



American Association for the Treatment of Opioid Dependence, Inc.

2013 CONFERENCE

Let Recovery Ring in a New Era

NOVEMBER 9–13, 2013

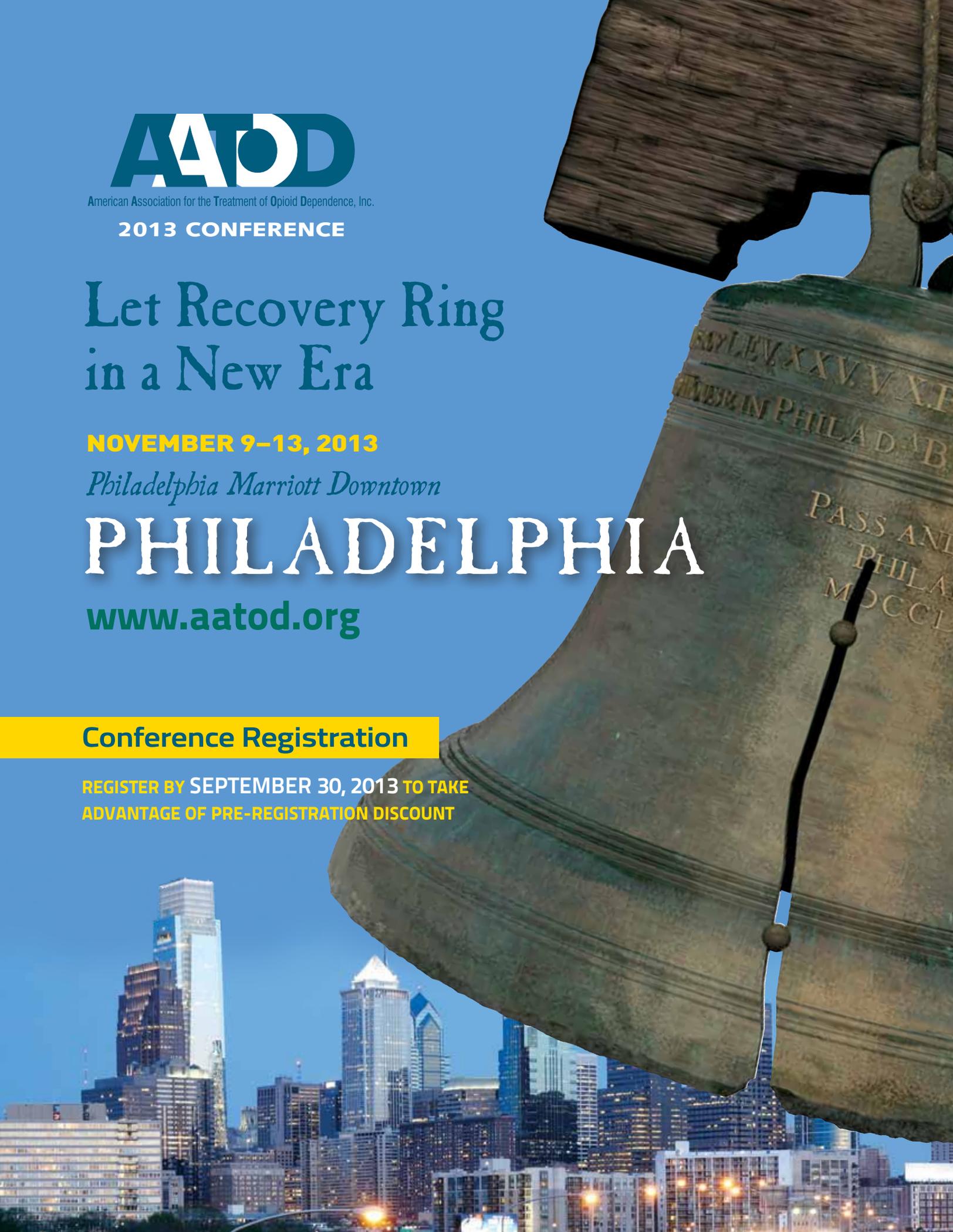
Philadelphia Marriott Downtown

PHILADELPHIA

www.aatod.org

Conference Registration

**REGISTER BY SEPTEMBER 30, 2013 TO TAKE
ADVANTAGE OF PRE-REGISTRATION DISCOUNT**



LETTER FROM THE CONFERENCE LEADERSHIP

HOSTS:

City of Philadelphia

Department of Behavioral Health
Intellectual disAbility Services (DBHIDS)

State of Pennsylvania

Department of Drug and Alcohol
Programs (DDAP)

CONFERENCE OBJECTIVES

- To discuss the impact of health care reform on the delivery of Medication Assisted Treatment (MAT) services and on individuals, families and communities
- To identify and provide new information of critical importance to the field and evaluate its implications for patients, clinicians, administrators and policy makers
- To facilitate the integration of medication assisted recovery into medical care delivery models
- To demonstrate techniques and highlight programs for improving clinical and program administration, and patient outcomes
- To promote/encourage the benefits of community and healthcare/wellness partnerships and collaborations

CONFERENCE CONTACTS

AATOD REGISTRATION

register.aatod.org

Phone: (856) 423-3091, option 3

Talley Management Group, Inc.

Maria Ramos, CMP

Meetings & Exhibits Manager

19 Mantua Road

Mount Royal, New Jersey 08061

Phone: (856) 423-3091

Fax: (856) 423-3420

E-mail: aatod@talley.com

www.aatod.org

EXHIBIT SALES

Sue Parker, Sales Associate

sparker@talley.com

Dear Colleagues, Persons in Recovery, Advocates, Stakeholders and Friends:

Greetings. I'd like to personally invite each of you to the AATOD 2013 Conference. The City of Philadelphia, its Department of Behavioral Health Intellectual disAbility Services, the State of Pennsylvania and its Department of Drug and Alcohol Programs are proud to be hosting this conference.

It's an exciting time for addiction treatment and medication assisted recovery in particular, as we continue to play an increasingly important role in health care, addiction treatment, behavioral health and recovery oriented systems of care. Our field is confronting a time of many changes and we're meeting these changes during a time of larger nationwide and global change. The world of addiction treatment and recovery has never been a more exciting area of health care and this conference brings inspired people together to learn and dialogue in a diverse array of forums, workshops and plenary sessions to ensure our field remains at the cutting edge.

This year's conference promises to follow in the long tradition of AATOD Conferences being the destination for state-of-the-art training for medication assisted treatment providers, policy makers and advocates from all over the world. This year, our planning committees have prepared five days of exciting, creative and critical programming. Our conference theme, **Let Recovery Ring in a New Era**, is woven throughout the plenary sessions, workshops, posters and hot topic roundtables.

I'd like to give you an idea of what you can expect and what we hope to achieve over the conference. There will be opportunities for those in medication assisted recovery, providers and professional staff to get advocacy certification and for medical professionals to get important credits via training in opioid dependence. We will have workshops, international and domestic, addressing recovery, health care, alcohol, benzodiazepine, cannabis use, stigma and treating the young opioid dependent person as well as innovations in co-occurring treatment. There will be tours of medication assisted programs as well as the Behavioral Health/Recovery murals throughout Philadelphia.

The plenary sessions will cover the current state of the field, the legacy of our past and the challenges and hope for the future. From beginning to end, this conference promises an engaging, diverse and dynamic schedule of events. Our planning committees have worked diligently to ensure a wonderful program. The exhibit booths will acquaint you with the latest in technology, science and products that support our work. The conference activities, welcome reception, breakfasts and refreshments breaks allow for more informal discussions with colleagues, presenters, exhibitors, and state and federal officials.

This conference, like all other AATOD Conferences, continues the celebration of the hard work and dedication of those in medication assisted recovery, those who work tirelessly to serve them by continuing to meet the challenges of our field and to excel despite setbacks. We should all be very proud of where we are today and excited about where we are headed.

In closing, I'd again like to thank each of you for planning to attend our conference and bringing your expertise to our gathering. You, as leaders in the field of opioid dependence and addiction, have the vision, the knowledge, the wherewithal and the experience to help us pave our way into the future. You are truly our greatest asset today and tomorrow, and we could not accomplish what we do without your support and participation. Throughout this conference, I ask you to stay engaged, keep us proactive and help us **Let Recovery Ring in a New Era**. My personal respect and thanks goes out to all of you.



Roland C. Lamb, MA

2013 AATOD Conference Chair

CONFERENCE AT A GLANCE

All events and times listed are subject to change.

Saturday, 11-9	8:00 a.m.–5:00 p.m.	Registration Open
	8:00 a.m.–5:00 p.m.	The Certified Medication Assisted Treatment Advocate (CMA) Training Course
	8:00 a.m.–5:30 p.m.	Buprenorphine and Office-Based Treatment of Opioid Dependence
	9:00 a.m.–5:00 p.m.	OTP Clinical Staff Education: Appropriate Use of Methadone in the OTP
	1:00 p.m.–4:00 p.m.	Understanding Hepatitis in the Substance Abuse Treatment Setting
	1:00 p.m.–4:00 p.m.	OTP Liability for Patient-Related Motor Vehicle Accidents: A Mock Trial and Focus Group Presentation
	1:00 p.m.–5:00 p.m.	Tobacco Cessation Program for Opioid Treatment Programs
	3:00 p.m.–5:00 p.m.	Extended-Release Naltrexone Effectiveness Findings and Clinical Experience
	5:00 p.m.–8:30 p.m.	AATOD Open Board Meeting
	Sunday, 11-10	7:30 a.m.–7:30 p.m.
8:00 a.m.–5:30 p.m.		Opioid Maintenance Pharmacotherapy: A Course for Clinicians
8:30 a.m.–12:30 p.m.		Countering Opioid Stigma: Communicating Messages to Influence Public Perception
8:30 a.m.–12:30 p.m.		Policy Considerations and Collaborative Partnerships: Working with Opioid Dependent Pregnant Women
8:30 a.m.–12:30 p.m.		From START to Finish—NIDA/CTN Presentation
8:30 a.m.–5:30 p.m.		State Opioid Treatment Authorities' Meeting <i>(Closed Session for State and Federal Officials)</i>
9:00 a.m.–12:00 p.m.		Opioid Treatment Program Accreditation Town Hall Meeting
1:00 p.m.–5:00 p.m.		Presentations by the World Federation for the Treatment of Opioid Dependence (WFTOD)
1:00 p.m.–5:00 p.m.		Risk Management Strategies for 2013 and Beyond
1:00 p.m.–5:00 p.m.		Buprenorphine and Naltrexone: The Expanding Role of Medication Assisted Treatment
4:00 p.m.–7:30 p.m.		Posters in Franklin Hall
4:00 p.m.–7:30 p.m.		Exhibits
5:30 p.m.–7:30 p.m.		Welcome Reception
7:30 p.m.–8:30 p.m.		Methadone Anonymous Meeting <i>(Open)</i>
Monday, 11-11		7:30 a.m.–5:30 p.m.
	7:30 a.m.–8:30 a.m.	Continental Breakfast in Exhibit Hall
	7:30 a.m.–8:45 a.m.	Poster Author Session—Author(s) presentation including Q&A
	7:30 a.m.–9:30 a.m.	Exhibits <i>(Exhibit Hall closed 9:30 a.m.–11:30 a.m.)</i>
	7:30 a.m.–4:30 p.m.	Posters in Franklin Hall
	8:45 a.m.–10:15 a.m.	Opening Plenary Session—Let Recovery Ring in a New Era
	10:30 a.m.–12:00 p.m.	Workshop Sessions
	11:30 a.m.–4:30 p.m.	Exhibits
	12:00 p.m.–1:30 p.m.	Lunch <i>(on your own)</i>
	1:30 p.m.–3:00 p.m.	Workshop Sessions/Hot Topic Roundtables
	3:00 p.m.–4:00 p.m.	Exhibitor Networking Break in Exhibit Hall
	3:00 p.m.–4:00 p.m.	Poster Author Session—Author(s) presentation including Q&A
	4:00 p.m.–5:30 p.m.	Workshop Sessions
	6:30 p.m.–8:00 p.m.	Town Hall Meeting—Addressing the Non-Medical Use of Prescription Opiates
	7:00 p.m.–8:30 p.m.	Methadone Anonymous Meeting <i>(Open)</i>
Tuesday, 11-12	7:30 a.m.–3:30 p.m.	Registration Open
	7:30 a.m.–8:30 a.m.	Continental Breakfast in Exhibit Hall
	7:30 a.m.–1:30 p.m.	Exhibits
	7:30 a.m.–1:30 p.m.	Posters in Exhibit Hall
	8:45 a.m.–10:15 a.m.	Middle Plenary Session—Keeping Recovery the Focus
	10:30 a.m.–12:00 p.m.	Workshop Sessions
	12:00 p.m.–1:30 p.m.	Lunch <i>(on your own)</i>
	1:30 p.m.–3:00 p.m.	Workshop Sessions
	7:00 p.m.–9:30 p.m.	Awards Banquet
	9:30 p.m.–10:30 p.m.	Methadone Anonymous Meeting <i>(Open)</i>
Wednesday, 11-13	7:30 a.m.–1:00 p.m.	Registration Open
	7:30 a.m.–8:00 a.m.	Continental Breakfast
	8:00 a.m.–9:30 a.m.	Workshop Sessions
	9:45 a.m.–11:15 a.m.	Workshop Sessions
	11:30 a.m.–12:45 p.m.	Closing Plenary Session—How Health Care Reform will Impact OTPs
	1:00 p.m.–3:30 p.m.	Clinic Tours <i>(Sign-Up at Hospitality Table)</i>

Pre-Conference Sessions

Saturday, November 9, 2013

8:00 a.m.–5:00 p.m.

