NC

Many patients in treatment are or have been sex workers. How do you start a conversation about their work? Should we expect a patient to stop this work if they do not want to, and how can we make their work safer? This will be an interactive discussion for treatment providers interested in strengthening their knowledge of sex workers, their legalities and rights, and will also help providers learn how to have open and honest conversations that are not stigmatizing. Topics will include HIV and STD testing and how to help a patient understand the importance of knowing their status.

**F3  Feedback Informed Treatment: Enhancing Cultural Sensitivity & Alliances**

Alan Lee Nolan, LCSW, Connecticut Counseling Centers, Inc., Danbury, CT
Matthew Guzzetti, LADC, Connecticut Counseling Centers, Inc., Danbury, CT

Steps required for removing barriers toward enhancing culturally sensitive medication for opioid use disorder services, requires an agency’s refinement toward a culture of a “collective alliance.” Such a collective is based upon culturally mindful, person-centered recovery alliances focused on: a motivational enhancement skill streaming process; a strength-based patient centered perspective; progressive cultural competence; valuing a patient’s self-determination; and individual accountability in the recovery process. This model facilitates a shift away from any predetermined course of treatment, toward patient empowerment and the identification of resources needed for creating a self-directed recovery action plan, as well as the augmentation of personnel developments required for this challenge.
CONFERENCE SESSIONS

Wednesday, March 14, 2018

F4 Innovations in Strengthening Partnerships Between OTPs & Recovery Homes
Carolyn Hartfield, CAADC, Illinois Department of Human Services Division of Alcoholism and Substance Abuse, Chicago, IL
Kate Mahoney, LCSW, Naomi Ruth Cohen Institute at The Chicago School of Professional Psychology, Chicago, IL

Learn to replicate Illinois’ collaborative model to deliver integrated staff training for the recovery home and opioid treatment systems, designed to: 1) strengthen working relationships between the two systems; 2) improve treatment retention by building support for treatment; 3) dispel any lingering myths about medication for opioid use disorder still held by recovery home staff; 4) increase system coordination and break down system silos; 5) increase knowledge of recovery home staff on the changing trends and demographics of the opioid epidemic; and 6) increase referrals between the two systems to better respond to the needs of opioid dependent individuals.

F5 Prescribing Buprenorphine Using Telemedicine: Practical and Regulatory Issues
Eric Weintraub, MD, University of Maryland School of Medicine, Baltimore, MD
Joy Chang, MD, University of Maryland School of Medicine, Baltimore, MD
Aaron Greenblatt, MD, University of Maryland School of Medicine, Baltimore, MD

The United States is in the midst of an opioid epidemic resulting in a national public health crisis. The rate of deaths related to opioid overdose has more than quadrupled since 1999. Rural areas have been disproportionately impacted. Medication for opioid use disorder (OUD) with methadone and buprenorphine are evidence based treatments for OUD. However, numerous barriers exist and restrict access to treatment especially in rural areas. This workshop will provide an overview of telemedicine and the use of telemedicine to provide addiction treatment. It will then discuss regulatory and clinical issues specific to the use of telemedicine to prescribe buprenorphine.

11:30 a.m.–12:45 p.m.
CLOSING PLENARY SESSION

How the Federal Government is Fighting Back Against the Opioid Epidemic
MODERATOR:
Allegra Schorr, President, Coalition of Medication Assisted Treatment Providers and Advocates (COMPA), & Vice President West Midtown Medical Group, New York, NY

KEYNOTE SPEAKERS:
The Honorable Elinore McCance-Katz, MD, Assistant Secretary for Health and Substance Use, United States Department of Health and Human Services (HHS), Washington, DC
Scott Gottlieb, MD, Commissioner, U.S. Food and Drug Administration (FDA), Silver Spring, MD (Invited)

