



American Association for the Treatment of Opioid Dependence, Inc.

## Conference Program

### 2016 CONFERENCE Saving Lives: Access to Improved Health & Recovery

OCTOBER 29–NOVEMBER 2, 2016

[aatod.org](http://aatod.org)

BALTIMORE MARRIOTT WATERFRONT  
BALTIMORE, MARYLAND





## HOSTS:

Maryland Behavioral Health Administration  
Opioid Treatment Providers of Maryland

## CONFERENCE OBJECTIVES

- To present the latest evidence relevant to the field and critically evaluate the implications for patients, clinicians, administrators, and policy makers
- To disseminate evaluation and treatment techniques to better serve patients and providers, improve program development and administration, and enhance patient outcomes
- To develop strategies to assist healthcare partnerships and collaborations by advancing their understanding of medication assisted treatment as a crucial element to community wellness in an era of healthcare reform
- To improve the collaboration between opioid treatment programs and community partners in response to the heightened risks associated with the use of opioids
- To formulate methods to promote, support, facilitate, and integrate medication assisted treatment into the judicial and penal systems, government, and social service organizations
- To discuss the magnitude and impact of prescription opioids on the healthcare system and Opioid Treatment Programs

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*Conference Chair*

IBR/REACH Health Services

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*President*

American Association for the Treatment  
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### Carleen Maxwell-Taylor, MPH

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American Association for the Treatment  
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### Angelina Budija

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American Association for the Treatment  
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### Alexandra Springer, CMP

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## 2016 CONFERENCE COMMITTEES

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Yngvild Olsen, MD  
Michael Rizzi  
Susan Storti, PhD  
Zachary Talbott, CMA  
Joan Zweben, PhD

Dear Colleagues, Patients, Advocates, and Friends:

It is with great pleasure that the Opioid Treatment Providers of Maryland and the Maryland Department of Behavioral Health welcome you to the 2016 American Association for the Treatment of Opioid Dependence, Inc. (AATOD) Conference!

This year's conference theme of *"Saving Lives: Access to Improved Health & Recovery"* will bring together experts in the field of medication assisted treatment to present the latest evidence-based and relevant research and treatment innovations in the field to further our practice. Experts at the state and federal levels providing leadership on the opioid public health crisis will assist you in developing collaborative strategic partnerships to serve our most vulnerable citizens. This is also an opportunity to educate and inform our local and federal leaders about what we are doing at the ground level in the treatment community to confront the growing opioid epidemic and to educate others about medication assisted treatment and recovery.

The planning committees have worked diligently over the last eighteen months to make this conference a truly remarkable event. As you review the topics for the Pre-Conference training opportunities, Plenary Sessions, Workshop Sessions, Poster Sessions, and Hot Topic Roundtables, you will clearly note the outstanding efforts to provide you with groundbreaking training and policy events. I encourage you to take part in all of our sessions, spend time in our exhibition hall, and network with your colleagues. Also, make time to view the research posters and attend the Poster Author Sessions. And, take advantage of the opportunity to contribute and be heard at one of the Hot Topic Roundtables.

Each element of the conference is filled with information and ideas to improve our programs and the treatment field as a whole. The clinic tours on Wednesday give you an opportunity to see into the world of other facilities, sign up early, they fill up quickly. The Awards Banquet on Tuesday evening will be an elegant celebration to honor those who have made significant contributions to our field. We hope you will join us in acknowledging these individuals by attending this exciting event.

Finally, I ask that you help with the planning of our next conference by completing the evaluations at the end of each session, as well as at the conclusion of the conference. Your comments and suggestions will be carefully reviewed and will greatly assist in the development of the 2018 Conference in New York City.

I hope you enjoy the conference in the charming city of Baltimore and I look forward to meeting each of you. Please take the time to enjoy Baltimore, known for its quirky neighborhoods, fine dining, and thrilling nightlife; you don't want to miss out on our amazing city. Our volunteers are available to assist you in any way that you need. Enjoy the conference.



Vickie L. Walters, LCSW-C  
2016 Conference Chair

# CONFERENCE AT-A-GLANCE

All events and times listed are subject to change.

Saturday 10-29	7:30 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.–5:00 p.m.	State Opioid Treatment Authorities Training (Invitation Only)
	8:00 a.m.–5:30 p.m.	Buprenorphine and Office-Based Treatment of Opioid Use Disorders
	8:30 a.m.–12:30 p.m.	Opioid Overdose Prevention and Naloxone Access: Opportunities for Integration into Substance Use Disorder Treatment and Recovery
	1:00 p.m.–4:00 p.m.	Medication Assisted Treatment for Pregnant Women with Opioid Use Disorder—Best Practices and Lessons Learned from Kentucky and Massachusetts
	1:00 p.m.–5:00 p.m.	Countering Opioid Stigma: Communicating Messages to Influence Public Perception
	5:00 p.m.–8:30 p.m.	AATOD Open Board Meeting
Sunday 10-30	7:30 a.m.–7:30 p.m.	Registration Open
	8:00 a.m.–5:00 p.m.	Developing a Peer Program: An Intensive Hands-on Training for OTPs
	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.–5:30 p.m.	State Opioid Treatment Authorities' Meeting (Closed Session for State and Federal Officials)
	9:00 a.m.–12:00 p.m.	Delivering Integrated Care in the Era of Health Care Reform: Increasing Access to Treatment and Services for Improved Outcomes
	9:00 a.m.–12:00 p.m.	Extended Release Naltrexone in Parolees, HIV-Infected Patients and Adolescents/Young Adults with a History of Opioid Use Disorder
	1:00 p.m.–4:00 p.m.	Triple E for HCV: Engagement, Education, and Eradication of HCV Among Patients with Substance Use Disorders
	1:00 p.m.–5:00 p.m.	Presentations by the World Federation for the Treatment of Opioid Dependence (WFTOD): EUROPAD Forum
	1:00 p.m.–5:00 p.m.	Partnering to Treat Pregnant Women with Opioid Use Disorders. Lessons Learned from a Six State Initiative
	4:00 p.m.–7:30 p.m.	Posters in Grand Ballroom
	4:00 p.m.–7:30 p.m.	Exhibits
	5:30 p.m.–7:30 p.m.	Welcome Reception in Exhibit Hall
	7:30 p.m.–8:30 p.m.	Methadone Anonymous Meeting (Open)
Monday 10-31	7:30 a.m.–5:30 p.m.	Registration Open
	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.–4:30 p.m.	Exhibits (Exhibit Hall closed 9:30 a.m.–11:30 a.m.)
	7:30 a.m.–4:30 p.m.	Posters in Grand Ballroom
	8:45 a.m.–10:15 a.m.	Opening Plenary Session—The Opioid Crisis—Urgent Need for Timely Action
	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 (on your own)
	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.–8:30 p.m.	The New Day Campaign: Where Stigma Ends, Healing Begins
	7:00 p.m.–8:30 p.m.	Methadone Anonymous Meeting (Open)
Tuesday 11-1	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 Grand Ballroom
	8:45 a.m.–10:15 a.m.	Middle Plenary Session—Saving Lives: Access to Improved Health & Recovery
	10:30 a.m.–12:00 p.m.	Workshop Sessions
	12:00 p.m.–1:30 p.m.	Lunch (on your own)
	1:30 p.m.–3:00 p.m.	Workshop Sessions
	3:15 p.m.–4:45 p.m.	International Presentations
	7:00 p.m.–9:30 p.m.	Awards Banquet
Wednesday 11-2	9:30 p.m.–10:30 p.m.	Methadone Anonymous Meeting (Open)
	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—The Federal Response to the Opioid Epidemic
	1:00 p.m.–3:30 p.m.	Clinic Tours (Sign-Up at Hospitality Table)

# PRE-CONFERENCE SESSIONS

Saturday, October 29, 2016

8:00 a.m.–5:00 p.m.

## The Certified Medication Assisted Treatment Advocate (CMA) Training Course

Laurel A-B

*Laura McNicholas, MD, University of Pennsylvania, Philadelphia, PA*

*Joycelyn Woods, MA, MARS Project, Bronx, NY and NAMA-R, New York, NY*

*Barry Page, Maryland Department of Health & Mental Hygiene, Catonsville, MD*

*Claude Hopkins, CDAC, JSAS Healthcare, Inc., Neptune, NJ and NAMA-R, New York, NY*

*Cheryl Blankenship Kupras, LCSW, Santa Clara DADS-AMT Program, San Jose, CA and NAMA-R, New York, NY*

*Zac Talbott, CMA, Counseling Solutions of Chatsworth, Chatsworth, GA and NAMA Recovery, TN/GA Chapter*

*Brenda Davis, MSW, Beth Israel Medical Center, New York, NY and NAMA-R, New York, NY*

*Herman Joseph, PhD, Stop Stigma Now, New York, NY and NAMA-R, New York, NY  
Center for Substance Abuse and Treatment, Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD*

The leading advocate and recovery organization for medication assisted treatment, the National Alliance for Medication Assisted Recovery (NAMA Recovery), developed this training believing that professionals, patients and their families can work together for a better understanding of the physiology of addiction and the use of medication assisted treatment (MAT). 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.

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

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

*There is a separate registration fee for this pre-conference event.*

Onsite registration will begin at 8:00 a.m. outside the session room. 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 Use Disorders

Essex

*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*

*Michael Fingerhood, MD, John Hopkins School of Medicine, Baltimore, MD*

The “Drug Addiction Treatment Act of 2000” created the opportunity to expand treatment for opioid use disorder 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 use disorder. 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 use disorder.

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 use disorder patients by providing: 1) an overview of opioid use disorder, 2) the efficacy and safety of buprenorphine, 3) process of patient selection, 4) clinical use of buprenorphine, 5) nonpharmacological interventions, 6) medical psychiatric conditions in opioid use disorder patients, 7) office procedures, and 8) special treatment population. In total this eight-hour training will include eight separate modules and four case studies. Each of the speakers will be presenting for two hours. The remaining two hours is broken up over the four case studies.

Designated by the DHHS, this training meets the eight-hour requirement and is designed for physicians and other primary care providers to dispense buprenorphine in office practice for treatment of opioid use disorder. 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, such as those in family practice, general internal medicine, psychiatry, pediatrics, adolescent medicine specialists, and Opioid Treatment Programs.

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

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

## PRE-CONFERENCE SESSIONS

Saturday continued

8:30 a.m.–12:30 p.m.

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

Laurel C-D

*Alice Bell, LCSW, Prevention Point Pittsburgh, Pittsburgh, PA*

*Sharon Stancliff, MD, Harm Reduction Coalition, New York, NY*

*Emily Behar, MS, San Francisco Department of Public Health, San Francisco, CA*

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

This session will be the first public opportunity to learn about the Substance Abuse and Mental Health Services Administration's (SAMHSA) detailed overdose prevention and response curriculum, which serves to support implementation of strategies discussed in the Opioid Overdose Prevention toolkit and Federal Guidelines for Opioid Treatment Programs. The session will be delivered by four presenters with varied areas of expertise in overdose prevention, recognition, and response.

The presenters will introduce the curriculum, the core concepts, and how to use the curriculum. There will be a discussion of why it is most essential to expand our ability to provide naloxone to those most likely to be present at the scene of an overdose: heroin/opioid users themselves. The presenters will also facilitate discussion of some substance use disorder (SUD) treatment case studies with attendees and various models for integrating overdose prevention in SUD treatment programs and brainstorm some strategies for addressing common barriers.

There will also be a discussion of some of the nuanced details of increasing naloxone access through SUD treatment organizations or collaboration with other organizations in the community. With a sample agency policy as a template, attendees will have the opportunity to develop a policy that fits the context of their respective agencies.

In addition, there will be a discussion about the opioid safety and integrating naloxone access into primary care clinics, including opportunities to

collaborate with the primary care providers of SUD patients. Presenters will provide various patient education materials and lead a discussion with attendees about how to decide which materials are appropriate for different contexts and ways to modify the language so that people perceive that they are the intended audience for the materials.

All presenters will facilitate a question and answer session and conclude the session with an explanation of activities and opportunities for overdose prevention support that reflect SAMHSA's commitment to overdose prevention.

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

1:00 p.m.–4:00 p.m.

### Medication Assisted Treatment for Pregnant Women with Opioid Use Disorder—Best Practices and Lessons Learned from Kentucky and Massachusetts

Kent

*Sherrye McManus, PhD, Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD*

*Kris Shera, SMART Initiative, Frankfort, KY*

*Laura Sternberger, LICSW, Moms Do Care Project, Boston, MA*

This session will present best practices and lessons learned for medication assisted treatment (MAT) for pregnant women who are opioid dependent, as experienced by two current grantees of the Substance Abuse and Mental Health Services Administration (SAMHSA) Medication Assisted Treatment—Prescription Drug and Opioid Addiction (MAT-PDOA) program, Kentucky and Massachusetts.

The presentations will provide an overview of the MAT-PDOA program, including current data and research. The presenters will outline the Supporting Mothers to Achieve Recovery through Treatment and Supports (SMARTS) initiative to address the fifteenfold increase over the last decade in NAS cases in Kentucky. They will demonstrate how they are addressing severe service capacity deficits by establishing wraparound care or integrated health care and recovery services using funds from Medicaid expansion and the Affordable Care Act, as well as the SMARTS initiative. The SMARTS initiative also enhances technology infrastructure for performance reporting and MAT education for service providers.

The presenters will also describe how they have expanded efforts to identify untreated pregnant women who are opioid dependent and provide them access to evidence-based MAT as part of the Moms Do Care Project in Massachusetts. The project focuses on delivering comprehensive, coordinated, integrated, and trauma-informed prenatal and postnatal primary and behavioral health care. Participants receive individualized MAT and recovery services that support their early and sustained recovery and their choices about continuing medication, and support their efforts to maintain custody of or contact with their children.

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



## PRE-CONFERENCE SESSIONS

Sunday, October 30, 2016

1:00 p.m.–5:00 p.m.

### Countering Opioid Stigma: Communicating Messages to Influence Public Perception

Laurel C-D

*Lynne Howell Wiklander, BGS, 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, Inc.*

8:00 a.m.–5:00 p.m.