The Certified Medication Assisted Treatment Advocate (CMA) Training Course

Walter Ginter, CMA, NAMA Recovery, New York, NY

Laura McNicholas, MD, Philadelphia Veterans Administration Medical Center, Philadelphia, PA

Claude Hopkins, CADC, NAMA Recovery, New York, NY

Cheryl Blankenship Kupras, LCSW, Santa Clara County Department of Alcohol and Drug Services, San Jose, CA

Herman Joseph, PhD, Stop Stigma Now/NAMA Recovery, New York, NY

Joycelyn Woods, MA, NAMA Recovery, New York, NY

J.R. Neuberger, CMA, NAMA Recovery, Elkton, DE

Robert Lubran, MS, Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD

Ronald Young, Pennsylvania Department of Drug and Alcohol Programs (DDAP), Harrisburg, PA

The leading advocate and recovery organization for medication assisted treatment, the National Alliance for Medication Assisted Treatment (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 assisted treatment. Both patients and non-patients are encouraged to become Certified Medication Assisted Treatment Advocates (CMA).

The course presentation includes:

Medication Assisted Treatment—Basic clinical information about methadone and buprenorphine treatment.

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.

Hands On and Systems Advocacy—Basic tools for advocacy, managing issues that confront advocates, educating patients about their rights, handling grievances, legal issues and working within communities to benefit patients and treatment.

Advocacy and The Media—Responding to negative content in newspapers, television, movies, etc. by writing response letters and letters to the editor.

New Advances—Peer to Peer Services and Recovery Coaching.

Certified Medication Assisted Treatment Advocate (CMA)—Role of a CMA, ethics of advocacy, the mechanism of certification, and professionalize those committed to advocacy.

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 of \$50.00 for the pre-conference event.** The fee includes all materials, 2013/2014 membership in NAMA Recovery, and the application for CMA. Registration information is available at: http://methadone.org/certification/next_training.html. 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)

8:00 a.m.–5:30 p.m.

Buprenorphine and Office-Based Treatment of Opioid Dependence

John A. Renner, Jr., MD, Boston University School of Medicine, Education Section VA Outpatient Clinic, Boston, MA

Laura McNicholas, MD, Philadelphia Veterans Administration Medical Center, Philadelphia, PA

Adam J. Gordon, MD, University of Pittsburgh, Veterans Administration, Pittsburgh, PA

The “Drug Addiction Treatment Act of 2000” created the opportunity to expand treatment for opioid dependence into the mainstream of medical practice, increase the number of persons treated and have an important positive public health impact. The legislation specifies several ways in which physicians can be considered qualified to prescribe and dispense buprenorphine in their offices for the treatment of opioid dependence. The completion of this training fulfills the requirement prior to notifying the U.S. Department of Health and Human Services (DHHS) of their intention to begin prescribing buprenorphine for the treatment of opioid dependence.

The presentation is designed to train qualified physicians in dispensing or prescribing specifically approved Schedule III, IV and V narcotic medications for the treatment of opioid addiction in an office-based setting. The goal of this training is to acquire the knowledge and skills needed to provide optimal care to opioid dependent patients by providing: 1) an overview of opioid dependence, 2) the efficacy and safety of buprenorphine, 3) process of patient selection, 4) clinical use of buprenorphine, 5) non-pharmacological interventions, 6) medical psychiatric conditions in opioid dependent patients, office procedures and 7) special treatment population.

Designated by the DHHS, this training meets the eight hour requirement and is designed for physicians to dispense buprenorphine in office practice for treatment of opioid dependence. Participation in this training will provide physicians with 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 and adolescent medicine specialists.

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.

9:00 a.m.–5:00 p.m.

OTP Clinical Staff Education: Appropriate Use of Methadone in the OTP

Valentin Bonilla, PA, Beth Israel Hospital, New York, NY
Carolyn Baird, DNP, Waynesburg University, McMurray, PA

While methadone is recognized as a safe and effective medication, it is important that it be prescribed/dispensed and taken properly. Clinical staff must appreciate its idiosyncrasies and be able to identify potentially dangerous drug interactions, misuse and abuse. Patients' lives depend on it. The recent rise in methadone mortality has brought additional scrutiny to the use of methadone. Although the increase in deaths appears to be linked to the increased use of the medication in treatment of pain, rather than in Opioid Treatment Programs (OTPs), the Substance Abuse and Mental Health Services Administration is proactive in developing and delivering targeted clinical training to providers in OTPs to assure that they apply best practice and the most current information on methadone use in the OTP setting.

Participants will be able to describe the unique characteristics of methadone pharmacology and pharmacotherapy; understand OTP patient screening, assessment, induction, stabilization and maintenance techniques; identify and address co-occurring medical and psychiatric disorders; and outline treatment services and appropriate levels of care.

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

1:00 p.m.– 4:00 p.m.

Understanding Hepatitis in the Substance Abuse Treatment Setting

Brian R. Edlin, MD, National Development & Research Institutes, Institute for Infectious Disease Research, New York, NY

Diane Padilla, National Development & Research Institutes, Northeast & Caribbean ATTC, New York, NY

This session will help familiarize participants with basic information on viral hepatitis and the need for counselor skills and support services in the substance abuse treatment setting. By the end of the module participants will be able to identify the prevalence of hepatitis A, B and C; describe at least three risk factors for viral hepatitis; define the different levels of viral hepatitis: acute, chronic and fulminant hepatitis; identify symptoms of hepatitis A, B and C; identify the ways that hepatitis A, B and C are transmitted; state the connection between viral hepatitis and other infectious diseases such as HIV; identify at least two prevention options for hepatitis A, B and C; describe disease course progression for hepatitis C; describe the screening measures for hepatitis B and C; identify at least two diagnostic tests for hepatitis B and C; identify newly approved treatment options for hepatitis C; describe how risk behavior identifies patients for screening and testing in substance abuse treatment programs; identify at least two ways that counselors can support patients in undergoing hepatitis C treatment; and identify referral and support services for patients undergoing treatment for hepatitis C.

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

1:00 p.m.–4:00 p.m.

OTP Liability for Patient-Related Motor Vehicle Accidents: A Mock Trial and Focus Group Presentation

James A. Bello, Esq., Morrison Mahoney, Boston, MA
Noel Dumas, Esq., Morrison Mahoney, Boston, MA

The objective of this session is to highlight the risk of Opioid Treatment Program (OTP) liability for patients and third-parties who are injured in vehicular accidents arising out of the negligent administration of methadone, and/or inadequate counseling or monitoring of continuous illicit drug use. The Mock Trial and Focus Group Presentation are premised upon an actual case brought by an injured patient against an OTP.

Conference participants will be presented with the closing arguments of counsel. The plaintiff's (injured party) case focuses on "profits over people." The plaintiff alleges that the clinic failed to implement any meaningful consequences in response to the patient's continued use of illicit drugs, specifically benzodiazepines. Plaintiff contends that

Pre-Conference Sessions

Saturday, November 9, 2013

if she was faced with consequences for continued drug use, she would have stopped using benzodiazepines, and the accident would not have occurred. The plaintiff's case highlights the legal consequences of violating company policies, state regulations and industry standards, and the legal implications of such violations in a court of law.

The defense of the clinic focuses upon the concept of harm reduction and personal responsibility. Despite continuous positive drug screens, the patient made significant progress in the program, with periods of complete abstinence. The defense contends that the clinic cannot be held responsible for the poor decisions of a fully informed, consenting adult. There is also emphasis on the absence of legal "causation"; i.e., evidence that had the consequences been attempted, the patient would have stopped using illicit drugs (and the accident would have been avoided).

The teaching session will focus on the importance of adequate documentation, and compliance with policies and regulations. The presenters will show actual video clips from mock trial jury deliberations which reveal laypersons' thoughts on methadone treatment, the OTP industry, and drug addiction in general.

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

1:00 p.m.–5:00 p.m.

Tobacco Cessation Program for Opioid Treatment Programs

Deborah Petska, MA, Danya International, Inc., Silver Spring, MD

Lamont Clark, BS, Danya International, Inc., Silver Spring, MD

Brandon T. Johnson, MBA, Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD

The SAMHSA Tobacco Cessation Program for Opioid Treatment Programs (OTPs) session will provide conference participants with the awareness, knowledge and tools that will enable them to determine the appropriateness of the tobacco cessation program for incorporation into their treatment facilities and assess the readiness of their tobacco-addicted patients.

The first part of the presentation will briefly focus on the importance of a tobacco cessation program that specifically addresses the OTP patient population, as evidenced by several studies. Participants will learn about the higher-than-average prevalence of tobacco use among opioid users, the physiological and psychological reasons for high rates of smoking and tobacco addiction among this population, the health implications of co-addiction, evidence-based tobacco cessation practices that are tailored to addressing the particular needs of co-addicts, and the SAMHSA Tobacco Cessation Program's unique approach to achieving cessation success in the target OTP patient population.

The second portion of this session will provide participants with an overview of the tobacco cessation program and its fundamental principles: use of the stages of change model, and a patient-driven approach. In addition, the participants will learn the requirements of the program for OTP clinics, administrators, staff and patients who use tobacco. They will have the opportunity to review the Trainer's Manual and the Patient's Workbook for the program. Participants will have the opportunity to complete an actual session from the program.

The session will be presented with a strong emphasis on how the stages of change and a patient-driven approach, as part of a comprehensive cessation program, are effective methods to encourage abstinence from tobacco in OTP patients. Finally, participants will have ample time to ask questions about the program and related issues. All participants will be asked to complete a post-session evaluation (for the presenters' use) and a tobacco literacy test that will be self-assessed and will not be collected by the presenters.

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

3:00 p.m.–5:00 p.m.

Extended-Release Naltrexone Effectiveness Findings and Clinical Experience

Adam Bisaga, MD, Columbia University, New York, NY

David R. Gastfriend, MD, Alkermes, Inc., Waltham, MA

Philip L. Herschman, PhD, CRC Healthcare Group, Inc., Cupertino, CA

Studies in community outpatient and residential settings, and across varying populations and treatment durations, have examined once-monthly injectable extended-release naltrexone (XR-NTX) combined with psychosocial treatment in terms of effectiveness for preventing relapse to opioid use, reducing cravings and increasing retention. This session will describe clinical experience using XR-NTX as well as safety and effectiveness findings from 15 studies in opioid dependence that have been published, are in press or have been presented (aggregate XR-NTX-treated N=1,683). In addition, the session will present outcomes following pain-related adverse events and experience with HIV+ and Hep C+ in patients treated with XR-NTX. *Funded by Alkermes, Inc.*

AATOD OPEN BOARD MEETING

Saturday, November 9 | 5:00 p.m.–8:30 p.m.