The Closing Plenary Session will feature two powerful keynote addresses that conference attendees will not want to miss. As the first ever Assistant Secretary for Health and Substance Abuse, Dr. McCance-Katz leads the Trump Administration’s efforts to improve access to treatment, recovery and overdose prevention and to support cutting edge research and high quality pain care. Dr. McCance-Katz will discuss HHS policies on national treatment, recovery and prevention. As FDA Commissioner, Dr. Gottlieb has taken an active role in addressing the opioid crisis. He will share the FDA’s plans to curb new addiction through a multi-pronged effort. His current work includes efforts to develop opioids that are harder to manipulate and abuse and non-opioid pain treatments. Additionally, his team is supporting efforts to increase the use of and access to the potentially life-saving antidote naloxone; encouraging the use of FDA-approved medically-assisted treatments to help combat addiction; and working with federal and international partners to stop the flow of heroin and deadly synthetic drugs like fentanyl into our country. He will review his “all-of-the-above” approach and how the FDA and other government agencies, health care providers, the medical products industry, policy makers, patients and their families can collaborate to end the epidemic. Make sure that your plans make it possible for you to be at this important event!
with New York State OASAS on their SAMHSA project to increase access to Behavioral Health Clinic (CCBHC), VIP is the NYS downstate provider working diverse community. In addition to being designated as a Certified Community successfully meet the multi-faceted and ever changing needs of a culturally and shelter services. VIP is dedicated to providing quality care that inspires to treatment services. The continuum of services at VIP also includes housing provides residential and outpatient Substance Use and Mental Health area of the Bronx, VIP offers MAT services to close to 1,500 patients and Located in the epicenter of New York City's opioid epidemic in the Tremont VIP COMMUNITY SERVICES of the clinic's offerings and currently include a creative writing group and a physical and behavioral health medications. Arts programs are a growing part C. As a part of their medical services, Port Morris offers Directly Observed offers integrated primary care which includes treatment for HIV and Hepatitis the Port Morris Wellness Center. Come see this patient-centered clinic in the internationally. Montefiore has more than 1,100 Opioid Treatment patients at ABUSE (DOSA) WELLNESS CENTER AT PORT MORRIS The Montefiore (previously Albert Einstein) Division of Substance Abuse clinics opened in the late 1960’s as MAT pioneers in both New York City and internationally. Montefiore has more than 1,100 Opioid Treatment patients at the Port Morris Wellness Center. Come see this patient-centered clinic in the South Bronx, an easy commute from midtown. In addition to comprehensive services that include MAT (methadone and buprenorphine), individual counseling, group counseling, family and peer support (Montefiore/Einstein is the birthplace of the world famous MARS program); the Port Morris program offers integrated primary care which includes treatment for HIV and Hepatitis C. As a part of their medical services, Port Morris offers Directly Observed Therapy (DOT) for patients who choose this support to promote adherence to all physical and behavioral health medications. Arts programs are a growing part of the clinic’s offerings and currently include a creative writing group and a dance group. VIP COMMUNITY SERVICES Located in the epicenter of New York City’s opioid epidemic in the Tremont area of the Bronx, VIP offers MAT services to close to 1,500 patients and provides residential and outpatient Substance Use and Mental Health treatment services. The continuum of services at VIP also includes housing and shelter services. VIP is dedicated to providing quality care that inspires to successfully meet the multi-faceted and ever changing needs of a culturally diverse community. In addition to being designated as a Certified Community Behavioral Health Clinic (CCBHC), VIP is the NYS downstate provider working with New York State OASAS on their SAMHSA project to increase access to Opioid treatment in three high risk areas identified by OASAS. OASAS is establishing Centers of Treatment Innovation (COTIs) to enhance existing SUD services and build a robust capacity to provide the full range of MAT options, evidence-based practices and peer support services. With the support of OASAS, VIP is also constructing its very own state of the art facility, and reconfiguring the organizational structure to sustain the same proficient localized services. WEST MIDTOWN MEDICAL GROUP Conveniently located in Midtown Manhattan, West Midtown Medical has been a leader in MAT services for over 40 years. Offering a comprehensive and individualized approach to recovery, West Midtown offers individualized treatment options including methadone maintenance, outpatient treatment, buprenorphine, extended-release naltrexone and ancillary withdrawal management. Fully believing in a holistic approach to treatment, West Midtown Medical Group offers fully integrated primary care services including HIV treatment, pediatric care, and has incorporated Hepatitis C treatment into their continuum. NEW THIS YEAR—VIRTUAL CLINIC TOURS Virtual Tours may be viewed in the COMPA Booth in the exhibit hall. CONIFER PARK PLATTSBURGH Conifer Park Plattsburgh’s outpatient program is one of six Conifer Park outpatient treatment programs in upstate New York. An integrated program provides a wide range of services addressing the needs of a diverse patient base. The program provides intensive programming both day and evening, dual recovery services and medication assisted treatment that includes methadone, Suboxone and Vivitrol. Not to mention any other medications necessary to assist ones recovery. In November of 2013, this site opened the first OTP program in the North Country and until the opening patients would have to travel roughly six hours round trip to receive treatment. CROUSE HOSPITAL Take a virtual tour of Crouse Hospital’s OTP in Syracuse NY. Dedicated to serving their community, the Crouse OTP is located in a converted house on a residential street. This focus on community integration is evident in their patient centered-approach and how they demonstrate dignity and respect in the treatment process. The Crouse team has been incremental in advocating for the advance of MAT in Central New York and developed a Central New York providers’ collaborative to advance treatment, support the expansion of capacity and ensure support for providers and patients. STRONG MEMORIAL HOSPITAL Strong Memorial’s OTP is part of their comprehensive behavioral health services. In fact, Strong was selected as one of a small group of New York providers to participate in SAMHSA Certified Community Behavioral Health Clinic/CCBHC demonstration project. Recognizing the importance of all forms of MAT in this continuum and the benefit of the CCBHC to OTP clients, Strong has incorporated their OTP into their CCBHC which will make for an interesting virtual tour of an integrated continuum.
As your host for the 2018 AATOD Conference, in the words of “Ol’ Blue Eyes,” we want you to “wake up in the city that never sleeps,” enlightened by the conference content and delighted by your stay in New York City.