### Developing a Peer Program: An Intensive Hands-on Training for OTPs

Falkland

*Tom Hill, MSW, Senior Advisor, Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD*

*Walter Ginter, CMA, Director, Medication-assisted Recovery Services (MARS), New York, NY*

*Suzanne Hall-Westcott, MS, Beyond MARS International Training Institute, New York, NY*

One-day training to OTP administrators and staff who are interested in developing a peer recovery support services (PRSS) program. Participants will become familiar with both the concepts of peer practice and the nuts and bolts of program planning and implementation. The training will include both didactic presentations and experiential learning exercises, an emphasis on participatory learning, and opportunities for participants to workshop ideas. Mr. Hill and Mr. Ginter will co-facilitate the presentations, discussion, and exercises.

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

8:00 a.m.–5:30 p.m.

### Opioid Maintenance Pharmacotherapy: A Course for Clinicians

Harborside A-B

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

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

*Brian McCarroll, DO, BIO-MED Behavioral Healthcare, Roseville, MI*

*Kenneth Stoller, MD, Johns Hopkins Bayview Medical Center, Baltimore, MD*

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

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

While the course is primarily intended for clinicians with limited experience in 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

### AATOD Open Board Meeting

Saturday, October 29 • 5:00 p.m.–8:30 p.m.

Waterview Ballroom

*Supported by Addiction Treatment Providers Insurance Group*

# PRE-CONFERENCE SESSIONS

Sunday continued

knowledge and skills necessary to deliver safe and effective medication assisted treatment for patients with opioid use disorder.

The \$235.00 registration fee includes course materials, morning coffee service, and afternoon luncheon.

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

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

**8:30 a.m.–12:30 p.m.**

## Countering Opioid Stigma: Communicating Messages to Influence Public Perception

Essex

*Lynne Howell Wiklander, BGS, 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.

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

**Supported by VistaPharm, Inc.**

**8:30 a.m.–5:30 p.m.**

## State Opioid Treatment Authorities’ Meeting (Closed Session for State and Federal Officials)

Kent B-C

*Mitra Ahadpour, MD, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), Rockville, MD*

*Anthony Campbell, DO, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), Rockville, MD*

*Wilmarie Hernandez, MBA, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), Rockville, MD*

*Jinhee Lee, PharmD, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), Rockville, MD*

*Brandon Johnson, MBA, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), Rockville, MD*

*Mary Lou Ojeda, MS, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), Rockville, MD*

*Sidney Hairston, MSN, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), Rockville, MD*

*Ivette Ruiz, MS-CRP, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), Rockville, MD*

*Nichole Smith, MHS, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), Rockville, MD*

*James Arnold, Drug Enforcement Administration (DEA), Arlington, VA*

*Denise Curry, JD, Drug Enforcement Administration (DEA), Arlington, VA*

*Demetra Ashley, Drug Enforcement Administration (DEA), Arlington, VA*

*Belinda M. Greenfield, PhD, State Opioid Treatment Authority (SOTA), New York, NY*

*Barry Page, State Opioid Treatment Authority (SOTA), Catonsville, MD*

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

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

**9:00 a.m.–12:00 p.m.**

## Delivering Integrated Care in the Era of Health Care Reform: Increasing Access to Treatment and Services for Improved Outcomes

Waterview A-B

*Megan Marx-Varela, MPA, The Joint Commission, Oakbrook Terrace, IL*

*Dale Meyer, MS, People Encouraging People, Baltimore, MD*

The Behavioral Health Home is an important means by which to unite the diverse components of an individual’s care in order to insure that care, treatment and services provided are accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective. With the advent of health care reform, an increasing number of behavioral health care organizations have sought to offer integrated primary physical health care for the individuals and families that they serve.

In this session we will discuss the decision making process for behavioral health care organizations considering offering integrated care, with a focus on how the provision of medication assisted treatment is included in that process. This will include reviewing a sample of certification standards, and discussing how organizations can achieve compliance with them. For organizations considering obtaining Behavioral Health Home certification, this session will provide a framework to get started, and for those already certified, it will refine both their understanding of and their approach to offering integrated care.

**9:00 a.m.–12:00 p.m.**

## **Extended Release Naltrexone in Parolees, HIV-Infected Patients and Adolescents/Young Adults with a History of Opioid Use Disorder**

**Dover**

*Petra E. Jacobs, MD, National Institute on Drug Abuse, Center for the Clinical Trials Network, (NIDA/CTN), Rockville, MD*

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

*Pamela Vergara-Rodriguez, MD, Ruth M. Rothstein CORE Center, Chicago, IL*

*Shannon Mitchell, PhD, Friends Research Institute, Baltimore, MD*

Current medication options to treat opioid use disorders (OUD) approved by the FDA include opioid agonists (methadone, buprenorphine) and antagonist (naltrexone). Since naltrexone does not have reinforcing properties compared to agonists in patients with OUD, lower treatment retention has been noted by clinicians during the last decades and naltrexone has been rarely used. The newly approved long-acting formulation—extended release injectable naltrexone (XR- NTX) promises better compliance than oral naltrexone, given the fact it requires its administration only once a month.

The CSAT-NIDA pre-conference session during the 2015 AATOD Conference brought together clinicians, researchers, and administrators to summarize all three medication options and to compare and contrast their utility in patients with OUD. The session presenters received many questions, mostly on XR-NTX as this modality is still unknown to most of the clinicians. Since the 2015 session provided an introduction and an overall great summary of this topic, the presenters will build upon outcomes and conclusions and focus specifically on new knowledge and data related to two clinical trials using XR-NTX in parolees and CJS-involved persons with a history of OUD and in HIV-infected patients with co-occurring alcohol use disorder (AUD) and/or OUD.

The presenters will also discuss descriptive findings of staff attitudes and behavior related to prescribing XR-NTX from an ongoing study of XR-NTX treatment in adolescents and young adults with OUD. The session attendees will also have a chance to discuss with presenters their clinical experience in managing patients that are interested in treatment with XR-NTX.

***Sponsored by the National Institute for Drug Abuse, the National Drug Abuse Treatment Clinical Trials Network (NIDA/CTN)***

**1:00 p.m.–4:00 p.m.**

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

**Waterview A-B**

*Stevan Gonzalez, MD, Baylor All Saints Medical Center, Fort Worth, TX*

*Daniel Fierer, MD, Icahn School of Medicine at Mount Sinai, New York, NY*

*Lynn Taylor, MD, The Miriam Hospital, Providence, RI*

*Michael Ninburg, MPH, Hepatitis Education Project, Seattle, WA*

*Corinna Dan, RN, US Department of Health and Human Services, Washington, DC*

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

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

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

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

**1:00 p.m.–5:00 p.m.**

## **Presentations by the World Federation for the Treatment of Opioid Dependence (WFTOD): EUROPAD Forum**

**Waterview**

The World Federation for the Treatment of Opioid Dependence (WFTOD) was founded during the European Opiate Addiction Treatment Association (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 with AATOD, agreed to a charter for the World Federation.

***CHAIRMAN: Icro Maremmani (Pisa, Italy)***

***INTRODUCTIONS: Michael Rizzi, AATOD International Committee Chair, Cranston, RI***

**1:00 p.m.**

**Effect of non-scheduled urine tests among all students in a private high school in Las Vegas**

*Miriam Adelson (Las Vegas, NV, USA)*

# PRE-CONFERENCE SESSIONS

**Sunday** continued

**1:20 p.m.**

Factors related to high methadone dose in MMT patients

*Hoai Son Mai (Ho Ci Minh City, Vietnam)*

**1:40 p.m.**

Stress among Methadone Maintenance Treatment patients. Prevalence and risk factors

*Einat Peles (Tel Aviv, Israel)*

**2:00 p.m.**

COMPASS project: inside and outside link for inmates and PWID with hepatitis B or C in France: first results

*André Jean Remy (Perpignan, France, EU)*

**2:20 p.m.**

Knowledge about HIV and risk behavior among MMT patients

*Anat Sason (Tel Aviv, Israel)*

**2:40 p.m.**

Promoting the Recovery Oriented System of Care in low resource setting: the case of Vietnam

*Hoang Huy Vu (Hanoi, Vietnam)*

**3:00 p.m.**

Outcomes of injecting drug users in a Methadone Maintenance Therapy Program in Kenya: An observational cohort study

*Cristopher Welsh (Baltimore, MD, USA)*

**3:20 p.m.**

Psychosocial determinants in the treatment of opioid use disorder (OUD) with buprenorphine

*James E. Phelan (Columbus, OH, USA)*

**3:40 p.m.**

Results of multidisciplinary approach for treating patients with hepatitis C in MAT Programs—National Guidelines for the Management of Hepatitis C virus infection in drug users in Slovenia

*Andrej Kastelic (Ljubljana, Slovenia, EU)*

**4:00 p.m.**

Quality and Continuity of Care for drug users in prisons study – Slovenian results

*Nusa Segrec (Ljubljana, Slovenia, EU)*

**4:20 p.m.**

Housing for people recovering from Substance Use Disorders: development of performance metrics, assessment of early adopter program, recommendations for success

*Richard Littlewood (London, UK)*

**4:40 p.m.**

Risk of overdose death following prison release in Norway

*Thomas Clausen (Oslo, Norway)*

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

**1:00 p.m.–5:00 p.m.**

## Partnering to Treat Pregnant Women with Opioid Use Disorders. Lessons Learned from a Six State Initiative

**Bristol**

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

*Nancy K. Young, PhD, National Center on Substance Abuse and Child Welfare, Lake Forest, CA*

*Martha Kurgans, LCSW, Virginia Office of Substance Abuse Services, Richmond, VA*

*Christine Scalise, MA, New Jersey Division of Mental Health and Addiction, Trenton, NJ*

This session provides guidance to medication assisted treatment (MAT) professionals on how to work collaboratively with partners to engage and treat pregnant women with opioid use disorders. The presentation will provide guidance on collaboration gleaned from the National Center on Substance Abuse and Child Welfare's (NCSACW) publication, *The Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders*. The session will further describe tactics used by two states engaged in the NCSACW two-year In-Depth Technical Assistance (IDTA) initiative on Substance Exposed Infants. The initiative, currently serving six states, is strengthening the capacity of states to serve pregnant women with substance use disorders, particularly those with opioid use disorders and their infants with Neonatal Abstinence Syndrome (NAS). Through the initiative, state partners deepened their understanding of barriers that impede or deter women and infants from receiving care. With technical assistance from the NCSACW, state partners created practice, policy, and protocol changes for effective cross-system service delivery for these women and infants.

Leaders from New Jersey and Virginia will describe how they worked with state MAT providers through the initiative to build communication and information sharing processes with hospitals, home visitors, and child welfare agencies to create a continuum of care for pregnant women and their children. Both states will discuss their work to increase the use of best cross-system practices such as intensive case management, leading to an increase in the engagement of pregnant and post-partum women in services and an increase in the identification of substance-exposed infants and their engagement in early intervention services.

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

## Welcome Reception

**Sunday, October 30 • 5:30 p.m.–7:30 p.m.**

**Grand Ballroom**

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

*Supported in part by Atlantic Diagnostic Laboratories*

## EXHIBIT 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 more than 350,000 patients in opioid treatment programs. In order to provide exhibitors with steady exposure to conference attendees, all continental breakfasts and refreshment breaks will be held exclusively in the exhibit area. **An Exhibitor's Networking Event will be held Monday, October 31st** to encourage contact and dialogue between opioid treatment professionals and the exhibiting companies.

### EXHIBIT HOURS

Sunday, October 30—4:00 p.m.—7:30 p.m.

Monday, October 31—7:30 a.m.—9:30 a.m.; 11:30 a.m.—4:30 p.m.

Tuesday, November 1—7:30 a.m.—1:30 p.m.



## POSTER SESSIONS

Posters are in place at all times when the Grand Ballroom is open.

**Authors will present their topic on Monday, October 31 from 7:30 a.m.—8:45 a.m. and 3:00 p.m.—4:00 p.m.**

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

### 1 Effect of Non-Scheduled Urine Tests among All Students in a Private High School in Las Vegas

*Miriam Adelson, MD*

### 2 Johns Hopkins Cornerstone at Helping Up Mission: A Novel Community-Academic Partnership

*Denis Antoine, MD*

### 3 Cannabis, The Anti-Gateway Drug?

*Angela Bonaguidi, LCSW*

### 4 Use of Risk Mitigation Practices by Family Nurse Practitioners Prescribing Opioids for the Management of Chronic Non-Malignant Pain

*Sahil Chaudhary, BS Candidate*

### 5 Combatting Opioid Overdose

*Kelly Dunn, PhD*

### 6 Racial/Ethnic Differences in Primary Drug used among Entrants to Opioid Treatment Programs over Time

*Chunki Fong, MS*

### 7 HUB and Spoke Model of Care

*Evan Kletter, PhD*

### 8 Usefulness of a Brief Educational Event to Challenge Service Providers' Approaches with Families

*Jan Ligon, PhD*

### 9 A Study of Factors Contributing to Drug Court Graduation

*David Masri, PhD*

### 10 Characterizing Opioid and Benzodiazepine Abuse as Reported by Opioid Treatment Programs in the United States

*Karin McBride, MA*

### 11 Characterizing Opioid and Benzodiazepine Abuse as Reported by Patients Entering Medication-Assisted Substance Abuse Treatment Programs in Europe

*Karin McBride, MA*

### 12 Characteristics and Treatment Outcomes among Pregnant Women Maintained on Buprenorphine vs. Methadone

*Krystle McConnell, BA*

**13 Decisions in Recovery: Medications for Opioid Addiction—A Web-Based Shared Decision Making Tool**

*Niki Ann Miller, MS*

**14 “No Thanks”: When OTP Patients Refuse a Naloxone Kit for Overdose Prevention**

*K. Michelle Peavy, PhD*

**15 Stress among Methadone Maintenance Treatment Patients, Prevalence and Risk Factors**

*Einat Peles, PhD*

**16 Opioid Use Disorder Population: Who is at Risk of Medication Assisted Treatment Non-Adherence?**

*Charles Ruetsch, PhD*

**17 Knowledge about HIV and Risky Behavior among Methadone Maintenance Treatment Patients**

*Anat Sason, MS*

**18 The Effectiveness and Reproducibility of a Learning Collaborative Strategy to Improve Quality of Care for Rural Buprenorphine Patients with Opioid Use Disorders**

*Elizabeth Saunders, MS*

**19 Controlled Substance Monitoring with the Prescription Monitoring Program (PMP) in an Office Based Buprenorphine Program**

*Julia Shi, MD*

**20 How Do Peer Recovery Services Groups Work? An Interactional Analysis**

*Jo L. Sotheran, PhD*

**21 Increasing Access to Hepatitis C Treatment for Opioid Maintained Patients via Telemedicine**

*Clewert Sylvester, MD*

**22 Staff Attitudes and Perceptions Supportive of Overdose Prevention Education in an Opioid Treatment Program**

*Rosson Wiebe, DNP*

**23 Optimal Minimum Length of Treatment with Buprenorphine: An Analysis of Resource Use and Costs after Medically Controlled Discontinuation**

*Vladimir Zah, PhD(c)*

**24 “Methadone is Making Me Fat!”: Addressing Patients’ Concerns about Methadone and Weight Gain**

*Cassie Zwart, MSW*



Your  
chance  
to WIN

**Trivia!**

Please visit the Exhibit Hall and answer questions to enter a drawing for prizes from AATOD at the Closing Plenary Session. See insert in your registration materials for additional information.