Supported by Addiction Treatment Providers Insurance Program

Pre-Conference Sessions

Sunday, November 10, 2013

8:00 a.m.–5:30 p.m.

Opioid Maintenance Pharmacotherapy: A Course for Clinicians

Trusandra Taylor, MD, JEVS Human Services, Philadelphia, PA

Susan Neshin, MD, JSAS Healthcare, Inc., Neptune, NJ

Laura McNicholas, MD, Philadelphia Veterans Administration Medical Center, Philadelphia, PA

Abigail Kay, MD, Thomas Jefferson University, Philadelphia, PA

Laura Murray, DO, NHS Human Services, Philadelphia, PA

This course is recommended for clinicians who have an interest in increasing their knowledge of medication assisted treatment (MAT) of opioid dependence. The updated curriculum includes current consensus guidelines for best practice treatment for opioid addiction, focusing primarily on the utilization of methadone.

Topics include overview of opioid dependence, 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 MAT, 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 assisted treatment for patients with opioid dependence.

The \$225.00 registration fee includes a morning coffee service and afternoon luncheon.

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

8:30 a.m.–12:30 p.m.

Countering Opioid Stigma: Communicating Messages to Influence Public Perception

Frank J. Carillo, BS, ECG, Inc, Englewood, NJ

Opioid Treatment Programs and patients have historically been the target of negative public opinion and adverse media coverage. This has affected our ability to effectively influence national drug policy,

explain the science of opioid addiction and treatment, gain the funding necessary to provide quality treatment to all who require it, and ultimately operate in the best interests of our patients and communities.

This session teaches three key messages specifically designed to counter the stigma and stereotypes deeply embedded in the perception of opioid addiction and medication assisted treatment. These messages resulted from a year-long pilot project, “Communicating Messages that Achieve Results.” Participants will hear these messages and learn how to communicate them in order to create a positive impact within their communities. This session will include Q & A techniques designed to deal with emotional audiences while reinforcing the presentation objectives.

For session effectiveness, participation is limited to the first 50 attendees who arrive for the session.

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

Supported by VistaPharm

8:30 a.m.–12:30 p.m.

Policy Considerations and Collaborative Partnerships: Working with Opioid Dependent Pregnant Women

Sally Borden, MEd, KidSafe Collaborative, Inc., Burlington, VT

Melinda Campopiano, MD, Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD

Sharon Amatetti, MPH, Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD

Nancy Young, PhD, National Center on Substance Abuse and Child Welfare, Irvine, CA

There are many professionals potentially involved in treatment decisions for pregnant opioid dependent women. These include the women's primary care/OB-GYN team, substance abuse treatment provider, and if referred or involved in the child welfare system, the child welfare social worker and judicial representatives (the parent's lawyer, child's lawyer and the judge). Each professional and the organizations that they represent are responding to directives from their organizations, or in the absence of directives, using their professional judgments.

SAMHSA's National Center on Substance Abuse and Child Welfare (NCSACW) organized a working group to articulate the questions and policy considerations that guide practice for a wide range of professionals working with pregnant opioid dependent women.

In addition, the Women's Services Network (WSN) of the National Association of State Alcohol and Drug Abuse Directors (NASADAD) is working with the NCSACW to describe practices that are implemented in States to address the needs of opioid dependent pregnant women and their newborns.

Pre-Conference Sessions

Sunday, November 10, 2013

This session will share the information developed by this working group and these State practices. The session will also highlight the work of the *Children and Recovering Mothers (ChARM)* collaborative in Vermont that is coordinated by the Kids Collaborative of Chittenden County. The focus of the collaborative is meeting the needs of pregnant and postpartum women and babies where there is a history of opioid use. This initiative has worked out many of the policy and communication protocols for addressing the needs of the families and could present their lessons learned at the session.

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

8:30 a.m.–12:30 p.m.

From START to Finish: National and International Perspectives on Disseminating Research to Practice for the Treatment for Opioid Dependence

SESSION CHAIR & DISCUSSANT: *Andrew J. Saxon, MD, University of Washington, Seattle, WA*

To date, the National Drug Abuse Clinical Trials Network Starting Treatment with Agonist Replacement Treatment Study (START) (Saxon et al., 2013) includes the largest database of patients (n=1269) entering opioid agonist treatment programs at community methadone centers around the United States (U.S.). Participants in the study were randomized to either a Methadone (MET) treatment or Buprenorphine/Naloxone (BUP/Nx) treatment, and closely monitored during induction as well as throughout active treatment and follow-up. Pharmacotherapy was provided for 24 weeks with taper or continuation possible through week 32. Primary outcomes showed low rates of liver injury and no differences in liver functions between MET and BUP/Nx groups. Secondary findings present a multitude of interesting and clinically relevant outcomes.

UNITED STATES PRESENTERS:

George Woody, MD, University of Pennsylvania, Philadelphia, PA

Petra Jacobs, MD, Center for the Clinical Trials Network, National Institute on Drug Abuse, Rockville, MD

Richard Crist, PhD, University of Pennsylvania, Philadelphia, PA

This segment of the session will present these secondary outcomes including: 1) a comparison of the impact of MET vs. BUP/Nx treatment on HIV risk behaviors; 2) a description of six different BUP/Nx and three different MET induction trajectories and their outcomes; and 3) an association between genotype and treatment outcome in African-American participants receiving BUP/Nx or MET.

INTERNATIONAL PRESENTERS:

Adhi Wibowo Nurhidayat, MD, Jakarta Project, Jakarta, Indonesia

Mathew Hickman, PhD, University of Bristol, England

John Strang, MD, Kings College, London, England

To complement the findings and dissemination strategies from the U.S. perspective, a panel of international collaborators will present findings from studies conducted abroad and implementation strategies that have been successful. Presentations will include outcomes from a collaborative project between NIDA and treatment providers in Indonesia, data from epidemiological studies showing the association between the length of MET treatment and mortality rates and dissemination and implementation strategies, and the use of incentive-based interventions in reducing drug use and associated consequences. The session will also describe the N-ALIVE (NALoxone InVEstigation) study—a large, prison-based, trial that assesses the number of lives that could be saved by providing Naloxone-on-release to adult prisoners with a history of heroin injection.

DISCUSSION: *Andrew J. Saxon, MD, University of Washington, Seattle, WA*

Dr. Saxon will lead a discussion on how the knowledge gained from these analyses and findings can be translated for the implementation of relevant MET or BUP/Nx treatment in clinical settings treating opioid dependent patients in the U.S. as well as internationally.

Sponsored by the National Institute on Drug Abuse, the National Drug Abuse Treatment Clinical Trials Network (NIDA/CTN), and the NIDA/SAMHSA Blending Initiative

8:30 a.m.–5:30 p.m.

State Opioid Treatment Authorities' Meeting

(Closed Session for State and Federal Officials)

Robert Lubran, MS, Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD

Brandon Johnson, MBA, Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD

Mary Lou Ojeda, MS, Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD

Steve Mason, MSW, Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD

Melinda Campopiano, MD, Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD

State Opioid Treatment Authorities

Federal officials, including SAMHSA/CSAT staff and State Opioid Treatment Authorities, will convene to share information and discuss a variety of topics of interest to both SAMHSA 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)

9:00 a.m.–12:00 p.m.

Opioid Treatment Program Accreditation Town Hall Meeting

Megan Marx, MPA, The Joint Commission, Oakbrook Terrace, IL

This session is designed to be an open forum for The Joint Commission accredited programs. Topics expected to be reviewed include “Accreditation Nuts & Bolts”; Behavioral Health Home Certification; Leading Practice Library; Top Behavioral Health Care (BHC) Accreditation Standards Compliance Issues; 2014/2015 Opioid Treatment Program (OTP) Standards Revisions.

At the end of this session, participants will be able to identify and discuss new accreditation/certification initiatives available through The Joint Commission, and how to implement relevant changes in their programs. Participants will gain access to The Joint Commission Leading Practices library and identify common standard compliance issues and develop strategies to address them.

Registration for this session is open to all Joint Commission Accredited Opioid Treatment Programs. To pre-register for this session please contact Megan Marx at 630-792-5131 or mmarx@jointcommission.org.

Sponsored by The Joint Commission

1:00 p.m.–5:00 p.m.

Presentations by the World Federation for the Treatment of Opioid Dependence (WFTOD)

The World Federation for the Treatment of Opioid Dependence (WFTOD) was founded during the EUROPAD meeting of July 2007 in Ljubljana, Slovenia. All of the member nations, which included the member countries of EUROPAD and all of the member states within AATOD, agreed to a charter for the World Federation.

1:00 p.m.–1:15 p.m.

Introductions

Michael Rizzi, AATOD International Committee Chair, Cranston, RI

Icro Maremmanni, MD, EUROPAD, President WFTOD, Pisa, Italy

1:15 p.m.–2:30 p.m.

Optimizing Opioid Dependence Treatment Systems in Europe: What Can We Learn from the EQUATOR Analysis?

CHAIR: Professor, Dr. Heino Stöver, University of Applied Sciences, Frankfurt, Germany

The European Quality Audit of Opioid Treatment (EQUATOR) Analysis: Are Current Treatment Systems Achieving the Desired Outcomes?

Professor, Dr. Gabriele Fischer, Center of Public Health, Medical University Vienna, Vienna, Austria

Optimizing Outcomes from Opioid Dependence Treatment in Europe: Insights from EQUATOR on How Current Practices Need to Change

Dr. João Castel-Branco Goulão, SICAD, Lisboa, Portugal, EU

Reducing the Societal Burden of Opioid Dependence in Europe: Potential Benefits of Optimized Treatment Systems

Professor, Dr. Heino Stöver, University of Applied Sciences, Frankfurt, Germany

Professor, Dr. Gabriele Fischer, Center of Public Health, Medical University Vienna, Vienna, Austria

Dr. João Castel-Branco Goulão, SICAD, Lisboa, Portugal, EU

2:30 p.m.–3:30 p.m.

Symposium – New Substances of Abuse in Europe: Results from a EUROPAD Pilot Study in Four European Countries

CHAIR: Icro Maremmanni, MD, EUROPAD, President WFTOD, Pisa, Italy

Jody Green, PhD, Denver Health Rocky Mountain Poison and Drug Center, Denver, CO

3:30 p.m.–5:00 p.m.

Symposium – EUROPAD Hot Topics

CHAIR: Icro Maremmanni, MD, EUROPAD, President WFTOD, Pisa, Italy

Mortality in Opioid Maintenance Therapy: Evaluation of Changing Treatment Practices Over Time and Treatment Outcome Mortality

Professor, Dr. Thomas Clausen, Norwegian Centre for Addiction Research, University of Oslo, Oslo, Norway

Therapeutic Drug Monitoring in Patients Undergoing Methadone Maintenance Treatment: A Novel Test Using Dried Blood Spots

Lorenzo Somaini, MD, Cossato Addiction Treatment Centre, Local Health Unit, Biella, Italy

The Difficult Patient: Treat or Discharge

Alexander Kantchelov, MD, The Kantchelov Clinic, Sofia, Bulgaria

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

Pre-Conference Sessions

Sunday, November 10, 2013

1:00 p.m.–5:00 p.m.

Risk Management Strategies for 2013 and Beyond

Paul J. Siegel, JD, Jackson Lewis, LLP, Melville, NY

Employers face workplace law challenges at every stage of the employment relationship, including hiring and retaining staff, ensuring compliance with wage and hour laws, managing family and medical leaves, and managing performance problems. Given the continued growth of employment litigation, a comprehensive review of employment policies should be a key component of any organization's risk management strategy. Employers can proactively address potential workplace law challenges and then develop business practices to meet those threats.

What may have worked in 1995 or 2005 no longer protects you in 2013 (and surely not in years to come). Avoiding jury trials, class and collective actions and violations of overtime or other workplace laws all require greater expertise, planning and strategic analysis. This session will review the major areas of employment litigation and suggest cures for workplace ills. Participants will learn about recent developments in wage and hour claims, aggressive expansion of the rights of disabled workers and EEOC initiatives, as well as steps that employers can take to improve employee handbooks and other protective employment policies.