New York is a town where the unusual is commonplace and the dramatic is expected. Made up of five separate boroughs, the isle of Manhattan is home to the world’s financial center, offers famous epicurean restaurants, museums and architecture, as well as being home to many of the world’s best known organizations such as the United Nations. New York is a series of neighborhoods that are the real melting pot of America—a city of diversity where people have come from all over the globe to shape their lives. This is reflected in the neighborhood names: Washington Heights, Hell’s Kitchen, Spanish Harlem, Little Italy and Chinatown.

Your host hotel, The New York Marriott Marquis, is right in the center of Times Square. Also known as the “Crossroads of the World,” Times Square is perhaps the world’s busiest intersection as a major center of the world’s entertainment industry where you can experience the bright lights in the big city, and wow, are they bright!

At the Marriott Marquis, you’re not far from the world-famous Carnegie Hall, the Metropolitan Opera, the New York City Ballet, the New York Philharmonic, and uncountable numbers of music and theatre venues. You can explore these iconic treasures during your free time. Museums do not come better than the Guggenheim, Metropolitan Museum of Art, Whitney Museum of Art, MOMA and the American Museum of Natural History, most a simple MetroCard ride away on the Subway or Bus.

The New York Public Library at 42nd street is waiting for you to take that fabulous Instagram selfie with Patience and Fortitude, the world-renowned pair of marble lions that stand proudly before the majestic Beaux-Arts building at Fifth Avenue, which have captured the imagination and affection of New Yorkers and visitors from all over the world since 1911. If you have time to be in the “room where it happened,” room 328 contains George Washington’s farewell address drafted in his own hand, for you Hamilton enthusiasts.

Art and artists are a way of life in New York, from the small studios of Greenwich Village to the magic of Broadway, providing everything from musicals to Shakespeare starring A-list actors, and the next break out star.

New York is a shopper’s paradise! Even people who do not like to shop will find themselves shopping, you just can’t help it. You can buy almost anything, from the very latest designer fashions to flea market bargains, in addition to foods and goods from around the world. We all love a little discount, so start by checking out Century 21, the place were they have last seasons’ designer gear at greatly reduced prices. With several locations throughout the city, the newest is in Brooklyn. Manhattan has two locations at Lincoln Square and right across the street from One World Trade Center. One World Trade Center opened in early 2014 and stands at a symbolic 1,776 feet tall. The area, also known as Ground Zero, also features The National September 11 Memorial & Museum, which is an emotional commemoration of September 11th.

New York City is also known for being the home to some of the world’s most successful sports franchises. The city has a total of eleven sports teams in five major professional sports leagues in the United States, which have won a collective 53 league championships. Twenty-seven of those championships belong to baseball powerhouse, New York Yankees. If you are a sports fan, you can’t skip out on visiting the New Yankee Stadium in the Bronx. It is a very distinctive sporting experience that will make you feel like you are in the company of legends, tradition and history, even if the Old Yankee Stadium doesn’t exist anymore. If the Yankees are out of town, the Yankee Museum is still a must-do for sports buffs. The #4 or D trains to 161st street will take you a block away in less than 40 minutes from our host hotel.

Hop on the R train to Chinatown and Little Italy, two of the numerous ethnic neighborhoods in the city that contain restaurants, shopping centers and other cultural offerings.