# CONFERENCE SESSIONS

Monday, October 31, 2016

## Continental Breakfast

Monday, October 31 • 7:30 a.m.–8:30 a.m.

Sponsored by VistaPharm

## OPENING PLENARY SESSION

8:45 a.m.–10:15 a.m.

### The Opioid Crisis—Urgent Need for Timely Action

Harborside Ballroom



#### MODERATOR:

Vickie L. Walters, LCSW-C, Executive Director, IBR/REACH Health Services, Baltimore, MD



#### KEYNOTE SPEAKERS:

Honorable Boyd K. Rutherford, Lieutenant Governor of Maryland, Annapolis, MD

Barbara J. Bazron, PhD, Executive Director, Behavioral Health Administration (BHA), Baltimore, MD

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

Peter Bruun, Founder, New Day Campaign, Towson, MD

Gilberto Gerra, MD, Chief, Drug Prevention and Health Branch, Division of Operations, United Nations Office on Drugs and Crime (UNODC), Vienna, Austria

The Opening Plenary Session will review AATOD's projects and keynote efforts in Maryland and across the globe. Ms. Vickie Walters, LCSW-C, Conference Chairperson and Program Director, REACH Health Services at Institutes for Behavior Resources Inc. in Baltimore, will welcome conference attendees and provide an overview of this exciting conference. Ms. Walters will be followed by a very special welcome to Maryland by the Honorable Boyd Rutherford, Lt. Governor of Maryland. Lt. Governor Rutherford will discuss his heroin taskforce, key findings, and recommendations for addressing this epidemic. Dr. Barbara Bazron will discuss Naloxone and Legislative Partnerships in the city of Baltimore. Mr. Mark Parrino, AATOD President, will follow, providing an overview of the challenges, opportunities, and accomplishments of AATOD over the past 18 months and into the future. Peter Bruun, Founder, New Day Campaign, will discuss the engagements of individuals, treatment providers, families, and communities through the arts, to start a discussion and decrease stigma. Gilberto Gerra, Deputy Director, UN Office on Drugs and Crime, will describe international struggles with opioid addiction and the ways it is being addressed.

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.

**Foundations of Medication Assisted Treatment (MAT) Sessions:** 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. These sessions are designated as Foundations of MAT.

### A1 Methadone 101

Harborside C

Laura F. McNicholas, MD, University of Pennsylvania, Philadelphia, PA

Kenneth B. Stoller, MD, Johns Hopkins University, Baltimore, MD

Yngvild Olsen, MD, Institutes for Behavior Resources, Inc., Baltimore, MD

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

\*Foundations of MAT

### A2 Addressing the Reproductive Health Needs of Women in SUD Treatment

Laurel

Mishka Terplan, MD, Behavioral Health System Baltimore, Baltimore, MD

Women with substance use disorder (SUD) have unmet reproductive health needs. Although the Substance Abuse and Mental Health Services Administration promotes integration as central in reducing costs and improving care for individuals with behavioral health conditions, little attention has been placed on the incorporation of family planning in SUD treatment. This workshop will 1) review the unique reproductive health needs of women with SUD and 2) present the findings from a novel pilot study integrating reproductive health screening, education, and service delivery into SUD treatment. Attention will be placed not only on the public health relevance, but also on cost effectiveness of integration strategies and ethical considerations.

## CONFERENCE SESSIONS

Monday continued

### A3 Confronting Opioid Overdose in the OTP: Putting Policies into Practice and Naloxone to Use

Harborside D-E

Robert Roose, MD, Sisters of Providence Health System, Holyoke, MA  
Janet J. Stabile, LICSW, Sisters of Providence Health System, Holyoke, MA  
Gwen Fenton, RN, Sisters of Providence Health System, Holyoke, MA

Inpatient and outpatient Opioid Treatment Programs (OTPs) have a critical role in prevention of opioid overdose. Patients in OTPs are at higher risk of overdose upon initiation or discontinuation of treatment and with concomitant substance use. Programmatic and other barriers have prevented many OTPs from realizing their potential in regards to patients, staff, and community education; overdose prevention planning; and naloxone distribution. This workshop uses concrete examples of putting state and program-level policies into action in an OTP to prevent opioid overdose and increase naloxone uptake. Ideas and tools for best practices will be discussed and provided.

### A4 Strengthening the Partnership between OTPs and the Child Welfare System

Dover

Kate Mahoney, LCSW, PEER Services, Evanston, IL  
Rita Houston, MSW, Illinois Department of Children and Family Services, Chicago, IL  
Richard Weisskopf, BS, Illinois Department of Human Services, Chicago, IL

The workshop will provide a description of the development and implementation of training for Illinois child welfare staff to increase their knowledge of current evidence-based practices in opioid dependence treatment; build their competence in supporting patients' engagement in treatment; and provide them with the skills on safe medication storage for home visits with families. Training outcome data will also be shared including participant testimonials. The presenters will describe the program from initial concept to implementation utilizing a PowerPoint presentation and handouts.

### A5 Integrating Mindfulness Based Parenting into an Opioid Treatment Program

Harborside A-B

Diane Abatemarco, PhD, Thomas Jefferson University, Philadelphia, PA  
Meghan Gannon, PhD, Thomas Jefferson University, Philadelphia, PA

The "Practicing Safety Mindfulness Project for Mothers in Drug Treatment" is a federally funded multi-faceted intervention aimed at reducing the toxic stress children of families with substance use disorders endure. One dimension of this intervention is the implementation of a 12-week mindfulness based parenting intervention for mothers of children aged 3 to 36 months. This workshop describes the integration of mindfulness into an opioid treatment program. Participants will also experience mindfulness-based stress reduction practices. Lastly, findings and results will be provided that demonstrate the effect of the intervention on individual psychosocial, parenting, and maternal domains.

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.

#### Substance Abuse and Mental Health Services Administration Regulatory Update Essex C

Facilitator: Sidney Hairston, MSN

#### Mergers & Acquisitions: Good for Patients?

Laurel

Facilitators: Jason Kletter, PhD and Kellie Rollins, PsyD

#### Getting the Political Process to Work for People in Recovery: Platform Review Kent

Facilitator: Legal Action Center

#### Confronting Stigma and Discrimination in Treatment

Dover

Facilitator: Robert Lambert, MA

#### What have you done in your community: Building Recovery Partnerships

Essex A-B

Facilitators: Zac Talbott, CMA and Ivette Torres, MEd

1:30 p.m.–3:00 p.m.

### WORKSHOP SESSIONS

### #1 Key Issues on Perinatal Opioid Dependence and Neonatal Abstinence Syndrome

Harborside A-B

John J. McCarthy, MD, University of California, Davis, Tahoma, CA  
Loretta P. Finnegan, MD, The College on Problems of Drug Dependence, Inc., Philadelphia, PA

Perinatal opioid dependence presents many challenges for clinicians including the presence of Neonatal Abstinence Syndrome (NAS). The pharmacokinetic science of methadone/buprenorphine dosing in pregnancy and novel use of serum methadone/metabolite ratios as a tool for assessing dynamic metabolic changes in the perinatal period are important for the proper treatment of mother and baby. The concepts of 'fetal opiate receptor occupancy' and 'repetitive intrauterine stress' will be introduced as factors that affect neonatal health and NAS risks. This presentation will provide clinicians with the knowledge to treat the mother/infant dyad with current strategies to reduce stress upon both of them.

### Policy Makers Luncheon

Monday, October 31

Supported in part through a grant from CSS, Inc. and other private donors

## #2 On-Site Psychiatric Services in an OTP Setting: Why and How?

### Harborside C

Linda Hurley, LCDCS, CODAC, Inc., Providence, RI

Laura Levine, CAGS, CODAC, Inc., Providence, RI

Gerardo Andriulli, MD, CODAC, Inc., Barrington, RI

Having mental health counselors and a psychiatrist on staff allows Opioid Treatment Programs (OTPs) to better coordinate care for co-occurring patients. Presenters will describe how CODAC has trained clinicians to screen for mental health disorders during intake, address co-occurring issues, and refer patients into mental health treatment. The presentation also discusses why CODAC decided to integrate mental health services into patient care and how they developed a comprehensive, sustainable program. The presenters will offer case studies and discuss the philosophy of prescribing. Data supporting CODAC's approach will demonstrate increased compliance and show rates and, most importantly, positive patient outcomes.

## #3 Update on Vermont's Hub and Spoke Model

### Harborside D-E

John R. Brooklyn, MD, University of Vermont College of Medicine, Burlington, VT

Anthony Folland, BA, Vermont State Opiate Treatment Authority, Alcohol and Drug Abuse Programs, Vermont Department of Health, Burlington, VT

Vermont's Hub and Spoke model is a comprehensive treatment system for patients receiving medication assisted treatment (MAT) for opioid dependence in existence since 2013. The challenges and successes of this system will be discussed. Data showing increased access to MAT statewide, reduction in waiting lists, expansion of OBOT practices, and increases in people treated per waived MD will be shown. Details about the MAT embedded team development under Vermont's Chronic Care Initiative as part of the Blueprint for Health will be discussed.

**4:00 p.m.–5:30 p.m.**

### WORKSHOP SESSIONS

## B1 Ending Stigma's Harm: Patients and Providers United for Health and Recovery

### Laurel

Herman Joseph, PhD, Stop Stigma Now, New York, NY

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

Zac Talbott, CMA, Counseling Solutions of Chatsworth, Chatsworth, GA and NAMA Recovery, TN/GA Chapter

### Exhibitors Networking Break

**Monday, October 31 • 3:00 p.m.–4:00 p.m.**

**Grand Ballroom**

*Sponsored in part by O.Berk Co. of New England & Kols Containers*

From the start of methadone treatment, patients have faced an increasing and pervasive social stigma comprised of misleading media, major social institutions, family, and friends. Prejudice and stigma have become the primary social forces confronting patients in Medication Assisted Treatment (MAT). For quality MAT to fulfill its potential, it will be necessary to challenge and end this negative influence. The various prejudices that patients face in their road to recovery include: language, family, criminal justice system, child welfare, health care, education, employment, life insurance, etc. The workshop concludes with strategies to end the stigma that patients experience.

\*Foundations of MAT

## B2 Integrated Care and the Health Home: Lessons Learned from a Maryland OTP

### Harborside A-B

Angela Fulmer, MSN/MPH, Institutes for Behavior Resources, Inc., Baltimore, MD

Molly Greenberg, RN, Institutes for Behavior Resources, Inc., Baltimore, MD

Yngvild Olsen, MD, Institutes for Behavior Resources, Inc., Baltimore, MD

The Health Home is a care model that Opioid Treatment Programs (OTPs) may employ to increase their capacity to provide integrated care and ultimately improve treatment, overall health outcomes, and patient quality of life. There are many barriers to Health Home implementation but with the right knowledge and tools, provider organizations can successfully integrate this model of care. This workshop will introduce attendees to the Health Home concept and describe one operational model for the Health Home, utilizing the implementation of the Health Home in a Maryland OTP as an example. Presenters will share outcomes, best practices, and lessons learned.

## B3 What to Do When Courts, Insurers and Others Block Effective Treatment

### Harborside C

Sally Friedman, JD, Legal Action Center, New York, NY

Karla Lopez, JD, Legal Action Center, New York, NY

Melissa Trent, JD, Legal Action Center, New York, NY

Individuals often cannot access medication assisted treatment (MAT) because criminal justice and child welfare agencies will not allow it and insurers will not cover it. This workshop explains how to overcome these barriers. The presenters will explain legal mandates and advocacy strategies featured in Legal Action Center's two groundbreaking reports, "Medication-Assisted Treatment in Drug Courts: Recommended Strategies" and "Health Insurance for Addiction & Mental Health Care: A Guide to the Federal Parity Law." Participants will learn how to work with courts and others to permit MAT and how to identify and challenge parity violations.

## B4 Integrating HCV Care into an Opioid Treatment Program

### Harborside D-E

Lynn E. Taylor, MD, Division of Infectious Diseases, The Warren Alpert Medical School of Brown University, Providence, RI

Sophie Sprecht-Walsh, LPN, CODAC, Inc./University Medicine, Cranston, RI

Linda Hurley, LCDCS, CODAC, Inc., Providence, RI

## CONFERENCE SESSIONS

Monday continued

People who inject drugs have the highest incidence/prevalence of HCV, yet a minority of HCV-infected persons with opioid addiction undergoes HCV treatment. Presenters will discuss implementation of an on-site HCV clinic at CODAC, an Opioid Treatment Program (OTP) in Providence, RI, and how on-site HCV care in OTPs overcomes barriers to treatment. HCV clinic outcome data will be presented, including cure rates and consequences of late diagnosis. We will also discuss the potential benefits for staff utilization and improved patient outcomes. Participants will learn how to replicate all or part of the initiative at their own programs.

### **B5** How to Prevent Employment Discrimination and Harassment Claims

Dover

*Kathryn J. Russo, Esq., Jackson Lewis P.C., Melville, NY*

This workshop will provide practical advice to employers on preventing discrimination, harassment, and retaliation in the workplace—in several different contexts. The presenter will discuss best practices with respect to lawful hiring, why written performance evaluations are critically important and how to write them so that they protect your organization from legal claims by employees, and how to handle internal complaints of discrimination and retaliation made by employees. Additionally, the speaker will address how to discipline employees; evaluate the appropriate severity of discipline, up to and including termination; and how to document disciplinary actions properly to avoid potential lawsuits from employees.