Due to budget cuts, staffing woes and operational needs, employers too often neglect human resources issues—resulting in out-of-date handbooks, unlawful application forms, inadequate documentation of problem workers, failure to engage in an interactive process when confronted with an employee's medical problems and many other workplace law challenges. This session will identify areas requiring immediate attention and will suggest remedies.

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

1:00 p.m.–5:00 p.m.

Buprenorphine and Naltrexone: The Expanding Role of Medication Assisted Treatment

Joshua Lee, MD, New York University School of Medicine, New York, NY

Stacy Seikel, MD, Center for Drug Free Living, Orlando, FL

Colleen LaBelle, RN, Boston University School of Medicine, Boston, MA

With the advent of the Affordable Care Act and the ongoing development of new forms of pharmacotherapy for substance use disorders it is necessary to think beyond regulatory and practice environments. Matching patients to treatment with ever individualizing care will become the norm.

This program will provide attendees with an understanding of the different properties, risks and benefits of existing pharmacotherapies. Speakers will use their firsthand experience with the investigation and clinical use of buprenorphine and naltrexone to go beyond pharmacology to examine matching the needs and goals of individuals to the available medications and associated outcomes. While taking into account the very real barriers and boundaries encountered in the treatment system, the speakers will explore ways to expand access and build on the system as it exists to increase options for individuals.

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



WELCOME RECEPTION

Sunday, November 10 | 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 enjoy some relaxing time with old friends and colleagues not seen for too long.

Sponsored in part by Atlantic Diagnostic Laboratories

Exhibit and Poster Sessions

The AATOD Conference serves as a central gathering point for the opioid treatment community and offers significant opportunities for exhibiting companies and attendees to interact with other professionals who are devoted to the treatment of opioid dependence throughout the nation and abroad. The registrants will consist of the decision makers in this field who spend over \$1 billion annually treating approximately 310,000 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 Event will be held Monday, November 11th to encourage contact and dialogue between opioid treatment professionals and the exhibiting companies.

Exhibit Hours

Sunday, November 10: 4:00 p.m.–7:30 p.m.

Monday, November 11: 7:30 a.m.–9:30 a.m. and 11:30 a.m.–4:30 p.m.

Tuesday, November 12: 7:30 a.m.–1:30 p.m.

Posters are in place at all times when Franklin Hall is open—
Authors will present their topic on **Monday from 7:30 a.m.–8:45 a.m. and 3:00 p.m.–4:00 p.m.**

Exhibitors as of April 28, 2013

AATOD	Netsmart
Addiction Technology Transfer Center Network	O.Berk Company of New England/ Kols Containers
Addiction Treatment Providers	OraSure Technologies
Alkermes, Inc.	Pennsylvania Certification Board / IC&RC
Atlantic Diagnostic Laboratories	Physicians Choice Laboratory Services, Inc. (PCLS)
C & C Containers	Reckitt Benckiser
CARF International	Redwood Toxicology Laboratory, Inc.
Clinical Science Laboratory	Roxane Laboratories
Computalogic	San Diego Reference Laboratory
Dominion Diagnostics	Scilog
Habit OPCO	Smart Management
Institute for Research, Education & Training in Addictions	The Joint Commission
Irwin Siegel Agency, Inc.	Tower Systems, Inc.
Karger Publishers*	United States Drug Testing Laboratories, Inc.
Laboratory Corporation of America & Bendiner & Schlesinger, Inc.	VistaPharm
Mallinckrodt Pharmaceuticals	White Deer Run/Cove Forge/Bowling Green
National SBIRT ATTC	
Netalytics	

* Browse Table

Domestic and International posters will provide valuable research findings to treatment providers.

POSTER TOPICS INCLUDE:

Short Message Service Interventions for the Substance Use Population

MerriBeth Adams, PhD

Retention in OTP—What We Know

Janet Aiyeku, MPA

From the Emergency Department (ED) through the OTP—Recent Findings on ED Visits and OTP Treatment Involving Buprenorphine and Methadone

Sara Azimi-Bolourian, MD

Impact of Readiness-to-Change on Massage Therapy for Chronic Pain in Opioid Dependent Patients

Victoria Asphaug, MScPH

Twelve Month Safety, Efficacy and Patient Satisfaction with an Implantable Formulation of Buprenorphine

Genie Bailey, MD

Nutritional Status, Chronic Pain and Body Mass Index in ORT Patients

Katharina Wiest, PhD

A Comprehensive Multistep Benzodiazepine Reduction Plan in a Suburban Opioid Treatment Program with Predominantly Prescribed Benzodiazepine Use

Jonathan Berman, MD

Keys to Recovery—A Better Alternative to NA and AA

Nancy Brison Moll, PhD

Strategies for Integrating Psychosocial Treatment with Pharmacologic Management for Youth with Co-Occurring Opioid and Mental Health Disorders—The Therapeutic Health Services ENCOMPASS Experience

Susan Caverly, PhD

Cocaine Use Reduction with Buprenorphine (CURB)—A STIMULANT ABUSE CLINICAL TRIAL IN THE OTP SETTING

Allan Cohen, MA

Benzodiazepine Use and Retention in Medication Assisted Treatment

Jordan Deaner

Opioid Dependent College and University Students

Peter DeMaria, MD

Gender-Specific Peer Support in a Comprehensive Women's Treatment Program—Healing the Heart, the Mind and the Spirit of Women and their Children

Darlene DeMore

Exhibit and Poster Sessions

Patient Self-Selection of IOP Level Services and Associated Outcomes

Kathryn Floyd, MSW

Reducing Patient Attrition 5X5

Arron Hightower, MA

The Impact of Stress and Trauma on Medication Assisted Treatment (MAT) and Initial Treatment Engagement (ITE) in Opioid Dependence Recovery

Kellie Jaremko, BS

Extended-Release Naltrexone Treatment of Veterans with PTSD and other Co-Occurring Disorders—A Case Series

Jessica Keyser, PhD

Integrated Care—One OTP's Experience

Evan Kletter, PhD

Specialty Care Medical Home—Improving Care to Vulnerable Elders on Methadone

Michelle Kletter, BA

Finances and Budgets—The Part of Addictions We Don't Treatment Plan For

Dave Kneessy, MS

Co-Occurring Disorders and Higher Levels of Care at a Methadone Clinic

Kathleen Lee, MA

Structured Entry vs. Unstructured Entry—Which Works Best?

Deborah Malatesta, MSW

Relapse Prevention at ThanhDa Drug Treatment Center, Vietnam

Minh Nguyen Phan

A Fee for Service Model in a Low Resource Country—Assessing Ability to Pay for the Cost of Methadone Treatment in the Absence of Insurance Coverage

Thuy Nga Nguyen Thi, MS

Characteristics of Methadone Maintenance Treatment Patients Who Achieve Maximal Available Take-home Doses Privileges (two weeks)

Einat Peles, PhD

Specialty-trained Nurses Network Education Program for Hepatitis C Treatment in Outpatients—Results in 222 patients and benefits for drugs users with OST and inmates

Andre Jean Remy, MD

Non-opioid Substance Use Among Opioid Dependent Patients Enrolling in Opioid Treatment Programs—A latent class analysis

Andrew Rosenblum, PhD

Effective Collaboration within the Criminal Justice System

Tracy Simmons-Hart, MS

Seeking Recovery in MAT—Observations from the MARS Project

Jo Sotheran, PhD

Continuous Recovery Monitoring in the Treatment of Opioid Dependence

Samuel Stein, FRCPsych

Subtle Neuro-Developmental Difficulties in Childhood and Opioid Misuse in Young Adulthood

Samuel Stein, FRCPsych

Actual Causes of Death Among Patients Enrolled in Methadone Maintenance Treatment

Jeanette Tetrault, MD

From START to Finish—Findings from the Starting Treatment with Agonist Replacement Therapies Study

George Woody, MD

Analysis of the Impact of Treatment Persistence on Health Care Charges Among Opioid Dependent Patients Treated with Buprenorphine/Naloxone using a US Insurance Database

Vladimir Zah, PhD(c)

Persistence and Healthcare Costs among US Medicaid Population Opioid Dependent Patients Treated with Buprenorphine/Naloxone Film and Tablet Formulations

Vladimir Zah, PhD(c)



Conference Sessions

Monday, November 11, 2013

CONTINENTAL BREAKFAST

Monday, November 11 | 7:30 a.m.–8:30 a.m.

Sponsored by VistaPharm

OPENING PLENARY SESSION

8:45 a.m.–10:15 a.m.

Let Recovery Ring in a New Era

Roland C. Lamb, MA, Director, Office of Addiction Services Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), Philadelphia, PA

Honorable Michael Nutter, Mayor, City of Philadelphia, Philadelphia, PA (Invited)

Arthur C. Evans, Jr., PhD, Commissioner, Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), Philadelphia, PA

Gary Tennis, Esq., Secretary, Department of Drug and Alcohol Programs (DDAP), Harrisburg, PA

Mark W. Parrino, MPA, President, American Association for the Treatment of Opioid Dependence, Inc. (AATOD), New York, NY

Stuart Gitlow, MD, President, American Society of Addiction Medicine (ASAM), Woonsocket, RI

Aligned with the conference theme – “Let Recovery Ring in a New Era,” the Opening Plenary will review AATOD’s projects and efforts in Pennsylvania, throughout the US and abroad. Mr. Roland Lamb, Conference Chairperson, will welcome the conference attendees and provide an overview of this stimulating conference. Mr. Lamb will be followed by a special welcome to the city of Philadelphia by Mayor Michael Nutter. Following Mayor Nutter, Dr. Arthur Evans, Jr., Ph.D., will describe Philadelphia’s efforts in providing treatment and recovery services in their city. Following Dr. Evans will be Mr. Gary Tennis who will describe the vision and the goals of the newly created Department of Drug and Alcohol Programs. Mr. Mark Parrino will then provide an overview of challenges, opportunities and accomplishments of AATOD over the past 18 months and into the future. Dr. Stuart Gitlow will provide the closing Keynote remarks, describing ASAM’s work to evaluate what is occurring in state legislatures with regard to imposing restrictions on the use of Medication Assisted Treatment for opioid addiction.

10:30 a.m.–12:00 p.m.

WORKSHOP SESSIONS

Workshops will offer a chance to review the latest treatment data and health care policies, examine their implications for our patients, and strengthen the skills needed to improve the quality of services.

Basic Track: We offer a special sequence of workshops designed to act as a refresher for seasoned professionals and to meet the needs of individuals who are new to this field. Those who attend all six sessions listed will receive a special certificate of completion.

Basic Track Workshop Sessions: A1, B1, C1, D1, E1 and F1

A1 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.

A2 Impact of HIT and Health Reform on Medication Assisted Treatment

H. Westley Clark, MD, JD, MPH, CAS, FASAM, Substance Abuse and Mental Health Services Administration, Rockville, MD

Kate Tipping, JD, Substance Abuse and Mental Health Services Administration, Rockville, MD

Ken Salyards, Substance Abuse and Mental Health Services Administration, Rockville, MD

Panelists will provide attendees with a look at Health Information Technology (HIT) as a part of the Affordable Care Act (ACA), with particular emphasis on how they relate to medication-assisted treatment; how the evolving use of health information technology—electronic health records and beyond—impact the delivery and quality of behavioral health services; and how 42 CFR Part 2 applies to privacy of behavioral health information. The workshop will also focus on the implications that Health Reform will have on opioid treatment programs (OTPs). The panel will also describe current SAMHSA activities regarding HIT, the ACA, and recent research and studies of interest to AATOD members.

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

Conference Sessions

Monday, November 11, 2013

A3 Alcohol and Benzodiazepines during Agonist Opioid Treatment (AOT)

Icro Maremmanni, MD, Santa Chiara University Hospital, University of Pisa, Pisa, Italy

Angelo Giovanni Icro Maremmanni, MD, Association for the Application of Neuroscientific Knowledge to Social Aims (AUCNS), Pietrasanta, Italy

Matteo Pacini, MD, G. De Lisio Institute of Behavioural Sciences, Pisa, Italy

Cessation of illicit opioid abuse and retention in treatment are positively correlated with decrease in alcohol and benzodiazepines abuse and the absence of the psychosocial complications. This workshop will address the clinical and therapeutic impact of alcohol and benzodiazepines during AOT including the quality and severity of alcohol and benzodiazepines, aspects of treatment that may facilitate the onset of abuse, as well as the signs and symptoms indicative of such abuse. Presenters will also discuss treatment modifications, risk reduction strategies, safe and effective use of psychiatric medications, and withdrawal from alcohol and/or benzodiazepines.