Visiting Chinatown, one of the oldest and largest Chinatowns outside of Asia, can be a delight for anyone who enjoys food, culture, entertainment, and
shopping. Not only can you browse through the street markets and shops with gifts to take home, there are a number of restaurants to choose from to sample authentic Chinese cuisine. With something for everyone, you can enjoy a little piece of China right in New York.

In Little Italy you’ll find Italian delights on every block! Walking along the narrow, cobblestoned streets beneath the fire escapes of turn-of-the-century tenements, you’ll be tempted by the sights, sounds and smells of Italian cuisine and culture emanating from the restaurants surrounding you. A coal brick oven pizza...a hearty glass of Chianti...a zeppole...a cannoli...you’ll find it all in New York City’s Little Italy.

Two of New York City’s most photographed landmarks are Central Park and the Statue of Liberty. With an area that is larger than some small cities, Central Park is a beautiful, yet lively urban park with New York’s skyscrapers as the backdrop. It has been a National Historic Landmark since 1962 and features peaceful trees, lakes and rivers. Central Park is a lovely place to go for a stroll within the city limits.

For animal lovers, there is a taste of the wild in the zoos of Central Park, Brooklyn, the Bronx, Queens and Staten Island, and botanical gardens in the Bronx, Brooklyn and Queens.

The Statue of Liberty is certainly the most iconic figure in New York, and it also is easily one of the most recognizable statues in the world. She stands on Liberty Island and the only way to get there is by boat. Taking a trip to see the statue up close might not be a must-see, but a combined ticket includes a trip to Ellis Island, a tremendously fascinating experience. New York’s location at the mouth of the Hudson River and the Atlantic Ocean reflects the city’s importance as a harbor and the gateway from which millions have arrived as immigrants to the United States.

New York City is a melting pot of nationalities from every corner of the globe, with a population of around 8.5 million people, speaking a total of over 80 languages. Don’t miss these opportunities to explore the city that never sleeps, guided by your Hospitality Committee.

Enthusiastically submitted by
HAYNES and Debbi Witham, 2018 AATOD Hospitality Co-Chairs
REGISTRATION & FEES

Advancing & Integrating Specialized Addiction Treatment & Recovery

Registration for the American Association for the Treatment of Opioid Dependence, Inc. (AATOD) 2018 Conference can be done online by visiting the AATOD website at www.aatod.org or by completing the registration form on the inside back cover and faxing it to 856-423-3420, or by mailing it to:

AATOD 2018 Conference Registration
C/o Talley Management Group, Inc.
19 Mantua Road
Mt. Royal, New Jersey 08061

If faxing your registration, DO NOT mail the original form; doing so may result in duplicate charges to your credit card!

You may register online at www.aatod.org by clicking on the ONLINE REGISTRATION LINK or by completing the Registration Form and mailing or faxing it to the address provided.

You may register two or more from an Agency through the AATOD website.

<table>
<thead>
<tr>
<th>Membership</th>
<th>1 person from an agency</th>
<th>2 or more from an agency, each</th>
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<td>Standard Registration:</td>
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<tr>
<td>August 1, 2017–February 14, 2018</td>
<td>$535.00</td>
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<td>On-Site Rates:</td>
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<tr>
<td>February 15, 2018–March 14, 2018</td>
<td>$620.00</td>
<td>No Group Discounts Available</td>
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* Information included in this publication is subject to change.

Group Discounts do not apply for the following categories:

- Single Day Registration .......................................................... $275.00
  (Does NOT include Welcome Reception or Awards Banquet)
- Clinicians Course ................................................................. $275.00
- Additional Awards Banquet Tickets ........................................... $275.00
- Additional Welcome Reception Tickets ....................................... $95.00

CME/CEH FEES
These fees are not included in full conference registration fee

- Physicians ................................................................. $55.00
- Physician Assistants/Pharmacists/Psychologists ........................ $50.00
- Nurses/Social Workers ........................................................ $45.00
- Counselors ................................................................. $35.00

CONFERENCE RECORDINGS

AATOD has contracted to have all conference sessions recorded. Order the recordings in advance and save. You can purchase all pre-conference sessions or all workshop sessions in advance for $125 each or save even more and buy both sets for $200.

Participation in this conference assumes knowledge and authorization of photography, audio and/or video recording of portions of this conference. If you do not want to be photographed or videotaped, please notify the individuals taking photographs, recording and/or videoing the event.

SPECIAL NEEDS

The American Association for the Treatment of Opioid Dependence, Inc. wishes to take steps to ensure that no disabled person is excluded, denied services, segregated, or otherwise treated differently than other individuals because of the absence of auxiliary aids and services. If you require any auxiliary aids or services identified in the Americans with Disabilities Act, please indicate so during the registration process.