**6:30 p.m.–8:30 p.m.**

### The New Day Campaign: Where Stigma Ends, Healing Begins

Harborside

*Peter Bruun, New Day Campaign, Towson, MD*

*Robert Schwartz, MD, Friends Research Institute, Baltimore, MD*

The strategy of the session, *The New Day Campaign: Where Stigma Ends, Healing Begins*, is to bring participants together with art, heart, and humanizing. Once participants are in a place of caring and healing, discussion of the many aspects of dealing with stigma and paths to action will lead to participants leaving with the motivation and information to work in their communities, programs, and personal lives on ending stigma for those with substance use disorders. The presentation is interactive and includes time for reflection, discussion, and engagement with the presenters and the audience. The presentation includes a presentation of evidence-based treatment models, meditation, poetry, filmography, audiography, song, visual arts and conversation meant to inspire, engage, and question, and a discussion of the dance between art, healing, and anti-stigma.

*Sponsored by Friends Medical Laboratory, Inc. and Institutes for Behavior Resources, Inc.—REACH Health Services*

## CONFERENCE SESSIONS

Tuesday, November 1, 2016

### Continental Breakfast

Tuesday, November 1 • 7:30 a.m.–8:30 a.m.

Grand Ballroom

Sponsored by Indivior

**8:45 a.m.–10:15 a.m.**

### MIDDLE PLENARY SESSION

#### Saving Lives: Access to Improved Health & Recovery

Harborside Ballroom



**MODERATOR:**

*Kimberly A. Johnson, PhD, Director, Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD*



**KEYNOTE SPEAKERS:**

*Vice Admiral Vivek Murthy, MD, Surgeon General, United States Department of Health & Human Services, Washington, DC*

*Leanna Wen, MD, Commissioner, Baltimore City Health Department, Baltimore City Opioid Taskforce, Baltimore, MD*

The Conference Theme, Saving Lives: Access to Improved Health and Recovery requires renewed focus on supported recovery, data-driven decision making, and planned outcomes. This themed plenary session moderated by Dr. Kimberly A. Johnson will focus on engaging communities and promoting recovery. General Vivek Murthy, US Surgeon General, is preparing a first-of-its-kind report, presenting the state of the science on substance use, addiction, and health. The report will highlight the best scientific evidence on treatment and recovery, and seek to erase the stigma surrounding addiction. The plenary will conclude with a keynote address from Dr. Leanna Wen, Baltimore City Health Commissioner, who will provide an overview of Baltimore's Opioid Taskforce and recommendations. The taskforce was convened to address the critical problem of opioid addiction in Baltimore. Its goal is to study the problem of heroin addiction and propose solutions for improving access to effective treatment and neighborhood compatibility. During this plenary you will hear from different perspectives, each will show how engagement and recovery changes patients' lives, strengthens families and supports communities.

10:30 a.m.–12:00 p.m.

## WORKSHOP SESSIONS

### C1 Building Therapeutic Partnerships: The Most Important Evidence-Based Practice

#### Harborside C

*Robert C. Lambert, MA, Connecticut Counseling Centers, Inc., Danbury, 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 MAT clinic setting, a review of the fundamentals of forming and maintaining a therapeutic relationship, and the factors that affect the quality of the therapeutic relationship. We will also explore patient expectancy as a therapeutic factor, and discuss the use of patient feedback to strengthen the therapeutic alliance.

\*Foundations of MAT

### C2 Treating Pregnant/Parenting Opioid-Dependent Women and Their Children

#### Harborside D-E

*Shahid Ali, MD, Elam Mental Health Center, Nashville, TN*

*Mishka Terplan, MD, Behavioral Health System Baltimore, Baltimore, MD*

*Lauran Jansson, MD, Johns Hopkins University School of Medicine, Baltimore, MD*

This workshop will present recommendations for the treatment of pregnant and parenting opioid-dependent women and their children derived from the RAND/UCLA Appropriateness Method, which assesses the appropriateness of clinical procedures with limited scientific evidence. Using current scientific evidence and clinical judgment, nine expert panel members rated the appropriateness of 285 clinical scenarios; each scenario describes a patient and a potential procedure for treatment (indications). Three expert panel members will discuss indications that were rated with agreement and topics for which there was disagreement among expert panel members and for which gaps remain. Input from audience members will be sought.

### C3 Maricopa County Correctional Health Methadone Program

#### Dover

*Jeffrey Alvarez, MD, Maricopa County Correctional Health Services, Phoenix, AZ*

*Rick Christensen, PA, Community Medical Services, Phoenix, AZ*

*Michael C. White, MCI, Community Medical Services, Phoenix, AZ*

Dr. Alvarez, the Director of Maricopa County Corrections, will address the process of developing a jail Opioid Treatment Program, collaborating with a community provider, and expanding medication assisted treatment to include all jail populations/demographics, along with Maricopa County Drug Courts and local Diversion Programs. Rick Christensen of Community Medical Services will discuss the development and implementation steps required to create the proper continuum of care and changes in culture needed to sustain the program. Michael White will discuss the Collective Impact Model along with Community Based Services to better support patients navigating multiple systems, accessing needed resources, and establishing a foundation of community partners.

### C4 Pharmacotherapy Update: Cardiac Safety Considerations Beyond Methadone and the Role of Psychiatry in Implementation of a Cardiac Safety Program

#### Harborside A-B

*Mori J. Krantz, MD, Denver Health, Denver, CO*

*Mark C.P. Haigney, MD, Uniformed Services University, Bethesda, MD*

*Megan A. Marx-Varela, MPA, Joint Commission, Oakbrook Terrace, IL*

Cardiac and central nervous system (CNS) safety of opioid agonist therapy is increasingly scrutinized given rising opioid-related fatalities. Knowledge gaps exist regarding the risk of cardiac toxicity of drugs beyond methadone and buprenorphine. A number of over the counter preparations appear to have a QTc-prolongation liability. Numerous drug-drug interactions may increase this liability. These will be presented in categories for practical implementation. We will also discuss the implementation of a collaborative training of psychiatrists that include ECG interpretation with oversight by cardiologists. This training proved to be preliminarily successful. These activities are supported by ongoing quality and accreditation processes in Opioid Treatment Programs.

## International Luncheon

Tuesday, November 1

*Supported through grants from Colonial Management Group and Arthur J. Gallagher & Co.*

## CONFERENCE SESSIONS

Tuesday continued

### C5 Challenges to Opioid Treatment Providers after Hurricane Sandy

Laurel

*Harlan Matusow, PhD, National Development and Research Institutes, New York, NY*  
*Ellen Benoit, PhD, National Development and Research Institutes, New York, NY*  
*Andrew Rosenblum, PhD, National Development and Research Institutes, New York, NY*

During and after Hurricane Sandy, methadone maintenance patients faced obstacles to obtaining treatment. This session describes ways in which Opioid Treatment Program (OTP) staff anticipated and responded to service disruptions (based on evaluations of emergency plans and interviews with staff, administrators, and State officials; State Opioid Treatment Authorities (SOTAs)) and, patient and drug user experiences during and after the Storm (based on focus groups with patients and out-of-treatment drug users). Recommendations, evaluated for usability and feasibility by a nationwide sample of OTP directors and SOTAs, for improving continuity of care in future emergencies are presented. Key areas of focus include Communication, Transportation, and Technology.

1:30 p.m.–3:00 p.m.

#### WORKSHOP SESSIONS

### D1 Meeting the Needs of Patients with Co-Occurring Disorders: Skills for Counselors

Harborside D-E

*Joan E. Zweben, PhD, University of California, San Francisco & EBCRP, Berkeley, CA*

This workshop is intended to acquaint new counselors with key elements of treatment for people with co-occurring disorders and provide an update for existing counselors, including a brief review of research evidence supporting certain approaches. The workshop will begin with brief comments on the epidemiology of co-occurring disorders, barriers to addressing them, and how untreated psychiatric conditions affect recovery and quality of life. The basic principles for distinguishing between substance-induced symptoms and independent disorders, as well as a focus on disorders common in opioid dependent patients, such as anxiety disorders (especially PTSD), and mood disorders (especially depression), will be discussed. We will also review screening and assessment of suicide risk from the perspective of agency protocols as well as the role of the counselor.

\*Foundations of MAT

### D2 Mobile Health Apps to Address Opioid Use Disorders

Harborside C

*Doris Titus-Glover, PhD, Optimal Solutions Group, LLC, College Park, MD*  
*Kate Durocher, BA, Abt Associates, Bethesda, MD*  
*Harold Jonas, PhD, Sober.com, LLC, Delray Beach, FL*

The literature notes that mobile phones and mHealth applications present a significant opportunity to provide patients with substance use disorders with evidence-based treatment. Researchers and government agencies have begun to explore the use of mHealth to address a number of chronic conditions, including substance use disorders and HIV. Specifically, the Substance Abuse Mental Health Services Administration (SAMHSA) has hosted several challenge grants to develop innovative solutions to address opioid use disorders. In addition, SAMHSA is exploring the feasibility of utilizing mHealth as a recovery support for patients in MAT programs. In this session, presenters discuss the opportunity technology based solutions provide to addressing opioid use disorders.

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

### D3 The Five-Year Recovery Standard for Medication Assisted Treatment

Laurel

*Robert L. DuPont, MD, Institute for Behavior and Health, Inc., Rockville, MD*  
*Wilson M. Compton, MD, National Institute on Drug Abuse, Rockville, MD*

Sustained five-year recovery as a primary measure of substance use disorder (SUD) outcomes can reshape both treatment outcome research and clinical practice. In this context, the definition of recovery is that of the Betty Ford Institute Consensus Panel, including no use of alcohol, marijuana or other drugs of abuse. The use of medications as prescribed in medication assisted treatment (MAT) is fully compatible with recovery. Physician health programs serve as a model of chronic disease management for SUDs, including opioid use disorders. Use of the five-year recovery standard will encourage all treatment programs to focus their attention on long-term patient outcomes.

### D4 Public Health Solutions for Opioid Addiction and Overdose

Harborside A-B

*Mark O'Brien, Baltimore City Health Department, Baltimore, MD*  
*Natanya Robinowitz, MSPH, Behavioral Health System Baltimore, Baltimore, MD*

Baltimore declared opioid overdose a public health emergency and is leading one of the most aggressive opioid overdose prevention campaigns across the country. With 19,000 active heroin users, and far more who misuse opioids, Baltimore cannot be healthy without addressing this problem. This workshop will focus on Baltimore's opioid addiction and overdose response plan and the opportunities and challenges involved in implementing a community-focused plan to address this epidemic.

## **D5 Retaining Patients While They Contemplate Change: A Model to Curb Discharge**

**Dover**

*K. Michelle Peavy, PhD, Evergreen Treatment Services, Seattle, WA*

*Paul Grekin, MD, Evergreen Treatment Services, Seattle, WA*

*Molly Carney, PhD, Evergreen Treatment Services, Seattle, WA*

Opioid Treatment Programs (OTPs) face a dilemma when it comes to discharging or not discharging unstable drug using patients. Premature death looms as a possible outcome for discharged patients; however, dangling the threat of discharge can serve as a powerful motivator for change. Furthermore, active drug users may be perceived as hazardous to a safe and therapeutic environment. In this workshop we will: describe an OTP policy that enhances retention by discontinuing discharge due to ongoing drug use; examine how this policy change affected the milieu; and discuss clinical implication of this policy in the context of the current heroin epidemic.

**3:15 p.m.–4:45 p.m.**

## **International Presentations: Risks of an Inadequate Methadone Maintenance Protocol**

**Laurel**

### **SPEAKERS**

*Icro Maremmani, MD, Santa Chiara University Hospital, University of Pisa, Pisa, Italy*

*Angelo Giovanni Icro Maremmani, MD, School of Psychiatry, University of Pisa, Italy*

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

## **Alcohol Abuse in Heroin Use Disorder Patients: An Unfolding Metabolic Destiny**

The presenters, on the basis of their clinical experience, suggest that poly drug abuse in heroin addicts could be correlated with condition of opiate dependence improperly compensated by street heroin or by agonist opioid treatment dosages. Thus the search for an appropriate methadone dosage is crucial not only because it enhances patients' retention rate within the treatment group, allowing an improvement in social rehabilitation, but also because it reduces the risk of poly drug abuse.

## **Former Heroin Use Disorder Patients Now Alcohol Use Disorder Patients (FHA-AUD): Addiction History and Clinical Feature**

The prevalence of FHA-AUD patients is not negligible. This may relate to previous inadequate treatment of heroin addiction contributing to the development of severe AUD. For these patients we propose a reconsideration of 'soft' (low dose) agonist opiate treatment.

## **Treatment of Alcohol Misuse during Methadone Treatment and Treatment of Alcohol Misuse in Former Heroin Use Disorder Patients**

After reviewing the data in the literature on the use of Gamma Hydroxybutyric Acid (GHB) in alcoholics and other kinds of abusers, several cases of alcohol-abusing heroin addicts will be described, in which adequate dosages of methadone and the use of GHB proved to possess some effectiveness, even if there were major limitations regarding compliance and completeness of response. In responding to the challenge of identifying different alcoholic sub-groups that can benefit from specific treatment, we want to shed light on the idea that alcoholics with a history of heroin use should be considered a specific group, and a treatment target should be set on the rebalancing of the opioidergic system after passing through agonist opioid treatment.



## **Pre-Banquet Cocktail Reception**

**Tuesday, November 1, 2016**

*Supported through a grant from Acadia Healthcare*

# AWARDS PROGRAM

Tuesday, November 1, 2016

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 Jerome H. Jaffe, MD.**

**The 2016 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.**



**Ray Caesar, LPC, Oklahoma**

Ray Caesar has worked in the addictions field for over 30 years as a clinician, educator, consultant, author, and program director. Mr. Caesar was the 2012 recipient of the Oxford House Tom Fellows Award and the 2016

Lydia Norie Excellence Award presented by the Oklahoma Drug and Alcohol Professional Counselor Association. As Oklahoma’s SOTA, Mr. Caesar has made extensive efforts to increase access to medication assisted treatment, and to combat stigma. Mr. Caesar worked to change state regulations to encourage the opening of new programs, and played a fundamental role in the creation of OKATOD and an anti-stigma campaign during their first year in existence. He helped build a positive working relationship between drug courts and OTPs. Mr. Caesar is now advocating and working with the state on Medicaid reimbursement to increase access even further. Because of Ray Caesar, the state of Oklahoma is a better place for opioid treatment.