A4 The Far Reaching Benefits of Patient Advisory and Advocacy Groups

Stephen Day, Patient Advisory & Advocacy Group, Los Angeles, CA

Stephen Maulhardt, Aegis Management Systems, Inc., Los Angeles, CA

Arron Hightower, Aegis Management Systems, Inc., Los Angeles, CA

In 2003, Aegis developed a collaborative relationship with patients, culminating in the formation of Patient Advisory & Advocacy Group (PAAG). Over the years, the PAAG has become a fixture within Aegis, providing feedback to corporate directors and clinic managers. Additionally, it assists the organization with community relations and advocacy, including testifying before State Assembly and Senate committees. Furthermore, it provides patients with a seat at the table where decisions are made at the corporate and clinic level. Through the presentation, attendees will meet in person the PAAG Chairman and Aegis Directors who are involved daily with the PAAG.

A5 Hot Button Issues for Risk Management for Methadone Treatment

Holly Hagle, PhD, Institute for Research, Education and Training in Addictions, Pittsburgh, PA

Trusandra Taylor, MD, ACT/JEVS Human Services, Philadelphia, PA

Phyllis Lile-King, PLLC, The Lile-King Firm, Greensboro, NC

This workshop will address the complex issue of risk management for methadone treatment. The presenters will describe best

practices and the need for increased attention to patient safety with methadone treatment through managing patient risk for potential co-occurring physical and psychiatric disorders, overdose prevention, pain management and coordination of care through prescribing physicians and PMPs. They will also define strategies for improving use of methadone in opioid treatment by examining effective patient assessment, for impairment, and take-home medication using interactive case studies. A training manual for teaching risk reduction and prevention of liability will be presented during the workshop.

1:30 p.m.–3:00 p.m.

HOT TOPIC ROUNDTABLES

Hot Topic Roundtables are facilitated discussions that focus on current controversial issues in an informal context. Meet with your colleagues as you learn, challenge, support and share your views with others who may have similar or different opinions, experiences or interests. Engage in one or more of these facilitated discussions.

Experienced leaders in the field will be facilitating these sessions:

Medication Assisted Treatment in Correctional Institutions

Facilitator: John T. Carroll, CADC/CCS

Cannabis Use

Co-Facilitators: Kellie Rollins, PsyD and Christopher A. Milburn, MD

Confronting Stigma and Misinformation within Methadone Treatment and Beyond

Co-Facilitators: Robert C. Lambert, MA and Alan Nolan, LCSW

Benzodiazepine Use in Medication Assisted Treatment

Facilitator: Laura F. McNicholas, MD

Pain Management for the OTP Patient

Facilitator: Brian McCarroll, DO

Recovery Support in the OTPs

Co-Facilitators: George Murray, CPS, and Andrew Ricciardi, CPS

POLICY MAKERS LUNCHEON

Monday, November 11

Supported through a grant from Laboratory Corporation/Bendiner & Schlesinger, Inc.

WORKSHOP SESSIONS

#1 Implementing MAT Policy and Services in East Africa

Lonnetta Albright, BS, Great Lakes Addiction Technology Transfer Center, Chicago, IL

William Okedi, PhD, Government of Kenya (NACDA), Nairobi, Kenya

Frank Masaoe, PhD, Muhimbili National Hospital, Dar-es-Salaam, Tanzania

Presenters will address the recent expansion of MAT as an HIV prevention intervention in East Africa as well as common barriers and issues shared by the US and East Africa; the growing epidemic of heroin abuse in Eastern Africa as part of the US President's Emergency Plan for AIDS Relief (PEPFAR); efforts of the Great Lakes ATTC to develop a ROSC for Zanzibar, Tanzania and expansion to the capitol Dar-es-Salaam; the barriers and issues of implementing and scaling-up methadone treatment in Dar-es-Salaam; and steps taken by the Government of Kenya to implement MMT for an initial 1,000 patients.

#2 OTP Health Homes: A collaborative model for development & implementation

Rebecca Boss, MA, Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, Cranston, RI

Linda Hurley, MA, CODAC Behavioral Healthcare Inc., Cranston, RI

Peter Morris, BS, Discovery House/Smart Management Inc, Providence, RI

Rhode Island was one of the first to receive a State Plan Amendment approval by CMS for Health Homes to serve individuals with serious mental illness. The RI SSA is committed to extending this opportunity to OTP patients. The ongoing therapeutic relationships and regular, often daily, patient contact in OTPs intrinsically supports health homes. To optimize this opportunity, Health Home submission planning meetings began including Medicaid and OTP providers, with input solicited from consumers, physicians and researchers. This workshop provides a planning and implementation outline identifying essential partners, target population, needs assessments, cost benefits, and the State Plan Amendment submission process.

#3 Yoga Nidra in OTP

Karen Lazarus, MD, Beth Israel Medical Center, Brooklyn, NY

Meredith Zicht, MSW, Beth Israel Medical Center, Brooklyn, NY

Chronic pain, post traumatic stress and anxiety are common problems among patients in treatment for opioid dependence. Yoga Nidra, a deep meditation, is a complementary therapy that is being used in increasing numbers of health care settings including military and Veterans Administration hospitals and chemical

dependency treatment facilities as part of the treatment for these problems. This workshop will present evidence for the benefits of this practice, provide a brief experience of the process, and describe how Yoga Nidra has been integrated into the group counseling program at one of Beth Israel's methadone maintenance clinics.

4:00 p.m.–5:30 p.m.

WORKSHOP SESSIONS

B1 50 Year Follow-up of Methadone Treatment for Opioid Addiction

Mary Jeanne Kreek, MD, The Rockefeller University, New York, NY

Elizabeth Ducat, NP, The Rockefeller University, New York, NY

Brenda Ray, NP, The Rockefeller University, New York, NY

This workshop will provide a historical overview of the evolution of methadone treatment through a discussion of the work of the late Dr. Vincent P. Dole, the late Dr. Marie Nyswander and Dr. Mary Jeanne Kreek. The presenters will also review the establishment and expansion of methadone treatment nationally and internationally including treatment in prisons and jails, discuss the development and disappearance of levo- α -acetylmethadol (LAAM), and examine the growing use of buprenorphine and extended-release naltrexone as additional treatment modalities.

B2 Federal Health Policy Update for the Substance Use Disorder Field

Paul Samuels, JD, Legal Action Center, New York, NY

Gabrielle R. de la Gueronniere, JD, Legal Action Center, Washington, DC

Dan Belnap, MA, Legal Action Center, Washington, DC

The healthcare system in this country is currently undergoing tremendous change. After years of hard work the major provisions of the health reform law will soon take effect, with unprecedented implications for expanding access to critical drug and alcohol related services and transforming the treatment delivery system. New initiatives and ongoing challenges at the national level continue to impact the future of treatment delivery and financing. This workshop will discuss federal developments related to addiction treatment and medication assisted treatment in the new environment, delivery system reforms, and opportunities available for improving policy moving forward.

B3 Increasing Availability of MAT for Opioid-Dependent Offenders at Re-Entry

Lori Ducharme, PhD, National Institute on Drug Abuse, Bethesda, MD

Wayne W. Welsh, PhD, Temple University, Philadelphia, PA

Kevin Knight, PhD, Texas Christian University, Fort Worth, TX

Conference Sessions

Monday, November 11, 2013

This workshop presents the main findings of a study testing the combination of two implementation strategies—staff training and organizational strategic planning—to increase acceptability of MAT for opioid dependence among correctional staff, and to promote better linkages to community-based treatment for offenders under community supervision. Staff training was important but insufficient to change organizational practices. Engaging key decision makers in strategic planning improved service coordination between correctional and treatment agencies. The outcomes of probationers successfully linked to MAT indicate that this implementation strategy may facilitate the dual goals of improved public health and public safety.

B4 New Jersey Statewide Implementation of Medication Assisted Treatment

Jude U. Iheoma, PhD, New Jersey Division of Mental Health and Addiction Services, Trenton, NJ

MerriBeth Adams, PhD, National Council on Alcoholism & Drug Dependence, Robbinsville, NJ

New Jersey's Division of Mental Health and Addiction Services has instituted three innovative programs for disenfranchised substance abusing high HIV risk populations that increase treatment access, improve continuum of care and address barriers to recovery. This presentation will focus on recovery outcomes based on treatment option, primary co-occurring needs, and service utilization. Additionally, clinical outcomes will be presented with a special emphasis on the impact of supportive housing services and treatment induction strengths of the program design, regulatory and other barriers to implementing and sustaining mobile medication units.

B5 Opioid Agonists & Cardiac Safety: Pharmacovigilance & ECG Implementation

Mori J. Krantz, MD, Denver Health Medical Center, Denver, CO

David Kao, MD, University of Colorado Anschutz Medical Campus, Aurora, CO

Carol Traut, MD, Denver Health Medical Center, Denver, CO

Opioid agonists for addiction treatment (primarily methadone, but also buprenorphine) have been associated with QTc prolongation. SAMHSA and AATOD recommend performing ECG in patients with risk factors for QTc prolongation. Ongoing concern for limited access to care, uncertainty regarding the risk of arrhythmia with these agents and the feasibility of a cardiac safety program persist. This workshop provides pharmacovigilance data for several opioid agonists. Specifically, we will present analyses of FDA adverse events to illustrate potential cardiac safety signals. In addition, insights regarding the effectiveness and challenges implementing a Cardiac Safety Program in a US OTP will be shared.

EXHIBITORS NETWORKING BREAK

Monday, November 11 | 3:00 p.m.–4:00 p.m.

Sponsored in part by O.Berk Company of New England and Kols Containers

6:30 p.m.–8:00 p.m.

Town Hall Meeting – Addressing the Non-Medical Use of Prescription Opioids

MODERATOR: *A. Thomas McLellan, PhD, Treatment Research Institute, Philadelphia, PA*

SPEAKERS:

James Schuster, MD, Community Care Behavioral Health Organization, Pittsburgh, PA

Rollin M. Gallagher, MD, Penn Pain Medicine Center at the University of Pennsylvania, Philadelphia, PA (invited)

Matthew O. Hurford, MD, Philadelphia Department of Behavioral Health and Intellectual disAbility Services, Philadelphia, PA

Gary Tennis, Esq., Department of Drug and Alcohol Programs (DDAP), Harrisburg, PA

Trusandra Taylor, MD, ACT/JEVS Human Services, Philadelphia, PA (invited)

The topic of the non-medical use of prescribed opioids/painkillers has sparked a great deal of controversy and concern both within and outside of the medical community. Attitudes, beliefs and behaviors triggered by stigma and misinformation have resulted in policy recommendations and legislation. Although well meaning, these could result in a greater burden on those who need and provide treatment.

The Town Hall will highlight the underlying issues of opioid use, misuse, dependence, addiction treatment and recovery. The session will also address the role of physicians and other health care professionals in aligning, coordinating and integrating efforts to respond to this national crisis and serve as a collaborative platform for an open discussion and planning.

The Town Hall is open to health care professionals, i.e., physicians, dentists, nurses, pharmacists, social workers, counselors, policy makers, etc., to discuss trends and strategies from a healthcare community perspective on the treatment of pain, screening, early intervention, and referral to treatment of opiate dependence, addiction and recovery.

Sponsored by Community Care Behavioral Health (CCBH)

Conference Sessions

Tuesday, November 12, 2013

CONTINENTAL BREAKFAST

Tuesday, November 12 | 7:30 a.m.–8:30 a.m.

*Sponsored by Reckitt Benckiser
Pharmaceuticals, Inc.*

MIDDLE PLENARY SESSION

8:45 a.m.–10:15 a.m.