STANDARD REGISTRATION ENDS FEBRUARY 14, 2018

If no selection is made on the registration form for attendance at the Welcome Reception or Awards Banquet ‘NO’ will be automatically selected.
2018 CONFERENCE
MARCH 10–14, 2018

Please register online at www.aatod.org and click on the ONLINE REGISTRATION link or complete the registration form. Use one form for each registrant. Photocopies of the form are acceptable.

You may now register two or more from an Agency through the AATOD website.

CONTACT INFORMATION: Please print. Bold fields will print on badge.

First (Given) Name ___________________________________________
MI ___________________________________________
Last (Family) Name ___________________________________________
Name on Badge ___________________________________________
Affiliation (Employer) _______________________________________
Position/Educ. Degree _______________________________________
Business Address ___________________________________________
City __________________________ State/Province Country _______
Business Telephone _______________________________________
Fax Number ___________________________________________
E-Mail Address ___________________________________________

Please print. Bold fields will print on badge.

Please check only the professional designation that applies:
☐ Administrative/Management  ☐ Policy
☐ Clinical/Medical  ☐ Research
☐ Counseling  ☐ Other (Please Specify)
☐ Funding/Evaluation

FULL CONFERENCE REGISTRATION:
Includes Welcome Reception and Awards Banquet (check all that apply)
8/1/2017–2/14/2018
On-Site Fee enclosed

☐ One person from an agency $535 $620 $ __________
☐ Two or more from an agency, each $510 $620 $ __________
☐ Yes, I will be attending the Welcome Reception
☐ No, I will not attend the Welcome Reception
☐ Yes, I will be attending the Awards Banquet
☐ No, I will not attend the Awards Banquet
☐ Single Day (specify day below) $275 $275 $275 $ __________
   ☐ Saturday (does not include CMA Training)
   ☐ Sunday (does not include Clinicians Course or Welcome Reception)
   ☐ Monday ☐ Tuesday (Does not include Awards Banquet) ☐ Wednesday

☐ Clinicians Course $275 __________________________
☐ Additional Awards Banquet tickets $ 95 __________________________
☐ Additional Welcome Reception tickets $ 50 __________________________

CME/CEH Fees (Not included in conference registration fee)
Please indicate the type of continuing education units you intend to seek:
☐ Physicians $55 __________________________
☐ Physician Assistants ☐ Pharmacists ☐ Psychologists $50 __________________________
☐ Nurses ☐ Social Workers $45 __________________________
☐ Social Worker License # __________________________ State of Licensure __________________________
☐ Counselors $35 __________________________

SESSION RECORDINGS
Pre-conference Session Recordings (advance order price $125) ☐ MP3 ☐ Thumb Drive $ __________
Regular Conference Session Recordings (advance order price $125) ☐ MP3 ☐ Thumb Drive $ __________
All Conference Session Recordings (advance order price $200) ☐ MP3 ☐ Thumb Drive $ __________

TOTAL FEES $ __________

PAYMENT INFORMATION:
☐ Enclosed is payment by CHECK payable to the American Association for the Treatment of Opioid Dependence, Inc.
☐ Visa ☐ MasterCard ☐ American Express
Please provide card number and expiration date below.
Total fees to be charged $ __________________________
Cardholder’s Signature ___________________________________________

Registrations paid by credit card may be faxed to 856-423-3420. Please keep a copy of your fax confirmation for your record. If faxing, DO NOT mail the original form; doing so may result in duplicate charges to your credit card! AATOD reserves the right to charge the correct amount if different from the total above.

AATOD does not accept purchase orders as a form of payment.

CANCELLATION POLICY
If you must cancel your registration, the American Association for the Treatment of Opioid Dependence, Inc. Registration Department must receive all requests in writing no later than February 9, 2018. All fees paid will be returned less a $50.00 processing fee. There will be no refunds after the February 9th deadline.

REPLACEMENT POLICY
Replacements will be processed when requests are received in writing prior to February 9, 2018 at no charge. A fee of $50 per registrant will apply as of February 10, 2018.

Participation in this conference assumes knowledge and authorization of audio and/or video recording of portions of this conference.

Registration will be confirmed via the email address provided within two weeks of receipt of payment. If you do not receive confirmation by that time, please call 856-423-3091.

Credit Card Information

Account number __________________________
Expiry date (mm/yy) __________________________