**Spencer Clark, MSW, North Carolina**

Spencer Clark has provided over 27 years of state leadership in addictions treatment and recovery, including development and implementation of state-of-the-art outcomes systems, to Opioid Treatment Providers and patients in North Carolina to ensure funding for both education and advocacy in the provision of treatment and recovery support. Mr. Clark fosters a culture of partnership and networking between the SOTA and the members of NCATOD. Under his leadership, the two entities work together to continuously improve the quality and availability of services to those in need. Mr. Clark developed a peer system for opioid treatment physicians statewide to provide support, consultation, training, and standards for safe opioid prescribing. Mr. Clark is a driving force in our field; his passion, compassion and dedication are unmatched. His genuine concern for the population served in NC, including the very special people who work in the field, is evident in all that he does for opioid treatment.



**Alice Gleghorn, PhD, California**

Alice Gleghorn, PhD, is the Director of the Santa Barbara County Department of Behavioral Wellness. Prior to this directorship, she worked for the San Francisco Department of Public Health for 20 years where she developed innovative programs to improve the health and recovery of people who were opioid dependent. She was instrumental in the expansion of groundbreaking medication assisted programs for underserved communities while ensuring that uninsured and publicly insured patients in the San Francisco safety net have same day access to medication assisted treatment in multiple venues, and that treatment is not discontinued in San Francisco jails. Her leadership created a culture of compassion, outreach, treatment on demand, and equitable access to needed services, including methadone maintenance, buprenorphine maintenance, syringe access, and naloxone overdose rescue. Dr. Gleghorn’s tenacity and diligence in advocating and implementing pioneering evidence-based models has changed the treatment landscape in San Francisco.



**Robert Kent, Esq., New York**

Robert Kent, Esq., is the General Counsel for New York State Office of Alcoholism and Substance Abuse since 2007 where he provides overall legal support, guidance, and direction to the Executive Office and all divisions of the agency. A graduate of Syracuse University College of Law, Mr. Kent has achieved a long list of important accomplishments while serving as General Counsel, including overseeing the transition to Medicaid Managed Care, negotiating a model contract with the health plans protecting Opioid Treatment Programs (OTPs) and establishing them as essential providers, implementing new streamlined regulations which provide significant regulatory relief to providers and patients, support of medication assisted treatment, helping to establish a reimbursement rate for buprenorphine in OTPs, support for peer-recovery and establishing new OTPs in areas of unmet need. Despite his many responsibilities, he is never too busy to engage with a concerned patient and assist them in their time of need. His constant focus on the betterment of the opioid treatment system and those impacted by opioid addiction is inspirational.



**Robert Lambert, MA, Connecticut**

Robert Lambert began his career 29 years ago as a counselor at the Connecticut Counseling Centers (CCC) and currently serves the organization as the President/Executive Director. The work accomplished over time within the Opioid Treatment Program (OTP) include creating innovative intensive outpatient programs, presenting at numerous venues to reduce stigma, and serving on numerous state and federal planning committees. Mr. Lambert established the Connecticut Certified Alcohol and Drug Counselor Training Program (CT-CADAC-TP). The curriculum includes 360 hours of training in treating substance use disorders and co-occurring mental health disorders where 600 students have attended the program since 1995. He also developed a peer mentoring program specific for OTP’s called “Bridge to Recovery.” This program was recognized by the Connecticut Department of Mental Health and Addiction Services (DMHAS) as an innovative model program. The Substance Abuse and Mental Health Services Administration also honored Mr. Lambert with the 2012 Science and Service Award for this program, which has been featured in national publications.



**Richard Moldenhauer, MS, Minnesota**

Richard Moldenhauer has been in the field treating addictions for 33 years. He has served as the State Opioid Treatment Authority (SOTA) for the last 15 years in Minnesota, is on the faculty at two graduate school training programs and has served this nation in the military. He is recognized for his encyclopedic knowledge of regulations, a deep commitment to serving patients in need of treatment, and not being afraid to take political risks. Mr. Moldenhauer has presented at state conferences and participated in the Minnesota Public Broadcasting Service presentation series, “Heroin at Home: Rise of Opiate Use” and “Heroin at Home: Response to Opiate Use.” In 2011, he was instrumental in declaration of the public health emergency on three Indian reservations and the resolution to gain greater tribal acceptance to provide MAT. He has successfully advocated for patients in Opioid Treatment Programs against burdensome regulation, increased the access for naloxone, and continues to assure accessibility for treatment.



**Einat Peles, PhD, Israel**

Dr. Einat Peles is a clinical Epidemiologist and the Research Director of the Research Unit at the Adelson Clinic for Drug Abuse Treatment & Research, in Tel Aviv Sourasky Medical Center in Israel, and a senior lecturer in Department of Psychiatry in the Sackler Faculty of Medicine at Tel Aviv University. Involved in the addiction field for more than 10 years, she is a leading researcher in the area of opioid addiction, concentrating on methadone maintenance patients. She conducts epidemiological and longitudinal studies in the areas of retention, hepatitis C sero-conversion from her clinic, and a “twin” clinic in Las Vegas. Dr. Peles published more than 50 peer-review scientific papers specifically dealing with methadone maintenance treatment, pain, sleep, cognitive, and



psychiatric comorbidity. A QTC monitoring report was accepted by the Ministry of Health and later incorporated into national regulation. As a member Adjunct Faculty at the Laboratory of the Biology of Addictive Diseases, Rockefeller University, she is also involved in genetic studies. Dr. Peles recently received the Chimera Award at EUROPAD's most recent conference held in Leiden, Netherlands.



#### **Kenneth Stoller, MD, Maryland**

Dr. Kenneth Stoller is Assistant Professor, Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, and Director, Broadway Center for Addiction, Johns Hopkins Hospital. Dr.

Stoller's transformational leadership at the Broadway Center for Addiction positioned his program to be widely recognized as a center of excellence with outstanding wraparound services that include housing, psychiatric care, primary health care coordination, in-house occupational therapy, embedded MCO case management, and peer recovery services. His contributions to the field range from addictions psychiatry expert, researcher, administrator, educator, mentor, and provider of direct and empathetic patient care. Dr. Stoller has been instrumental in shaping drug related policy, advocating for the cost-effectiveness and cost-benefit of addiction treatment and implementing innovative and integrative addiction treatment modalities. Dr. Stoller has the unique ability to uphold simultaneously the highest standard of both compassion and professionalism in working with patients and colleagues, leaving a mark of inspiration and empowerment on the lives of those he touches.



#### **Trusandra Taylor, MD, Pennsylvania**

Trusandra Taylor, MD, has worked in the field of addiction medicine, behavioral health, and managed care, involving all levels of substance use disorder and primary care for over 30 years. She has made major

contributions as a patient advocate and medical educator for the safe and efficacious use of methadone in the United States and internationally. Dr. Taylor has served as the course director for the American Association for the Treatment of Opioid Addiction Clinicians Course on Pharmacotherapy since 1997, an expert panel member for the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment, the Workgroup on Methadone and Cardiac Effects, the Workgroups for Opioid Treatment Program Physician Training and Development of Methadone Induction and Stabilization Guidelines, and served as a consensus panel member for the Treatment Improvement Protocols (TIPS) #43. As a contributor to the literature in a variety of contexts, her name will, no doubt, be recognized in the field of treatment for opiate disorders for many generations to come.



#### **Hoang Van Ke, MD, Vietnam**

In Vietnam, Dr. Hoang Van Ke is regarded as a pioneer for his work in the area of medication assisted treatment (MAT) for individuals with opioid use disorders. In 2008, as the Vice Chairman of the Hai Phong Province

Peoples Committee, he led the initiative to demonstrate that a Methadone Clinic pilot program could be established and effective in treating individuals in need of medication assisted therapies. During this period, only six clinics were piloting MAT in Vietnam. His continuing efforts have led to expansion of the use of methadone with now over 250 clinics throughout Vietnam, serving more than 45,000 patients. Dr. Ke has collaborated with the MARS Training Institute to pilot recovery support services for patients and staff in Hai Phong. He has facilitated systems change to bring methadone patients and addicts in recovery into health care facilities and community activities in order to reduce stigma. This transformation of the drug treatment system has resulted in community-based, voluntary treatment services where none previously existed for individuals with substance use disorders.

#### **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 2016 Friend of the Field Award has been awarded to:



#### **Michael P. Botticelli, MEd, Director, White House Office of National Drug Control Policy (ONDCP)**

Michael Botticelli was sworn in as Director of National Drug Control Policy at the White House on February 11, 2015, after being unanimously confirmed by the Senate. Mr. Botticelli has more than two decades of experience supporting Americans affected by substance use disorders. He has encouraged the millions of Americans in recovery today to make their voices heard and confront the stigma associated with substance use disorders, which often keeps individuals from seeking and receiving treatment.

In response to the national opioid epidemic, Mr. Botticelli has coordinated actions across the Federal government to reduce prescription drug abuse, heroin use and related overdoses. These include supporting community-based prevention efforts; educating prescribers and the public about preventing prescription drug abuse; expanding use of the lifesaving overdose-reversal drug naloxone by law enforcement and other first responders; and increasing access to medication assisted treatment and recovery support services to help individuals sustain their recovery from opioid use disorders.

#### **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.



#### **Brenda Davis, MSW**

For approximately 20 years, Brenda Davis has been employed as a patient advocate and has assumed duties as treasurer of NAMA Recovery. She was instrumental in establishing the MARS Project in the Mount Sinai/Beth Israel Methadone program and has been in recovery nearly three decades.

Brenda has mastered the medical and social aspects of methadone maintenance including: stabilization, side effects, and drug interactions; the major health concerns of patients including pregnancy, pain, infectious diseases; and the personal and social issues including the pervasive stigma which patients encounter in the course of their treatment and lives.

She has attended conferences and participated in policy meetings with various governmental agencies. The administration of the Mount Sinai/Beth Israel Methadone program has also been impressed with the breadth of her knowledge and her capacity to help settle problems which arise in the clinics between patients and the staff, issues that arise in the patients' families, and criminal justice matters.

### **Awards Banquet**

**Tuesday, November 1, 2016**

**Harborside Ballroom**

*Supported through a grant from Mallinckrodt Pharmaceuticals*



## CONFERENCE SESSIONS

Wednesday, November 2, 2016

### Continental Breakfast

Wednesday, November 2 • 7:30 a.m.–8:00 a.m.

Grand Ballroom Foyer

Sponsored by Atlantic Diagnostic Laboratories

### WORKSHOP SESSIONS

8:00 a.m.–9:30 a.m.

#### E1 Mobile Technology To Improve Treatment For Substance Use Disorders

Essex

*Eileen Zeller, MPH, Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD*

*Amy Shanahan, MS, University of Pittsburgh Medical Center, Pittsburgh, PA*  
*Dolores Justice, MA, University of Pittsburgh Medical Center, Pittsburgh, PA*

This workshop will explore working with patients experiencing co-occurring substance use disorder (SUD) and suicidal behavior. The presenters will describe the connection between substance use and vulnerability to suicide and will also provide guidance on conducting a suicide assessment and triage and demonstrate the use of the Suicide Safe mobile app. Various app features will be explored as tools to improve clinical practice, and the workshop will highlight a case study from the app focused on suicidal behavior in a person with SUD. The presenters will also describe a new mobile app that supports medication assisted treatment, especially among opioid users.

\*Foundations of MAT

#### E2 Using Medications to Treat Opioid Dependence among Prisoners

Kent

*Michael S. Gordon, DPA, Friends Research Institute, Baltimore, MD*  
*Terrence T. Fitzgerald, MD, Glenwood Life Counseling Center, Baltimore, MD*  
*Robert P. Schwartz, MD, Friends Research Institute, Baltimore, MD*

In the US, there are over 1.5 million state and federal prisoners, of whom an estimated 15% have histories of opioid dependence. Despite the availability of effective FDA-approved medications most opioid-dependent inmates remain untreated. As a consequence, opioid use resumes rapidly placing newly-released inmates at high risk for opioid overdose death or return to criminal activity and re-incarceration. This workshop will present recently completed trials of buprenorphine and extended release naltrexone for pre-release prisoners in Baltimore and provide practical implications of research findings, the unique challenges of providing these medications to prisoners, and to linking patients to community programs after release.

#### E3 Federal Addiction Policy: Building on our Accomplishments and Looking Ahead

Laurel

*Gabrielle de la Gueronniere, JD, Legal Action Center, Washington, DC*  
*Paul Samuels, JD, Legal Action Center, New York, NY*

The addiction care system continues to face tremendous change and upheaval. While we have a certain degree of clarity about the legal and regulatory framework of the Affordable Care Act and the parity law, much work remains to fully implement both laws and to ensure that their consumer protections are adequately enforced. As we approach a new presidency and a new Congress, this workshop will review recent developments at the federal level aimed at improving access to addiction care, including medication assisted treatment. Workshop presenters will also discuss potential future federal developments related to substance use disorder treatment, the future of medication assisted treatment in the new health reform environment, delivery system reforms, and opportunities available for improving federal policy moving forward.

#### E4 Benzodiazepines and Opioids: An Update

Harborside D-E

*Yngvild Olsen, MD, Institutes for Behavior Resources, Inc, Baltimore, MD*  
*Christopher Welsh, MD, University of Maryland School of Medicine, Baltimore, MD*  
*Anika Alvanzo, MD, Johns Hopkins University School of Medicine, Baltimore, MD*

There is growing epidemiologic data on overdose fatalities associated with opioids and benzodiazepines. Clinicians caring for patients taking methadone or buprenorphine often struggle with what to do when patients also use illicit or prescribed benzodiazepines. Using a case based format, this workshop will review contextual data and survey results for how opioid treatment programs deal with concurrent benzodiazepine use. Presenters will focus on recent clinical guidelines, practical ways to reduce safety risks, including the use of technological tools, and discuss broader policy initiatives such as the Food and Drug Administration petition for black box warnings on all prescription opioids and benzodiazepines.