Keeping Recovery the Focus

MODERATOR: *Roland C. Lamb, MA, Director, Office of Addiction Services, Department of Behavioral Health and Intellectual Disability Services (DBHIDS), Philadelphia, PA*

SPEAKERS:

Walter P. Ginter, CMA, Vice President, National Alliance for Medication Assisted Recovery (NAMA), Bronx, NY

Mary Jeanne Kreek, MD, Head of Laboratory of Biology of Addictive Diseases, The Rockefeller University, New York, NY

H. Westley Clark, MD, JD, MPH, CAS, FASAM, Director, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment, Rockville, MD

This plenary stresses “Keeping Recovery the Focus” in a new era that will require programs to adapt to the ongoing implementation of health care reform. Moderated by Roland Lamb, this plenary will discuss the 50-year evolution of methadone treatment and where we are today as an accredited, science based modality. Mr. Walter Ginter will not only discuss how methadone became the pathway for him reaching his full potential for recovery but he will also discuss his work as an advocate in helping others overcome barriers and stigma. Since Dr. Mary Jeanne Kreek first collaborated with Dr. Dole and Dr. Nyswander in the early 1960s, she has continued her work in this field and is considered a leader and pioneer in the addiction field. Dr. Westley Clark has been at the helm at SAMHSA/CSAT and will address the benefits of Recovery Oriented System of Care (ROSC), new medications and focusing on outcomes.

10:30 a.m.–12:00 p.m.

WORKSHOP SESSIONS

C1 Therapeutic Partnerships: The Most Important Evidence-Based Practice

Robert C. Lambert, MA, Connecticut Counseling Centers, Inc., Norwalk, 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, review the fundamentals of forming and maintaining a therapeutic relationship and the factors that affect the quality of the therapeutic relationship, discuss the use of patient feedback to strengthen the therapeutic alliance, and explore boundary issues specific to the counselor in recovery.

C2 Implications/Opportunities of Health Homes for Opioid Treatment Providers

Trina Dutta, MPP, HHS/Substance Abuse and Mental Health Services Administration, Rockville, MD

David Shillcutt, JD, HHS/Substance Abuse and Mental Health Services Administration, Rockville, MD

This workshop provides an overview of the Affordable Care Act’s (ACA) Medicaid Person-Centered Health Homes initiative, with particular emphasis on the implications and opportunities for opioid treatment providers. In addition to an overview of Health Homes and SAMHSA’s role in the approval process, the presentation provides an in-depth analysis of approaches in three states. Attendees will receive an update on states with Health Home approval, and updates on implementation and data from evaluations to the extent that they are available. The session closes with a discussion of roles and opportunities relevant to opioid treatment providers on Health Home teams.

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

C3 Vietnam: Developing Capacity for MMT in a Low Resource Environment

Tam Nguyen, MD, Viet Nam Administration for HIV/AIDS Control, Hanoi, Vietnam

Giang Le, PhD, Vietnam HIV Addiction Technology Transfer Center, Hanoi Medical University, Vietnam

Gavin Bart, MD, Hennepin County Medical Center, Minneapolis, MN

Vietnam has one of the highest rates of HIV transmission through IDU, with a national average of 20%—an estimated 171,000 injection drug users, 85% of whom used heroin. Detoxification was the primary modality for managing heroin addiction until Methadone Maintenance Treatment was piloted in 2008. The Ministry of Health is authorized to expand MMT to at least 30 provinces and for more than 80,000 drug users by 2015. However, expansion will depend largely on local resources as international donors are withdrawing support. Major stakeholders (government, academic, international) will address the challenge of developing and sustaining capacity for MMT expansion.

Conference Sessions

Tuesday, November 12, 2013

C4 More than Abstinence: Supporting Physical Health & Well-being in OTPs

Jessica D. Keyser, PhD, San Francisco VA Medical Center, San Francisco, CA

Judith Martin, MD, Department of Public Health, City and County of San Francisco, San Francisco, CA

OTPs provide a unique opportunity to address co-morbid medical conditions, poor nutrition and mental health problems associated with SUDs. Often a key point of contact for patients with the healthcare system, OTP providers may contribute to prevention, detection, treatment and/or referrals for various disorders, and research has shown that integrating medical care into OTPs is effective and cost saving. This workshop will enhance awareness (e.g., topics for patient education) and provide skills (e.g., health coaching skills, tools for navigating care systems) for psychosocial treatment providers in helping the recovering patient succeed with health and well-being goals beyond abstinence.

C5 Development and Implementation of Recovery-Oriented BPG for Buprenorphine

James Schuster, MD, Community Care, Pittsburgh, PA

Jessica Williams, MPH candidate, Institute for Research, Education and Training in Addictions, Pittsburgh PA

Marge Hanna, MEd, Community Care, Pittsburgh, PA

There are a number of quality and clinical concerns about the use of buprenorphine in Pennsylvania, including coordination of care, persistently high dosing, diversion, inadequate access in rural areas, and high relapse rate upon discontinuation. This workshop describes the development of Community Care's recovery-oriented best practice guidelines (BPG) for buprenorphine, in a multi-stakeholder process between 2011 and 2013. Presenters will review the content and also discuss challenges and practical applications of these guidelines in Opioid Treatment Programs (OTPs) and other venues to maximize recovery outcomes. Development methodology and lessons learned will be shared.

1:30 p.m.–3:00 p.m.

WORKSHOP SESSIONS

D1 Management of Benzodiazepines in Medication Assisted Treatment

Dawn L. Lindsay, PhD, Institute for Research, Education and Training in Addictions, Pittsburgh, PA

Mathew O. Hurford, MD, Philadelphia Department of Behavioral Health and disAbility Services, Philadelphia, PA

James Schuster, MD, Community Care Behavioral Health Organization, Pittsburgh, PA

This workshop will describe the development of clinical guidelines for the management of benzodiazepines in the context of medication assisted treatment. We will define the major issues surrounding the

INTERNATIONAL LUNCHEON

Tuesday, November 12

Supported through grants from Bollinger Insurance Solutions and Colonial Management, L.P.

use of benzodiazepines in medication assisted treatment, including impairment, clinical outcomes and risk management concerns. We will then describe the development of clinical guidelines using the RAND/UCLA Appropriateness method, a unique methodology that combines the best available scientific evidence and the collective judgment of experts to yield statements regarding the appropriateness of a given clinical practice. Finally, we will explore potential challenges in implementing clinical guidelines addressing benzodiazepine use in medication assisted treatment.

D2 Use of Prescription Drug Monitoring Programs in Opioid Treatment Programs

Ron Jackson, LICSW, University of Washington, Seattle, WA

Jana Burson, MD, Half Moon Medical Associates, Cornelius, NC

Jinhee Lee, PharmD, Substance Abuse and Mental Health Services Administration, Rockville, MD

The Office of the National Drug Control Policy released the Prescription Drug Abuse Prevention Plan which identifies implementing Prescription Drug Monitoring Programs (PDMPs) as a means to reduce prescription drug abuse. Although federal confidentiality laws and regulations prohibit Opioid Treatment Programs (OTPs) from sending patient health information to PDMPs, OTPs can and should access PDMPs for information on their patients. This workshop will provide OTP staff and other stakeholders an overview of PDMPs, one OTP medical director's firsthand account of her experience using a PDMP, and a former OTP director's experience integrating a PDMP into their electronic health record.

D3 Engaging and Retaining Younger Veterans in Treatment

Kellie Rollins, PsyD, San Francisco VA Medical Center, San Francisco, CA

Courtney Smith-Kilbury, PhD, San Francisco VA Medical Center, San Francisco, CA

Over two million service members have deployed since September 11, 2001, with over 800,000 of these individuals deploying multiple times. Studies suggest high prevalence rates of psychiatric disorders, including mood, anxiety and substance dependence in OIF/OEF/OND veterans. This workshop will describe complexities of treating younger veterans given multiple comorbidities (e.g., PTSD, TBI, pain) and barriers to care in mental health treatment settings;

Awards Program

Tuesday, November 12, 2013

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 A. Thomas McLellan, PhD, CEO and Co-Founder of the Treatment Research Institute, Philadelphia, PA.

The 2013 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.

Jim B. Graham, Maryland

Jim Graham recently retired from Johns Hopkins Bayview Medical Center. Since the late 1980s he has served the addiction treatment field in many capacities. He provided HIV risk-reduction services to opioid dependent individuals before finding a niche as an information technology expert, enabling an OTP to better manage program data. Taking those skills to a municipality as the Director of Information Systems for the Baltimore Substance Abuse System, Jim helped develop DrugStat. This city-wide performance measurement system facilitated the Baltimore Mayor's initiative that expanded OTP access, and coordinated multi-institutional research efforts. As the Administrative Director for Johns Hopkins Bayview's Addiction Treatment Services, Jim developed a computerized system to track patients moving between different levels of care, and an incentive system to reduce staff turnover in the OTP. From 2008-2012, Jim served as the President of the Maryland Association for the Treatment of Opioid Dependence and as Maryland's representative to the AATOD Board of Directors.

Belinda Greenfield, PhD, New York

Dr. Belinda Greenfield is the Director of Addiction Medicine & Self Sufficiency Services and serves as the State Opioid Treatment Authority (SOTA) for New York. Dr. Greenfield has had a long and distinguished career in the field of addiction treatment, beginning with an internship as a rehabilitation counselor at Bellevue Hospital and continuing for more than 12 years in the treatment provider community. In her current position, she has been instrumental in moving the OTP system in New York towards a model more integrated with other outpatient treatment services. Dr. Greenfield has addressed

identify flexible strategies to better address the needs of these veterans; and highlight the importance in engaging and treating veterans from a cultural framework.

D4 Strategies to Minimize Neonatal Abstinence Syndrome (NAS)

John J. McCarthy, MD, Bi-Valley Medical Clinic, Carmichael, CA

Ronald R. Abrahams, MD, University of British Columbia, Vancouver BC

Loretta P. Finnegan, MD, Finnegan Consulting, LLC, Avalon, NJ

Mitigating NAS severity is a critical health and economic goal, which may also reduce biases against the use of methadone in pregnancy. We will address strategies during the pregnant and post-partum periods that can reduce NAS risks. Data will be presented on the potential beneficial effects of multiple methadone dose regimens on fetal health. Outcomes showing reduction of NAS severity will be presented from a study that allows mothers to room-in with their newborn. Finally, the process of accurate screening for NAS will be discussed as a critical tool for identifying the need for treatment and the most effective regimen.

D5 Improving Medication-Assisted Treatment (MAT)

Robert L. DuPont, MD, Institute for Behavior and Health, Inc., Rockville, MD

William L. White, MA, Chestnut Health Systems, Punta Gorda, FL

Brian Crissman, BA, Partners in Drug Abuse Rehabilitation Counseling (PIDARC), Washington, DC

MAT for opioid dependence is effective, though many opportunities remain to improve these critical systems of care. The Institute for Behavior Health, a non-profit research organization, has been studying the long-term treatment and recovery outcomes of MAT. This workshop will summarize the findings of this study which was conducted at PIDARC (Partners in Drug Abuse Rehabilitation and Counseling) including: 1) patterns of continued drug use and retention in treatment; 2) MAT patient involvement in recovery mutual aid groups; and 3) the relationship between recovery mutual aid group participation and abstinence. Clinical implications for further improvement of outcomes will be discussed.

PRE-BANQUET COCKTAIL RECEPTION

Tuesday, November 12

*Supported through a grant from
CRC Health Group*

Awards Program

Tuesday, November 12, 2013

the needs of the more rural upstate regions as well as the city of New York. Dr. Greenfield is also a tireless advocate to help expand the role of addiction medicines in the criminal justice system. Dr. Greenfield has provided constant leadership and advocacy to support the work of the largest OTP treatment system in the United States.

John Hamilton, LMFT, Connecticut

John Hamilton is currently the CEO of Recovery Network of Programs, Inc. Working in the field of addiction for 30 years, he was successful in implementing the first methadone halfway house in Connecticut. Mr. Hamilton was instrumental in the design of the Opioid Agonist Treatment Protocol (OATP) in an effort to increase access to methadone treatment. Mr. Hamilton won a landmark ruling with the Americans with Disability Act (ADA) to change language throughout Connecticut to be non-discriminatory against methadone programs. He improved waiting lists from 90 days to 90 minutes that resulted in immediate patient access to services. As chair of Clinical Trials Network Dissemination Committee, he helped develop the blending product concept and co-authored the Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA: STEP) and Promoting Awareness of Motivational Incentives (PAMI) products. His sensitivity to the needs of patients has resulted in the development of important recovery oriented initiatives in Connecticut OTPs.