#### E5 Opportunities for Using Addiction Medications: NYS Recipe for Success

Dover

*Robert A. Kent, Esq., New York State Office of Alcoholism and Substance Abuse Services (OASAS), Albany, NY*  
*Charles W. Morgan, MD, New York State Office of Alcoholism and Substance Abuse Services (OASAS), Rochester, NY*  
*Belinda M. Greenfield, PhD, New York State Office of Alcoholism and Substance Abuse Services (OASAS), New York, NY*

Although New York State (NYS) has a robust Opioid Treatment Program (OTP) system that has a solid historical foundation and serves the largest number of patients nationally (over 38,124 patients daily), the state continues to struggle with addiction medication adoption and access. NYS leadership have developed strategies to improve addiction medication access and concomitantly increase the substance use disorder (SUD) field capacity to integrate pharmacological agents alongside counseling services. This workshop will delineate these strategies, presenting both challenges and

solutions to improve SUD treatment quality. The workshop's goal is to help states with their own medication assisted treatment adoption, access and capacity gaps by considering NYS' action plan.

**9:45 a.m.–11:15 a.m.**

## **F1** Changing People Places and Things: A Community Support Intervention

**Harborside D-E**

*Michael Kidorf, PhD, Johns Hopkins University School of Medicine, Baltimore, MD*

How do we help patients change “people, places, and things”? This workshop describes a Community Support Intervention (CSI) group that creates partnerships with patients and drug-free family and friends to expand abstinence support and modify social networks. This workshop has three components. The first describes the rationale for formally including family and friends in treatment. The second describes the CSI approach, in which patients and their supports participate together in recovery-oriented community activities, and discuss their experiences in the group setting. The final component presents data on CSI and strategies to adapt it to other outcomes (e.g., retention, service utilization).

\*Foundations of MAT

## **F2** Understanding/Embedding Tobacco Cessation as Medication Assisted Treatment

**Laurel**

*Linda Hurley, LCDCS, CODAC, Inc., Providence, RI*

*Dana McCants Derisier, MS, Rhode Island Department of Health, Providence, RI*

Opioid Treatment Programs (OTPs) serve the largest number of individuals disparately impacted by tobacco use. Although well-positioned to deliver evidence-based tobacco treatment to patients as a form of medication assisted treatment—historically, they do not. Yet, current research suggests that patients who are “ready for a significant change,” respond favorably to addressing more than one “problem” behavior. CODAC presenters will discuss becoming the first tobacco free OTP in RI (and among the first nationally). Topics include: creating and enforcing a tobacco free policy; offering cessation services to staff and patients; participating in statewide tobacco initiatives; and creating sustainability.

## **F3** Recognizing and Addressing Problem Gambling in Patients Receiving Medication Assisted Treatment

**Dover**

*Chris Welsh, MD, University of Maryland School of Medicine, Baltimore, MD*

*Lori Rugle, PhD, Maryland Center of Excellence on Problem Gambling, Columbia, MD*

This workshop will provide an overview on the topic of problematic/pathological gambling, which may be present in greater than 50% of patients in medication assisted treatment. It will cover DSM/ICD diagnostic criteria, epidemiology, comorbidities and possible treatments. It will also describe common screening instruments, educational materials, and brief interventions to address gambling problems. It will show how to focus on gambling behaviors in the

context of recovery from opioid addiction. The workshop will utilize presentation of factual information as well as interactive case examples and role-play of screening and interventions.

## **F4** The Challenges of Treating Chronic Pain and an Opioid Use Disorder in Medication Assisted Treatment

**Kent**

*Mark L. Kraus, MD, Connecticut Counseling Centers, Inc., Danbury, CT*

*Joseph G. Conrad, PsyD, Connecticut Counseling Centers, Inc., Danbury, CT*

This workshop will provide an in depth look at a patient population that we see in our Medication Assisted Treatment (MAT) Programs and Primary Care Settings, i.e., those patients who struggle with a primary opioid use disorder and are concomitantly being treated for chronic pain. The workshop content will be focusing on issues inclusive of epidemiology, triage, and intervention in regard to the physician's and clinician's role in managing these patients to achieve the best possible therapeutic and medical outcomes. Specific focus will also be given to addressing prescription practices and discussing an “Integrative Model of Care.”

## **F5** Youth Treatment: Current Research and Clinical Approaches

**Essex**

*Marc Fishman, MD, Maryland Treatment Centers, Johns Hopkins University, Baltimore, MD*

*Shannon Mitchell, PhD, Friends Research Institute, Baltimore, MD*

*Hoa Vo, PhD, Maryland Treatment Centers, Baltimore, MD*

This presentation will describe the special developmental vulnerabilities and treatment needs of adolescents and young adults, and review current research findings and innovative clinical approaches on opioid addiction. It will cover an ongoing randomized trial of extended-release naltrexone, and a naturalistic study comparing its effectiveness with buprenorphine. Challenges include the linkages from inpatient to outpatient treatment; use and choice of relapse prevention medications; barriers to retention; the need for developmentally-informed approaches to engagement; the encouragement of broader family involvement and support, including the balance of confidentiality vs family communication; and approaches to ongoing use of non-opioid substances during treatment.

## CONFERENCE SESSIONS

Wednesday continued

### CLOSING PLENARY SESSION

11:30 a.m.–12:45 p.m.

#### The Federal Response to the Opioid Epidemic

Harborside D-E

##### MODERATOR:



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



##### KEYNOTE ADDRESS:

*Chuck Rosenberg, JD, Acting Administrator, Drug Enforcement*

*Administration (DEA), Arlington, VA*

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

The Closing Plenary Session will feature two major keynote addresses that cannot be missed for advocates, stakeholders, providers, and patients. Mr. Chuck Rosenberg, the Acting Administrator of the U.S. Drug Enforcement Administration, will discuss recent national trends in drug seizures, and ways that the DEA is coordinating efforts to address the opioid crisis, including criminal justice, treatment, and regulatory systems. As Director of National Drug Control Policy, Mr. Botticelli leads the Obama Administration's drug policy efforts, which are based on a balanced public health and public safety approach. In response to the national opioid epidemic, Mr. Botticelli has coordinated actions across the Federal government to reduce prescription drug abuse, heroin use, and related overdoses. These include supporting community-based prevention efforts; expanding use of the naloxone by law enforcement; and increasing access to medication assisted treatment. Director Botticelli will discuss White House policies on National Drug Control. Ensure that your plans make it possible for you to be at this important event!

#### Passing the Baton: Announcement of the 2018 Conference Site



*Vickie L. Walters, LCSW-C; Mark W. Parrino, MPA; Allegra Schorr*

#### 2018 AATOD Conference

March 10–14, 2018

New York City at the Marriott Marquis

## 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.

#### GLENWOOD LIFE COUNSELING CENTER

2016 marks 45 years of continuous service by Glenwood Life Counseling Center to the citizens of Baltimore. In 1971, Glenwood Life Counseling Center opened its doors as a small opioid treatment program with the vision that "patients can embrace recovery and live healthy, drug free and productive lives." To this day the much louder, prouder and bigger Glenwood Life Counseling Center continues our mission: "To deliver quality, medication assisted treatment to opiate addicted adults in the least restrictive, most respectful manner possible."

We are a CARF certified, private nonprofit providing community based comprehensive outpatient substance use disorders treatment.

We pride ourselves on the many paths to recovery that we offer, including medication assisted treatment, individual and group therapy, counseling, case management, interdisciplinary treatment team, IOP, and Health Home provided by our professional staff, as well as many peer driven services such as Peer Case Management, our recovery garden, the praise dance team, food bank, babysitting, our lending library, and community outreach.

#### MAN ALIVE

The first medication assisted treatment program in Maryland and second oldest in the country, Man Alive, Inc. has grown considerably since its inception in 1967. Man Alive provides a comprehensive, evidence-based, behavioral model of services, which are delivered by compassionate, highly skilled professionals and consumers.

Artists in the field of writing, theatre, dance, music, photography and Qigong enrich the consumers' lives by volunteering their time and expertise on site. Our philosophical model is deeply rooted in eliminating stigma by providing progressive and innovative treatment.

#### INSTITUTES FOR BEHAVIOR RESOURCES, INC. REACH HEALTH SERVICES

REACH Health Services has been providing medication assisted treatment services since 1991, first from a mobile unit that traveled to four locations in the city, to our current, fixed site facility in the Old Goucher neighborhood of Baltimore City. We are the clinical services program within the Institutes for Behavior Resources and provide community based comprehensive outpatient substance use disorders treatment including medication assisted treatment, outpatient treatment, intensive outpatient treatment, family planning, peer recovery support, anti-stigma education and advocacy, and health home care management services to residents of Baltimore City and the surrounding areas. Additional service provision is enhanced through a close collaboration with local health care providers including somatic care, psychiatric rehabilitation facilities, homeless outreach services, food closets, shelters, etc. REACH is located in a neighborhood that offers a wide variety of mental health and somatic health care services. REACH is a CARF accredited program and has been since 2006.

The staff at REACH believe that addiction is a chronic disease; that recovery from the disease is possible; and that the treatment of addictive disorders does not happen in a vacuum and not only within the walls of the program. We strongly believe that recovery is self-directed and empowering, involves a personal recognition of the need for change and transformation, is holistic, has cultural dimensions, exists on a continuum of health and wellness, involves a process of healing and self-redefinition, involves transcending shame and stigma, is supported by allies, family and peers, and involves re-building a life in the community.

- Smoking is prohibited at all conference events.
- Your conference badge is your admission to all events and educational sessions. Please be sure to wear your badge to all conference functions.
- Participation in this conference assumes knowledge and authorization of audio and/or video recordings of portions of this conference.
- Part of the proceeds of the sleeping room rates will be used to defray conference expenses.
- Please take the time to complete all evaluation forms. Your feedback is extremely important to the presenters and AATOD.

## A SPECIAL NOTE FOR THE DISABLED

The American Association for the Treatment of Opioid Dependence, Inc. has taken steps required to ensure that no individual with a disability is excluded, denied services, segregated or otherwise treated differently than other individuals because of the absence of auxiliary aids and services, as outlined in the Americans with Disabilities Act.

## AUDIO TAPING INFORMATION

### *Don't Miss a Single Important Word!*

As a special service to attendees, the presentations will be available on MP3.

With scheduling conflicts and concurrent sessions, **Job Conference** will make it possible to attend every important session via MP3, using advanced techniques assuring the highest quality recordings. High-speed duplication equipment eliminates long delays, allowing you to hear the important information shortly after each session has concluded. The recordings provide an excellent recap and a valuable training tool to those who could not attend.

Look for the **Job Conference** order desk located in the registration area and take your information home with you, or place an order through the mail after the conference. Please refer to your registration packet for a complete listing of available sessions.

### **Job Conference**

**Phone: 1-888-609-TAPE**

**Email: Job\_CRS@aatt.net**

## CONTINUING MEDICAL EDUCATION (CME)/CONTINUING EDUCATION UNITS (CEUs)

The AATOD 2016 Conference will award Continuing Medical Education (CME) and Continuing Education Hours (CEUs).

To apply for CMEs / CEUs, conference attendees must pay the associated fee, either in advance or at the on-site conference registration desk. Attendance at conference events will be verified electronically. Each attendee seeking CMEs / CEUs will have an electronic code attached to his/her conference badge. At the end of EACH approved session, attendees must have their badges "scanned" by room monitors in order to record CME / CEU.

These monitors will have electronic equipment that will automatically record each individual's attendance in a database. The database will track and tabulate each attendee's CMEs / CEUs. After the conference, certificates documenting attendance and the number of CMEs / CEUs earned will be electronically generated and emailed to all eligible attendees.

Questions about CMEs / CEUs can be answered by staff at the Registration Desk.

### 2016 Continuing Medical Education AMA Credit Designation Statement:

The American Society of Addiction Medicine designates this live activity for a maximum of 32.25 **AMA PRA Category 1 Credit (s)**<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

### ACCME Accreditation Statement:

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint providership of The American Society of Addiction Medicine and The

American Association for the Treatment of Opioid Dependence.

The American Society of Addiction Medicine is accredited by the ACCME to provide continuing medical education for physicians.

### 2016 Continuing Education Hours

NAADAC—AATOD is an approved provider through NAADAC, the Association for Addiction Professionals, Provider #62794. This program meets the criteria for up to 36.75 hours of continuing education.

NBCC—This program has been approved by the National Board for Certified Counselors (NBCC) for up to 36.75 NBCC Credit. AATOD is solely responsible for all aspects of the program. NBCC Approval No. SP-2753

ASWB—AATOD, provider #1044, is approved as a provider for social work continuing education by the Association of Social Work Boards (ASWB), [www.aswb.org](http://www.aswb.org), through the Approved Continuing Education (ACE) program. The American Association for the Treatment of Opioid Dependence (AATOD) maintains responsibility for the program. ASWB Approval Period: 06/12/2016 to 06/12/2019. Social workers should contact their regulatory board to determine course approval. Social workers participating in this course will receive up to 36.75 (clinical or social work ethics) continuing education clock hours. Please visit the AATOD website ([www.aatod.org](http://www.aatod.org)) for more information on specific learning outcomes and objectives, the target audience and the number of credit hours awarded for all conference sessions from the ASWB.

MNA—An application has been submitted to the Maryland Nurses Association Continuing Education Review Committee for approval of 36.75 contact hours. Please call Alexandra Springer at the American Association for the Treatment of Opioid Dependence for more information.

A complete listing of credits approved for offered sessions is available in the registration materials or at the CE Desk in the registration area. For more information regarding continuing education credits/hours, please email [aatod@talley.com](mailto:aatod@talley.com) or call Alexandra Springer at 856-423-3091.

## ABOUT BALTIMORE

**Welcome to Baltimore! We are delighted to be your host for our 2016 AATOD conference, themed: “Saving Lives: Access to Improved Health & Recovery.”**

Our hotel, the Marriott Waterfront, is situated in Harbor East, a “city within a city” that has become part of the city’s skyline over the last 15 years. The area is full of excellent restaurants and boutiques and the views of Baltimore’s redeveloped, post-industrial waterfront are superb. We are a short walk from Baltimore’s world-famous Inner Harbor and our National Aquarium.

When you visit the shops and restaurants in the Inner Harbor, consider taking the promenade that serves as a seven-mile pathway connecting one edge of the harbor rim to the other – from historic Fort McHenry, site of the 1814 battle that inspired Francis Scott Key’s writing of “The Star-Spangled Banner,” to Canton, the exciting southeast Baltimore neighborhood that has seen tremendous population growth over the last three decades.

We will be celebrating Halloween during your stay so don’t miss the festivities in Fells Point. For years, students of the Maryland Institute College of Art have gathered in “the Point” in creative costumes and makeup to celebrate Halloween. Make sure you bring a camera because your friends back home might not believe your descriptions of what you see along Thames Street.

During your stay, visit one of Baltimore’s great museums such as The Walters Art Gallery, the Baltimore Museum of Art (featuring a world-famous collection of Matisse and one of the best restaurants in Baltimore, Gertrude’s), the B&O Railroad Museum and Great Blacks in Wax. Just a short stroll from the Waterfront Marriott are the Star-Spangled Banner

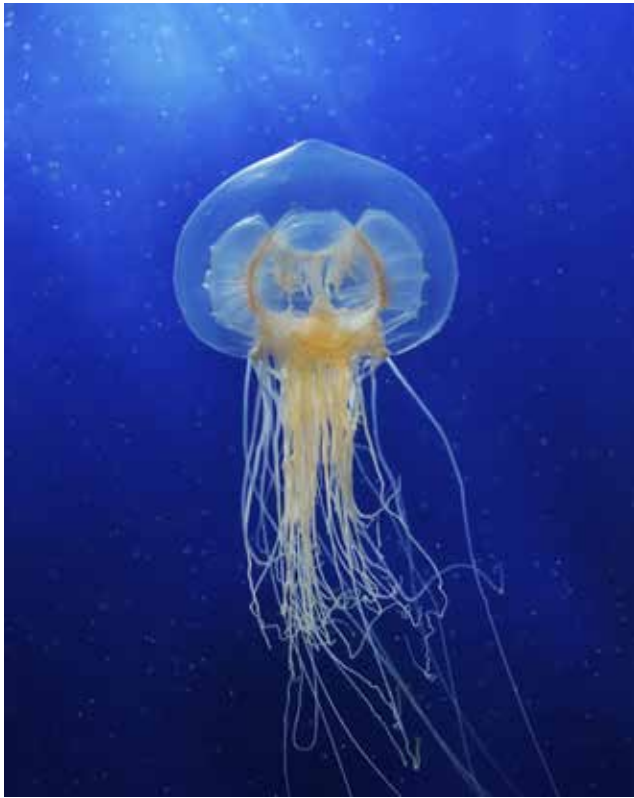
House, where Mary Pickersgill sewed the flag that inspired Key to write our national anthem; the Reginald F. Lewis Museum of Maryland African-American History and Culture; the Jewish Museum of Maryland and one of the nation’s oldest synagogues; and the Baltimore Civil War Museum at President Street Station, which explores the city’s status during the war and its connection to the Underground Railroad.

Baltimore is home of the vast Johns Hopkins University and medical institutions, including the Bloomberg School of Public Health and one of the leading hospitals in the world. Across town, on the western edge of our growing downtown is the University of Maryland medical institutions, school of law and school of social work. Just north of there is the city’s oldest public market, Lexington Market. All of these places are accessible by an MTA bus or Baltimore’s free downtown circulator.

We look forward to meeting you at our hospitality booth. Come ask us about the best corned beef, pasta, or crab cakes. We can tell you where to hear music, take a spin class, get the best view of the city, catch the water taxi, or see the elephants. We can’t wait to share the places that we know and love throughout our great city.

Submitted by Lillian M. Donnard, LCSW-C  
AATOD Hospitality Chair





## AATOD

### Booth # 209

225 Varick Street, Suite 402  
New York, NY 10014  
Phone: (212) 566-5555  
Fax: (212) 366-4647  
E-mail: [info@aatod.org](mailto:info@aatod.org)  
Web: [www.aatod.org](http://www.aatod.org)

The American Association for the Treatment of Opioid Dependence, Inc. (AATOD) was founded in 1984 to enhance the quality of patient care in treatment programs by promoting the growth and development of comprehensive opioid treatment services throughout the United States. AATOD works with federal agencies, state substance abuse authorities and agencies within the criminal justice system concerning opioid treatment policy in addition to coordinating activities with advocacy groups and treatment providers in all regions of the country. AATOD continues to work on behalf of all its members in addition to our international associates in the World Federation for the Treatment of Opioid Dependence by expanding access to quality opioid addiction treatment services.

## Acadia Healthcare Comprehensive Treatment Centers

### Booth # 319

6100 Tower Circle, Suite 1000  
Franklin, TN 37067  
Phone: (615) 861-7300  
Email: [Deborah.Crowley@acadiahealthcare.com](mailto:Deborah.Crowley@acadiahealthcare.com)

Acadia Healthcare is the largest, most comprehensive network of specialized behavioral healthcare services in the nation. Acadia Healthcare offers the largest array of personalized treatment options, allowing individuals, families and professionals to choose the most appropriate treatment setting for their behavioral, addiction, weight management and therapeutic education needs. Acadia Healthcare is committed to making its services widely and easily available, while maintaining a passion for delivering advanced comprehensive treatment.

## Accumedic

### Booth # 200

11 Grace Ave, Suite 401  
Great Neck, NY 11021  
Phone: (800) 765-9300  
Fax: (516) 466-6880  
Email: [info@accumedic.com](mailto:info@accumedic.com)  
Web: [www.accumedic.com](http://www.accumedic.com)

Accumedic's EHR & Practice Management application offers Customized Workflow based on your requirements, from first contact through discharge. AccuMed includes custom templates, and forms, with integrated eRx and eLabs. Our solution provides an Enterprise Scheduler and Complete Practice Management capabilities. You can seamlessly add modules that make sense for your agency.

## ACM Medical Laboratory

### Booth # 315

160 Elmgrove Park  
Rochester, NY 14624  
Phone: (800) 525-5227  
Email: [tdpalma@acmlab.com](mailto:tdpalma@acmlab.com)  
Web: [www.acmlab.com](http://www.acmlab.com)

ACM Medical Laboratory offers an extensive range of testing solutions for addiction treatment and monitoring of controlled substances. Our goal is to provide behavioral health facilities, methadone and suboxone clinics, and drug and alcohol treatment centers with the most up-to-date substance abuse testing options and highest quality results to aid them in the diagnosis and treatment of their patients.

## Adapt Pharma

### Booth # 15

100 Matsonford Road  
Building 4, Suite 201  
Radnor, PA 19087  
Phone: (844) 232-7811  
Email: [customerservices@adaptpharma.com](mailto:customerservices@adaptpharma.com)  
Web: [www.adaptpharma.com](http://www.adaptpharma.com)

Adapt Pharma is an innovative small business focused on developing cutting-edge treatments for patients with special medical conditions. Our product, NARCAN® Nasal Spray, is the first and only FDA approved nasal naloxone that requires no assembly, no specialized training and is needle-free. Please visit [www.narcannasalspray.com](http://www.narcannasalspray.com) for more details and Full Prescribing Information.

## Addiction Technology Transfer Center (ATTC) Network

### Booth # 513

Phone: (816) 235-6888  
Email: [Info@ATTCnetwork.org](mailto:Info@ATTCnetwork.org)  
Web: [www.ATTCnetwork.org](http://www.ATTCnetwork.org)

Established in 1993 by SAMHSA, the ATTC Network is comprised of 10 Regional Centers, 4 National Focus Area Centers, and a Network Coordinating Office. The ATTC Network responds to the emerging needs of the field by connecting them to the latest research and information through activities such as skills training, academic education, online and distance education, conferences, workshops, and publications.

## Addiction Treatment Providers Insurance Program

### Booth # 506

55 North Lane, Suite 6060  
Conshohocken, PA 19428  
Phone: (800) 970-9778 x225  
Email: [RJWillets@nsminc.com](mailto:RJWillets@nsminc.com)  
Web: [www.atpins.com](http://www.atpins.com)

ATP Insurance Program, an insurance program for the behavioral healthcare industry, understands the complexity of the exposures that addiction treatment and mental healthcare facilities face. Our underwriters, who are experts in this sector, are able to help tailor insurance plans to include the unique coverages that the behavioral healthcare industry requires.

## Advanced Clinical Laboratory Solutions Inc. (ACLS)

### Booth # 212

2279 Coney Island Ave  
Brooklyn, NY 11223  
Phone: (718) 998-9899  
Fax: (718) 998-9896  
Web: [www.ACLSdiagnostics.com](http://www.ACLSdiagnostics.com)

ACLS is a provider of diagnostic laboratory testing, information and services that enable physicians and other health care professionals to make decisions to improve health. Clinical laboratory testing is an essential element in the delivery of health care services. Physicians use laboratory tests to assist in the detection, diagnosis, evaluation, monitoring and treatment of diseases and other medical conditions. We have combined the best available science, methods and technology to provide the next generation in clinical drug testing.

**ADS (American Drug Screen Cooperation)**  
**Booth # 101**

5358 Irwindale Ave  
Irwindale, CA 91706  
Phone: (626) 443-8480  
Fax: (626) 443-8056  
Web: [www.hemosure.com](http://www.hemosure.com)

ADS rapid drug screens are widely used in drug courts, correctional facilities and law enforcement. We are committed to delivering our products to the marketplace at a reasonable and competitive price. ADS continuously monitors and improves our rapid drug screens quality by innovation, meeting and surpassing all industrial standards.

**Aeon Global Health**  
**Booth # 600**

2225 Centennial Drive  
Gainesville, GA 30504  
Phone: (678) 707-8004  
Email: [tcarney@aeonclinical.com](mailto:tcarney@aeonclinical.com)  
Web: [www.Aeonglobalhealth.com](http://www.Aeonglobalhealth.com)

Aeon Global Health's mission is to lead a revolution in prevention, diagnosis, and treatment of diseases by providing healthcare providers with clinically actionable information that promotes patient centric, personalized medical care. Services include Pharmacogenomics, Cancer Genomics and Toxicology.

**Alkermes, Inc.**  
**Booth # 413**

852 Winter Street  
Waltham, MA 02451  
Phone: (781) 609-6000  
Web: [www.alkermes.com](http://www.alkermes.com)

Alkermes is a fully integrated biopharmaceutical company that applies its scientific expertise and technological know-how to develop innovative medicines designed to help patients with serious, chronic conditions better manage their disease.

**American Screening, LLC**  
**Booth # 9**

7607 Fern Ave  
Shreveport, LA 71105  
Phone: (318) 798-3306  
Fax: (318) 798-3386  
Email: [cdeleon@americanscreeningcorp.com](mailto:cdeleon@americanscreeningcorp.com)  
Web: [www.americanscreeningcorp.com](http://www.americanscreeningcorp.com)

American Screening LLC, an ISO 13485 Certified Manufacturer/Distributor of FDA 510k, OTC, CLIA Waived, CE, & AU Certified Rapid Urine Drug Test Cups, Dip Cards, Saliva Drug Tests, Alcohol Tests. Synthetic drug tests include: Bath Salts, K2, Ambien, LSD, Tramadol, & Fentanyl. Call sales at 1-866-526-2873, email [sales@americanscreeningcorp.com](mailto:sales@americanscreeningcorp.com), or visit [www.americanscreeningcorp.com](http://www.americanscreeningcorp.com).

**American Society of Addiction Medicine**  
**Booth # 616**

5515 Security Ln. Office Suite 700  
Rockville, MD 28052  
Phone: (301) 656-3920  
Fax: (301) 656-3815  
Email: [Lwaldron@asam.org](mailto:Lwaldron@asam.org)  
Web: [www.ASAM.org](http://www.ASAM.org)

The American Society of American Medicine (ASAM) is the United States' leading addiction medicine professional society representing over 4,300 physicians, clinicians, and associated professions with a focus on addiction and its treatment. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.

**Ammon Analytical Laboratory**  
**Booth # 102**

1622 S. Wood Ave.  
Linden, NJ 07036  
Phone: (908) 862-4404  
Fax: (908) 862-0605  
Email: [mgibson@ammontox.com](mailto:mgibson@ammontox.com)  
Web: <http://ammontox.com/>

Ammon Analytical Laboratory provides state-of-the-art testing services to our clients nationwide. At Ammon, we are especially proud of our scientists who are all innovators and leaders in their fields of toxicology and clinical science. We're more than just results. We know treatment. We have certified treatment professionals working along with our toxicologists to stay on the forefront of the drug abuse epidemic. We are a laboratory that cares about each one of your patients, and is devoted to having a positive impact on the prevention and recovery of addiction.

**Atlantic Diagnostic Laboratories, LLC**  
**Booth # 507**

3520 Progress Drive, Suite C  
Bensalem, PA 19020  
Phone: (267) 525-2470  
Fax: (267) 525-2488  
Email: [info@adllab.net](mailto:info@adllab.net)  
Web: [www.adllab.net](http://www.adllab.net)

The Nation's Premier Behavioral Health Laboratory, providing specialized testing to our Methadone Maintenance and Suboxone Clients. Drug testing is performed on urine, oral and blood samples, with all positives confirmed by our industry leading, comprehensive LC/MS/MS testing, in our state-of-the-art 27,000+ square foot facility. Call 866-465-6763 for service today!

**BioDelivery Sciences**  
**Booth # 512**

4131 ParkLake Ave, Suite 225  
Raleigh, NC 27612  
Phone: (919) 582-9050  
Fax: (919) 582-9051  
Email: [info@bdsi.com](mailto:info@bdsi.com)  
Web: [www.bdsi.com](http://www.bdsi.com)

BioDelivery Sciences is a specialty pharmaceutical company focusing on pain management and addiction medicine. We utilize novel and proprietary BioErodible Muco-Adhesive (BEMA®) technology to develop and commercialize, either on our own, or in partnership with third parties, new applications of proven therapies aimed at addressing important unmet medical needs.

**Braeburn Pharmaceuticals**  
**Booth # 115**

47 Hulfish St, Suite 441  
Princeton, NJ 08542  
Phone: (609) 436-9637  
Email: [info@braeburnpharma.com](mailto:info@braeburnpharma.com)  
Web: <https://braeburnpharmaceuticals.com/>

Braeburn Pharmaceuticals is focused on long-acting treatments in neurological and psychiatric disorders. Probuphine® (buprenorphine) implant for opioid dependence commercially available. Products in development include CAM2038, a weekly and monthly subcutaneous injection of buprenorphine, in development for opioid addiction and pain; a risperidone six-month implant and a novel molecule, ATI-9242 for schizophrenia.