Kate Mahoney, LCSW, Illinois

Kate Mahoney is currently the Executive Director of Peer Services Inc. For over 30 years, she has dedicated herself to fighting for the rights of opioid dependent and other substance dependent patients. She was the President of the Illinois Alcoholism and Drug Dependence Association and remains active as one of their Board of Directors. She has also been involved with the Illinois Association for Medication Assisted Addiction Treatment, where she serves as the Board President and a member of AATOD Board of Directors. Ms. Mahoney has garnered a reputation for having a unique ability to develop and maintain positive relationships with state legislators and regulatory officials, which aid in efforts to advocate for financial resources and minimizing funding cuts. She has been recognized with several local awards including the George Schwab Distinguished Service Award, which is given for leadership and expertise in the development of public policy to advance the substance abuse treatment field in Illinois.

Joel Millard, DSW, Utah

Since 1978, Dr. Joel Millard has been the mainstay of Opioid Replacement Therapy in Utah when he became the Executive Director of Project Reality, which was the only OTP in Utah for over 25 years. He is well known and respected throughout Utah as an expert in treatment and prevention as well as a teacher and mentor of social workers, mental health therapists and substance abuse counselors. Dr. Millard has been an advocate in advancing the cause

of medication assisted treatment and recovery and reducing the stigma associated with addiction and MAT. He has helped educate thousands of treatment professionals, students, corrections officers, nurses and physicians, legislators, patients and family members about the benefits of MAT. He has served on countless committees and boards over the past 36 years, including the Salt Lake County Alcoholism and Drug Abuse Coordinating Council, and most recently the Utah delegate for the AATOD Board of Directors.

Luis Duarte Baptista Patricio, MD, Portugal

Dr. Luis Patricio is a Psychiatrist and Clinical Director at Unidade de Aditologia e Patologia Dual-Casa de Saude de Carnaxide-Portugal. Dr. Patricio contributed to the introduction of agonist opioid treatment for drug addicts in Portugal through his consultation activity at the Ministry of Health and through his active clinical practice. He has been involved in this field since the 1980s, and in 1987, he co-founded the first center for the treatment of drug addicts in Portugal (called TAIPAS). This facility was the first in the network of centers treating drug addiction, which now serves the entire country. Dr. Patricio was a pioneer in the use of LAAM (1994-2000) and a leader of the launcher team for Buprenorphine (1999) and Buprenorphine-Naloxone treatment in Portugal (2006). He is very active in disseminating information on correct methodology of treatment through books, TV programs, radio programs, DVDs, Prevention Briefcase and blogs dedicated to the treatment of heroin addiction.

Richard Rawson, PhD, California

Dr. Richard Rawson is currently the Associate Director at UCLA Integrated Substance Abuse Programs, UCLA Department of Psychiatry and Biobehavioral Sciences in Los Angeles, CA. He is also a Professor-in-Residence at the Jane and Terry Semel Institute for Neuroscience and Human Behavior and David Geffen School of Medicine at UCLA. Dr. Rawson is an inspiring example of a clinician/researcher who systematically examines important clinical and policy questions and uses the findings to facilitate improved treatment in community settings. His research has focused on both medications and psychosocial interventions. He has over 240 published articles, book chapters and training manuals. He has provided consultation and training to federal, state, and county agencies, treatment organizations, community organizations, public policy groups, and health and social service ministries for numerous countries. Dr. Rawson has testified before the FDA, state legislatures and congressional committees. He is an outstanding leader with a generous spirit.

Jerome E. Rhodes, Pennsylvania

Jerome Rhodes is currently the Chief Operating Officer at CRC Health Group and has over 30 years of healthcare industry experience. He serves on the Board of Directors of the National Association of Psychiatric Health Systems and is Chairman of the Addiction Committee. Prior to his employment at CRC, he was Chief Executive Officer for Comprehensive Addictions Programs and it became a

national, full service addiction treatment provider of both residential and opiate treatment. Mr. Rhodes has increased access to treatment in the Mid-Atlantic area, particularly Virginia, Pennsylvania and Delaware; all areas with significant opposition to facilities that treat opioid dependence. He pioneered the use of methadone treatment in several residential facilities where it was previously unavailable. Mr. Rhodes works behind the scene and provides the necessary resources to fight regulations that negatively impact our patients and the treatment field. He brings respect to staff and patients and develops caring leaders in Pennsylvania and across the country.

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 2013 Friend of the Field Award has been awarded to:

H. Westley Clark, MD, JD, MPH, CAS, FASAM

Dr. H. Westley Clark, Director of the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, leads the agency's national effort to provide effective and accessible treatment to all Americans with addictive disorders. Dr. Clark is a noted author and educator in substance abuse treatment, anger and pain management, psychopharmacology, and medical and legal issues. He has received numerous awards for his contributions to the field of substance abuse treatment, including a 2008 President of the United States Rank of Distinguished Executive Award in recognition of his personal commitment to excellence in government and public service; and a 2003 President of the United States of America Rank of Meritorious Executive Award in the Senior Executive Service for his sustained superior accomplishments in management of programs of the United States Government and for noteworthy achievement of quality and efficiency in the public service.

Dr. Clark is being recognized for his remarkable achievements through this award in gratitude for his consistent advocacy on behalf of our treatment system and its patients. He has been a frequent speaker at our conferences since his first appearance in 1998 as a newly appointed Director of Center for Substance Abuse Treatment.

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.

Ira J. Marion, MA (Posthumously)

Prior to his death, Ira Marion was the Assistant to the University Chairman and Director – Government Relations Department of Psychiatry & Behavioral Sciences and the former Executive Director of the Division of Substance Abuse, Department of Psychiatry and Behavioral Sciences of the Albert Einstein College of Medicine. Mr. Marion provided consultation and leadership for many professional organizations in order to provide better services to patients and to reduce the stigma associated with medication assisted treatment. He served on the New York State Governor's Substance Abuse Advisory Council and as a Member of the Board of Directors and Past President of the Association of Alcoholism and Substance Abuse Providers (ASAP) of New York State. Mr. Marion served as President of the Board of Directors of the New York State Committee of Methadone Program Administrators (COMPA) and was Past First Vice President and a Member of the AATOD Board. He was also Co-Chair of the Center for Substance Abuse Treatment's (CSAT) Consensus Panel on Medication Assisted Treatment. He served on the board of the National Alliance for Medication Assisted Recovery and was instrumental in finding a home for the Medication Assisted Recovery Support (MARS) Project in the Albert Einstein College of Medicine.

Ira was an indefatigable supporter of the right of patients to be decision making partners throughout treatment and recovery, and in fighting against the stigma that affects patients and treatment providers.

2013 AWARDS BANQUET

Tuesday, November 12 | 7:00 p.m.-9:30 p.m.

*Supported through a grant from
Mallinckrodt Pharmaceuticals*

Conference Sessions

Wednesday, November 13, 2013

CONTINENTAL BREAKFAST

Wednesday, November 13 | 7:30 a.m.–8:00 a.m.

Sponsored by Alkermes, Inc.

WORKSHOP SESSIONS

8:00 a.m.–9:30 a.m.

E1 The MOTHER Study: What about the children?

Karol Kaltenbach, PhD, Thomas Jefferson University, Philadelphia, PA

One of the first questions that emerge from the results of the MOTHER study, a randomized clinical trial comparing the use of buprenorphine and methadone with pregnant women, is what about the long-term developmental outcome of the children? This workshop will present developmental outcome data of children through the first three years of life who were prenatally exposed to methadone or buprenorphine. These are some of the first developmental data for children prenatally exposed to buprenorphine and the only cohort to date of both buprenorphine and methadone exposed infants born to women participating in a RCT with minimal to no concomitant illicit drug use.

E2 A Data-Driven Approach to Managing Risk and Monitoring Recovery

Lawrence O'Toole, LICSW, Habit OPCO, Boston, MA
Tracey Nicolosi, LMHC, Habit OPCO, Boston, MA
Mary Crockett, LMHC, Habit OPCO, Boston, MA

This presentation will utilize encrypted patient data to provide a live exploration of system capabilities with participants. The reporting of psychotropic medications and CNS depressants for use in Multidisciplinary Team meetings, treatment planning and risk management will be demonstrated. Participants will be asked to provide their greatest data challenge(s). These challenges will be addressed in the second portion of the workshop. The desired objectives for participants will be increased appreciation and incentive to use existing data to drive better outcomes and reduce risk.

E3 Benzodiazepine Risk and Management in OTPs

Van L. King, MD, Addiction Treatment Services at Johns Hopkins Bayview Medical Center, Baltimore, MD
Kenneth B. Stoller, MD, Johns Hopkins Broadway Center for Addictions, Baltimore, MD
Yngvild Olsen, MD, IBR/Reach Health Services, Baltimore, MD

Benzodiazepine dependence is a severe psychiatric and medical problem, associated with significant morbidity and even mortality,

especially in an OTP setting. This workshop describes an evidence-based guideline document developed by Baltimore Substance Abuse Systems, Inc. to help providers understand the risks and benefits of benzodiazepine treatment in combination with OTP care. The second portion of the presentation will focus on the policies and procedures developed by two Johns Hopkins OTPs to address this severe co-morbid substance dependence problem. The final portion of the workshop will describe standardized approaches for counseling and motivating patients to engage in benzodiazepine taper and detoxification.

E4 Recovery Model Using OTPs in the Criminal Justice System

Lee E. Gresser, MD, Road to Recovery at the Anne Arundel County Correctional Center at Ordnance Road, Glen Burnie, MD
Babak Imanoeel, DO, Adult Addiction Services, Anne Arundel County Department of Health, Glen Burnie, MD
Barbara Hatch, RN, Anne Arundel County Department of Health Adult Addiction Services and Road to Recovery Program, Glen Burnie, MD

A prospective study revealing dramatic preliminary findings initiated this workshop. It addresses a model to reduce crime, recidivism, relapse rates of opioid dependent abusers and drug seeking behavior upon release, and in the end prevent overdose and suicides. The program now includes those who were active in an OTP prior to incarceration, those who were addicted and never treated and those who were in a treatment program previously, but not immediately before incarceration. Education of correctional personnel, transitioning the inmate to an outpatient setting, and aftercare in an acceptable OTP is critical. Methods will be discussed. Open forum to follow.

E5 Overdose Prevention Education and Take-home Naloxone

Caleb Banta-Green, PhD, University of Washington Alcohol and Drug Abuse Institute, Seattle, WA
Josiah D. Rich, MD, Brown Medical School, Providence, RI
Alexander Y. Walley, MD, Boston University School of Medicine, Boston, MA

In response to high rates of opioid-related overdoses, many communities are providing education and naloxone rescue kits (take-home naloxone) via street outreach or syringe access programs, and, increasingly, in opioid treatment programs and other care settings. Research has demonstrated successful implementation of take-home naloxone, including reductions in mortality after implementation. In this workshop we will describe the current state of the evidence for take-home naloxone, including an ongoing randomized trial in an emergency department, an ecological analysis of the population impact, and an implementation study among released inmates. We will discuss the implications for opioid treatment programs.

9:45 a.m.–11:15 a.m.

F1 Beyond “Beyond MARS”: A Look at Three of the MARS Expansion Projects Peer Support Programs

Cheryl B. Kupras, LCSW, Santa Clara County Department of Alcohol and Drug Services, San Jose, CA

Grady L. Wilkinson, MSW, Sacred Heart Rehabilitation Center, Inc., Memphis, MI

Kurt Kemmling, CMA, Connecticut Chapter National Alliance for Medication Assisted Recovery, Berlin, CT

In June 2011, 36 people, representing nine Medication Assisted Treatment Programs throughout the United States, came together at the Albert Einstein College of Medicine for the “Beyond MARS” Training Institute to learn how to replicate the MARS model at Opioid Treatment Programs nationwide. This workshop will be presented by representatives from three different clinics who will provide a historical overview of MARS and Beyond MARS, review of the goals, structure and core training, as well as describe the barriers and facilitators to implementing a peer support program.

F2 The Joint Commission’s New Behavioral Health Home Certification Program

Megan Marx, MPA, The Joint Commission, Oakbrook Terrace, IL

The patient centered medical home unites many components of an individual’s care, including behavioral healthcare, to provide the patient with high quality, safe, effective services to enhance treatment success. The Joint Commission has developed a new Behavioral Health Home certification program, based on the principles of the patient centered medical home. Standards developed for this certification program reflect state-of-the-art policies and procedures for behavioral health care organizations. These standards will be presented for the first time to medication assisted treatment providers at the AATOD conference in 2013 along with a discussion of the application process.

F3 I Can’t Sleep! Understanding & Treating Sleep Issues in Methadone Patients

Abigail Kay, MD, Thomas Jefferson University Hospital, Philadelphia, PA

Dimitri Markov, MD, Thomas Jefferson University Hospital, Philadelphia, PA

Sleep difficulties are common in patients with a history of opiate dependence and can often be a risk for relapse. This workshop is designed to help the entire treatment team (support staff, counselors and medical personnel) understand the different causes of sleep disorders and insomnia. A comprehensive review of taking a sleep history, understanding different sleep disorders, medication and behavioral treatments, and when a referral to a sleep specialist is indicated, will be covered. Attendees will leave this workshop

with concrete techniques and treatments which they can use to help their patients in their journey towards, and maintaining, their recovery.

F4 Young Patients Recovery Initiative: Enhancing Treatment for Youth in MAT

Katherine E. Kalina, LMHC, Community Substance Abuse Centers, Chelsea, MA

Matthew J. Ludensky, MEd, Community Substance Abuse Centers, Chelsea, MA

Daniel B. Greer, LMHC, Community Substance Abuse Centers, Chelsea, MA

The CSAC Young Patient Recovery Initiative (YPRI) was designed as a response to an increasing trend in intakes among young persons ages 18-29. The primary goal for the YPRI is retention in a substance abuse service system while emphasizing recovery support. This presentation will: provide a review of the YPRI, the group therapy model, and engagement strategies utilized to connect with this population; examine outcome data based on patient records and patient feedback; discuss the successes and limitations of the program; and describe how this program may be implemented in various treatment settings.

F5 Cannabis Use and Abuse: Physiology, Usage Trends and Risks

Christopher Milburn, MD, Thomas Jefferson University, Philadelphia, PA

Cannabis is the most frequently used illicit substance worldwide and its use may increase as the cannabis legalization movement gains momentum. Many perceive it as having no ill side effects or as a panacea for the treatment of countless medical maladies. Therefore, it is essential that practitioners understand the evidence regarding cannabis in order to have an informed discussion with patients. This workshop will review cannabis physiology, epidemiological trends in its use, as well as the adverse effects and addictive potential of cannabis.



Conference Sessions

Wednesday, November 13, 2013

CLOSING PLENARY SESSION

11:30 a.m.–12:45 p.m.

How Health Care Reform will Impact OTPs

MODERATOR: Paul N. Samuels, JD, Director/President, Legal Action Center (LAC), New York, NY

SPEAKERS:

Suzanne Fields, MSW, Senior Advisor, Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD

John O'Brien, Senior Policy Advisor, Center for Medicare and Medicaid Services (CMS), Department of Health and Human Services (HHS), Baltimore, MD

Michael P. Botticelli, MEd, Deputy Director, Office of National Drug Control Policy (ONDCP), Washington, DC

This closing plenary session will feature a panel discussion moderated by Mr. Paul Samuels who has been guiding work on Health Care Reform through his leadership in the Coalition for Whole Health. Suzanne Fields will provide guidance on how OTPs can work with the states in obtaining appropriate Medicaid reimbursement through Health Care Reform initiatives. John O'Brien will also provide guidance on how OTPs can work with the states as Health Care Reform is executed in 2014. Finally, Michael Botticelli will provide guidance in support of Medication Assisted Treatment for opioid addiction through the Criminal Justice System and in improving access to care in the era of Health Care Reform.

Conference participants should do all that they can to plan to attend this extremely informative closing plenary session since many of the questions and concerns providers have about Health Care Reform will be directly discussed and addressed.



CLINIC TOURS

1:00 p.m.–3:30 p.m. *(subject to change)*

Visit the Hospitality Table on-site for more information and to sign up for the tours.

Family Center, Department of Pediatrics, Jefferson Medical College, Thomas Jefferson University

Family Center is a comprehensive women-centered substance abuse treatment program for pregnant and parenting women. It is licensed to provide both methadone and buprenorphine outpatient maintenance. The program has a multidisciplinary team that provides services to 230 women. Services are offered on two levels: outpatient and intensive outpatient care. Services include individual, group, and family therapy; prenatal/obstetrical care; psychiatric services; art therapy; trauma groups; parenting; nutrition; women's health groups; mindfulness-based stress reduction; methadone anonymous meetings; peer support services; case management; smoking cessation; GED classes; and parent/child services. Family Center has provided the prototype both nationally and internationally for the management of opioid dependency during pregnancy and the treatment of neonatal abstinence.

NHS Parkside Recovery

The largest methadone treatment program in the City of Philadelphia serving 1,050 patients, Parkside Recovery provides innovative and comprehensive treatment for opiate dependence and its impact on individuals, families and communities. Treatment team consists of Certified Addictions Counselors, psychologists and Licensed Masters Level Social Workers. Physicians are ASAM certified addictions specialists. In addition, Parkside's Forensic Intensive Rehabilitation (FIR) program addresses the impact of opiate addiction through an alliance with the Philadelphia criminal justice system for those whose crimes are directly attributable to substance abuse by using community treatment as an alternative to incarceration.

JEVS Human Services: Act II

JEVS Achievement through Counseling and Treatment (ACT) offers personal solutions to adults seeking to overcome opiate addiction through medication assisted recovery services. ACT's counselors, therapists, nurses and support staff serve over 600 patients each week at two locations (ACT I and ACT II) in Philadelphia. Our visit will include ACT II in North Philadelphia, the site of one of the outdoor behavioral health-related public murals. This 75' tall and 100' wide mural on the North wall of the clinic was designed and painted by patients and their families, community members and students from local schools and universities and completed in October 2010. The ACT clinic was recently recognized by the Commission on Accreditation and Rehabilitation Facilities (CARF) for its use of the arts in the promotion of recovery principles.

Our Host City: Philadelphia



On behalf of the AATOD Conference Hospitality Committee, we're thrilled that you'll be visiting Philadelphia. Since the conference is taking place at the Philadelphia Marriott, you'll be centrally located in one of the most walkable cities in the United States. No matter what you crave – history, shopping, the arts, sports, science, gardens, architecture, or dining – you will find countless and diverse options nearby.

You may know Philadelphia as the City of Brotherly Love with a rich history and foundation for American democracy, but did you know that we're also a city of firsts? The first hospital in the US (1751) was Pennsylvania Hospital, the first bank in the nation (1780), the first stock exchange (1790), Philly was the first capital of the US (1790-1800), the Philadelphia Zoo was the first in the nation, Wanamaker's (now Macy's) was the first department store, and the very first professional football game took place here in 1934 - Philadelphia Eagles beat the Cincinnati Reds, (64-0). Go Eagles! Want more history? Independence Hall, the Constitution Center and the Liberty Bell are right down the street from the hotel.

In addition to all this rich history in nation-building, many of you will have an interest in Philadelphia's contributions to medicine. The College of Physicians, the United States' first professional medical organization, continues to promote the awareness of health to the public and owns an outstanding collection of medical oddities at the Mutter Museum. Visit the museum to see archival photographs of unusual deformities, diseases, and other afflictions.



At JEVS Human Services in North Philadelphia, which provides addiction treatment services, muralist James Burns worked with patients to develop a mural titled Personal Renaissance illustrating the path to recovery from addiction. The mural's symbolic imagery was inspired by patients' poetry, which they wrote in workshops led by Ursula Rucker, a spoken-word artist.



Home to some of Philadelphia's best restaurants, the Center City dining scene is diverse and happening. American and international cuisine are represented from Ruth's Chris Steakhouse and Morton's, to Italian at Osteria and Japanese from "Iron Chef" Masaharu Morimoto at Morimoto. Another option is the Museum Restaurant, which features a rotating seasonal menu to complement, in either region or origin, the exhibits in the Philadelphia Museum of Art. A favorite of Philadelphia locals, Bistro St. Tropez draws crowds with seasonal French bistro fare and breathtaking views of the Schuylkill River. No matter what your taste, restaurants in Center City offer a bounty of appealing dining options.

Conference Information

HOTEL INFORMATION/RESERVATIONS

PHILADELPHIA MARRIOTT DOWNTOWN

1201 Market Street
Philadelphia, PA 19107
P: 215-625-2900
www.marriott.com/phldt

Sleeping rooms have been reserved for attendees at a conference rate of \$219 single/double occupancy. This reduced rate is available until Thursday, **October 17, 2013**, subject to availability. Reservation requests received after the cut-off date of Thursday, October 17, 2013 will be based on availability at the Hotel's prevailing rates.

To reserve a room at the group rate contact the hotel directly by calling their reservation line at 1-800-228-9290. **Please be sure to reference the American Association for the Treatment of Opioid Dependence or AATOD 2013 Conference.**

CONFERENCE CONTACTS

TALLEY MANAGEMENT GROUP, INC.

Maria A Ramos, CMP—Meeting Manager
19 Mantua Road
Mount Royal, New Jersey 08061
Phone: 856-423-3091
Fax: 856-423-3420
E-mail: aatod@talley.com
Website: www.aatod.org

EXHIBIT SALES

Sue Parker, Sales Associate
sparker@talley.com

CONTINUING EDUCATION CREDITS

AATOD, Provider #1044, is approved as a provider for social work continuing education by the Association of Social Work Boards (ASWB).

AATOD is an approved provider through the National Association of Alcoholism and Drug Abuse Counselors (NAADAC), Provider #000218.

Application to award Continuing Education Credits will be submitted for the following specialties:

- Counseling
- Nursing
- Physicians

Registration & Fees

CONFERENCE REGISTRATION

Registration for the American Association for the Treatment of Opioid Dependence, Inc. (AATOD) annual conference can be done on-line at register.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 2013 Conference Registration
c/o Talley Management Group, Inc.
19 Mantua Road
Mt. Royal, NJ 08061

If faxing your registration, DO NOT mail the original form; doing so may result in duplicate charges to your credit card! Should you have any questions regarding conference registration please call 856-423-3091.

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

Full Conference Registration *	1 person from an agency	2 or more from an agency, each
Standard Registration until September 30, 2013	\$510.00	\$485.00
On-Site Rates November 9, 2013	\$585.00	No Group Discount Applies

* Includes: Admission to Pre-Conference Sessions (excluding Clinicians Course), Welcome Reception, all Plenary Sessions, Workshops, daily continental breakfast and Awards Banquet

Splitting of conference fees is not permitted. Only one discount per conference participant is allowed, including the presenter's discount.

GROUP DISCOUNTS DO NOT APPLY FOR THE FOLLOWING CATEGORIES:

Single Day Registration (Does NOT include Awards Banquet)	\$260.00
Clinicians Course	\$225.00
Additional Awards Banquet Tickets	\$ 75.00
Additional Welcome Reception Tickets	\$ 30.00

CME/CEH FEES

These fees are not included in full conference registration fee

Physicians/Physician Assistants/Pharmacists	\$ 45.00
Nurses/Social Workers/Psychologists	\$ 35.00
Counselors	\$ 25.00

CONFERENCE RECORDINGS

AATOD has contracted to have all conference sessions recorded. Order the recordings in advance and save up to \$90 on all session recordings. Pre-order recordings in advance and pay \$100 for Pre-Conference Sessions and \$100 for Regular Conference Sessions, a savings of \$45 per set. Order in advance and save.

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 on your registration form.



American Association for the
Treatment of Opioid Dependence, Inc.

19 Mantua Road
Mt. Royal, NJ 08061
www.aatod.org

Presort Standard
US Postage
Paid
Permit #6412
KCMO

Let Recovery Ring in a New Era

Professionally
Managed by



Conference Registration