## **C&C Containers/ MedStat Supplies** **Booth # 400**

2719 Phillips Drive  
Albany, GA 31721  
Phone: (229) 888-2077  
Fax: (888) 872-7921  
Email: [info@medstatsupplies.com](mailto:info@medstatsupplies.com)  
Web: [www.medstatsupplies.com](http://www.medstatsupplies.com)

We are your One-Stop-Shop for all your medical supplies. We provide everything you need from your bottles, caps, and labels to your TB Antigen Solution.

## **CARF International** **Booth # 407**

6951 E. Southpoint Rd.  
Tucson, AZ 85756  
Phone: (520) 325-1044  
Fax: (520) 318-1129  
Web: [www.carf.org](http://www.carf.org)

Founded in 1966, CARF is an international, nonprofit accreditor of human service providers and networks. A provider earns accreditation by demonstrating conformance to CARF's internationally recognized standards in areas that span the continuum of life. More than 8.7 million persons of all ages are served annually in CARF-accredited programs. [www.carf.org](http://www.carf.org)

## **Clinical Science Laboratory** **Booth # 409**

51 Francis Avenue  
Mansfield, MA 02048  
Phone: (800) 255-6106  
Fax: (508) 339-3540  
Email: [donwbaker@aol.com](mailto:donwbaker@aol.com)  
Web: [www.clinicalsciencelab.com](http://www.clinicalsciencelab.com)

With 112 employees we process 8,000 drug screens daily and report those results within 24 hours of receiving the overnight samples. Positive results are repeated automatically at no charge. Urine, oral fluid and hair screening and confirmation testing, as well as blood testing. Free overnight shipping and free collection supplies. Since 1974.

## **Comstock Computing, LLC** **Booth # 607**

Phone: (713) 774-3220  
Email: [info@methware.com](mailto:info@methware.com)  
Web: [www.ComstockComputing.com](http://www.ComstockComputing.com)

Our OTP focused EHR software, Methware V, offers several unique solutions including the

Welcome Station™ kiosk and DoseAssure™, which were derived from extensive knowledge of the day-to-day management of treatment facilities. With more experience and a longer track record, Comstock Computing is prepared to help you into your paperless future.

## **Cordant Health Solutions** **Booth # 1**

1760 E. Route 66  
Flagstaff, AZ 86004  
Phone: (928) 440-6259  
Fax: (800) 813-2404  
Email: [ltownson@cordanth.com](mailto:ltownson@cordanth.com)  
Web: [www.cordanth.com](http://www.cordanth.com)

Cordant is a highly advanced and cutting-edge toxicology laboratory and is the only laboratory to provide drug testing in four matrices; urine, oral fluid, hair, and blood. Additionally, Cordant offers the #1 evidence-based substance abuse management program for those needing a truly randomized, unbeatable drug testing program.

## **Council on Accreditation** **Booth # 14**

45 Broadway, 27th Floor  
NYC, NY 10006  
Phone : (212) 797-3000  
Fax: (212) 797-1428  
Email : [htorres@coanet.org](mailto:htorres@coanet.org)  
Web: [www.coanet.org](http://www.coanet.org)

The Council on Accreditation (COA) is an international, independent, nonprofit accreditor of behavioral health and social service organizations since 1977. Today, more than 1,800 organizations are either accredited or are in the process of seeking accreditation. These organizations serve over 7 million of our most vulnerable individuals each year.

## **CSS Inc.** **Booth # 601**

20 E. Clementon Rd, Suite S  
Gibbsboro, NJ 08026  
Phone : (866) 427-7837  
Fax: (856) 627-5693  
Email: [norio@csscheck360.com](mailto:norio@csscheck360.com)  
Web: [www.csscheck360.com](http://www.csscheck360.com)

CSS, a leading employer service provider, delivers comprehensive background and drug screening solutions to companies worldwide. For years we have provided services to top treatment centers and understand their unique needs.

We provide thorough and efficient background and monitoring solutions to help your treatment programs be more successful and compliant.

## **Enovative Technologies** **Booth # 110**

11935 Worcester Hwy  
Bishopville, MD 21813  
Phone: (443) 863-6645  
Fax: (800) 742-5129  
Email: [info@enovativetech.com](mailto:info@enovativetech.com)  
Web: [www.epulsemassage.com](http://www.epulsemassage.com)

Enovative Technologies designs products that help improve people's lives. Our drug-free alternative to pain management offers patients a non-invasive way to deal with pain with our ePulse Ultra. We are the leading manufacturer of TENS Units in the US & U.K. and we stand behind our brands and strive to provide best-in-class service to channel partners and end users.

## **Hazelden Publishing** **Booth # 517**

15251 Pleasant Valley Road  
Center City, MN 55012  
Phone: (651) 213-4022  
Fax: (651) 213-4044  
Email: [rvold@hazeldenbettyford.org](mailto:rvold@hazeldenbettyford.org)  
Web: [www.hazeldenbettyford.org](http://www.hazeldenbettyford.org)

Hazelden Publishing provides products and services to help people recognize, understand, and overcome addiction and closely related problems.

## **IC&RC/PCB** **Booth # 202**

298 S. Progress Ave.  
Harrisburg, PA 17109  
Phone: (717) 540-4457  
Fax: (717) 540-4458  
Email: [info@internationalcredentialing.org](mailto:info@internationalcredentialing.org)  
Web: [www.internationalcredentialing.org](http://www.internationalcredentialing.org)

IC&RC promotes public protection by developing examinations and standards for the credentialing and licensing of prevention, substance use disorder treatment, and recovery professionals. IC&RC examinations and standards are used by boards throughout the world to promote quality and integrity in the provision of prevention, substance use disorder treatment, and recovery services in their jurisdiction.

**Indivior Inc**  
**Booth # 213**

10710 Midlothian Turnpike  
Richmond, VA 23235  
Phone: (804) 379-1090  
Fax: (732) 919-1234  
Web: www.Indivior.com

Indivior Inc. is a specialty pharmaceutical company providing educational resources and potential treatment options for opioid dependence. Please visit their exhibit where an Indivior Clinical Liaison will be available to discuss their approved indication.

**Indivior Inc**  
**Booth # 606**

10710 Midlothian Turnpike  
Richmond, VA 23235  
Phone: (804) 379-1090  
Fax: (732) 919-1234  
Web: www.Indivior.com

Indivior Inc. is a specialty pharmaceutical company at the forefront of providing educational resources and treatment options to physicians and patients dealing with opioid dependence. Please visit our medical booth where Indivior medical personnel will be standing by.

**Indivior Inc**  
**Booth # 208**

10710 Midlothian Turnpike  
Richmond, VA 23235  
Phone: (804) 379-1090  
Fax: (732) 919-1234  
Web: www.Indivior.com

Indivior Inc. is a specialty pharmaceutical company providing educational resources and potential treatment options for opioid dependence. Please visit our exhibit where Indivior personnel will be standing by.

**IVEK Corporation**  
**Booth # 603**

10 Fairbanks Road  
North Springfield, Vermont 05150  
Phone: (802) 886-2238  
Fax: (802) 886-8274  
Email: smas@ivek.com  
Web: www.ivek.com

A leading manufacturer of precision liquid dispensing and handling equipment, IVEK Controlled Substance Dispensing Systems have been specifically designed for computer-

controlled use in Addiction Management Clinics. With over 30 years of experience in the industry and thousands of installations, IVEK is noted for reliability, low maintenance and precision fluid handling.

**Laboratory Corporation of America Holdings**  
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Raritan, NJ 08869  
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Email: Coronj3@labcorp.com  
Web: www.labcorp.com

LabCorp makes available drug screening profiles designed to assist treatment professionals with monitoring patients' drug use. In addition to detecting commonly abused prescription and illicit drugs, LabCorp's Substance Abuse Recovery options test for medications commonly used to treat addiction.

**Mallinckrodt Pharmaceuticals**  
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Phone: (314) 654-2000  
Web: www.mallinckrodt.com

Mallinckrodt is a global business that develops, manufactures, markets and distributes specialty pharmaceutical and biopharmaceutical products and therapies, as well as nuclear imaging products. To learn more visit www.mallinckrodt.com.

**M.A.R.S Project**  
**Booth # 216**

804 East 138th Street  
Bronx, NY 10454  
Phone: (718) 742-7804  
Email: marsdirector@yahoo.com  
Web: www.marsproject.org

In 2006 MARS™Project was created to provide peer recovery support services to MAT patients in the Bronx, NY. In 2012 Beyond MARS™Training Institute began training OTP's and DATA 2000 practices to replicate MARS at over 30 sites in the US and 8 in Vietnam.

**Mertz Taggart**  
**Booth # 206**

1375 Jackson St., Suite 406  
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Fax: (770) 888-1172  
Email: admin@mertztaggart.com  
Web: www.mertztaggart.com

Mertz Taggart is a healthcare merger and acquisition firm that specializes in addiction treatment. This focus yields invaluable insight into the challenges and opportunities operators face. Our industry expertise translates to maximizing value for our clients, as proven by over 70 successfully completed healthcare transactions since 2006.

**MethodOne Software by Computalogic**  
**Booth 107**

5958 Snow Hill Rd.  
Suite 144, Box 180  
Ooltewah, TN 37363  
Phone: (724) 371-1199  
Fax: (724) 304-0166  
Email: info@computalogic.com  
Web: www.computalogic.com

MethodOne is the web-based solution to meet your needs. Providing you all of the tools necessary to run your clinic and the ability to do it anywhere at any time. Configurable to work your way, MethodOne is flexible to run in any environment. Isn't it time you reevaluated your software?

**MJS Packaging**  
**Booth # 11**

35601 Veronica St.  
Livonia, MI 48150  
Phone: (800) 915-2262  
Email: sales@mjspackaging.com  
Web: www.mjspackaging.com

MJS Packaging provides complete packaging solutions for the pharmaceutical and healthcare markets. Packaging components are all FDA and CPSC compliant. With decades of experience in the pharmaceutical and healthcare industries, MJS Packaging is ready to put our expertise to work for you.

## **Naples Medical Devices, LLC** **Booth # 412**

Naples, Florida  
Phone: (813) 540-2220  
Email: [info@naplesmedicaldevices.com](mailto:info@naplesmedicaldevices.com)  
Web: [www.naplesmedicaldevices.com](http://www.naplesmedicaldevices.com)

Naples Medical Devices is the creator of iMeasure, the smart methadone dispenser that dispenses based on weight. With the newest technology and features in the industry, iMeasure can help your clinic dispense and operate more efficiently.

## **National Commission on Correctional Health Care** **Booth # 13**

1145 W. Diversey Parkway  
Chicago, IL 60614  
Phone: (773) 880-1460  
Fax: (773) 880-2424  
Email: [traceytitus@ncchc.org](mailto:traceytitus@ncchc.org)  
Web: [www.ncchc.org](http://www.ncchc.org)

The National Commission on Correctional Health Care is committed to improving the quality of health care in jails, prisons and juvenile confinement facilities. Visit our booth to learn about standards, accreditation and other resources to help correctional health care systems provide efficient, high-quality care.

## **Netalytics** **Booth # 500**

52 Bobo St  
Greer, SC 29651  
Phone: (866) 880-6354  
Fax: (864) 416-0157  
Email: [jsmith@netalytics.com](mailto:jsmith@netalytics.com)  
Web: [www.Methasoft.com](http://www.Methasoft.com)

The Methasoft Treatment Management System is an advanced clinic automation methadone software designed specifically for opiate addiction treatment facilities. Based on years of in-use experience in a variety of clinical settings, Methasoft provides the flexibility to meet your clinic's requirements and improve efficiency. The needs of opiate treatment facilities are always changing. The staff at Methasoft is committed to meeting and exceeding the needs of opiate treatment facilities. This integrated solution is effective for single clinic and multi-clinic applications. Methasoft assists with improving communication, increasing accountability, greater efficiency and enhancing reporting with

all areas of a Methadone clinic. Modules for Methasoft include Financial Management, 3rd Party Billing, Pharmacy Management, Patient Management, and Clinic Management.

## **Netsmart** **Booth # 401**

4950 College Blvd.  
Overland Park, KS 66211  
Phone: (800) 472-5509  
Web: [www.ntst.com](http://www.ntst.com)

Netsmart is healthcare's largest human services and integrated care technology provider. Netsmart has been the top provider of medication assisted treatment software for over 40 years. Netsmart's electronic health records and related solutions enable opioid treatment providers to automate and streamline ordering and dispensing in a fast, efficient and compliant fashion.

## **O.Berk Company of New England/Kols Containers, Inc.** **Booth # 508**

300 Callegari Drive  
West Haven, CT 06516  
Phone: (203) 932-8000  
Fax: (203) 934-7172  
Email: [bkursawe@oberk.com](mailto:bkursawe@oberk.com)  
Web: [www.oberk.com](http://www.oberk.com)

O.Berk and Kols are full service packaging distributors. We supply "take-home" bottles, child-resistant caps, tamper-evident seals, heat-seal machines, dispensing cups and gloves. We have warehouses in West Haven, CT, and Baltimore, MD, with large inventories of bottles and caps to serve your packaging needs.

## **OraSure Technologies** **Booth # 300**

220 East 1st Street  
Bethlehem, PA 18015  
Phone: (610) 882-1820  
Email: [customer@orasure.com](mailto:customer@orasure.com)  
Web: [www.orasure.com](http://www.orasure.com)

OraSure Technologies manufactures oral fluid devices and other technologies designed to detect or diagnose critical medical conditions. Its innovative products include rapid tests for HIV and HCV antibodies, influenza antigens, testing solutions for detecting drugs of abuse, and oral fluid sample collection, stabilization and preparation products for molecular diagnostic applications.

## **Orexo US Inc.** **Booth # 219**

150 Headquarters Plaza  
East Tower, 5th Floor  
Morristown, NJ 07960  
Phone: (855) 982-7658  
Email: [info-us@orexo.com](mailto:info-us@orexo.com)  
Web: [www.zubsolv.com](http://www.zubsolv.com)

Orexo US, Inc. is a specialty pharmaceutical company with the mission and responsibility of advancing evidence-based approach to the treatment of opioid dependence. We are committed to developing improved treatments for opioid dependence and further supporting patient care. We recognize that opioid dependency is a long standing problem and we have made an enduring commitment to advancing its treatment.

## **QIAGEN, Inc.** **Booth # 207**

19300 Germantown Rd  
Germantown, MD 208747  
Phone: (240) 686-7000  
Email: [quantiferon@qiagen.com](mailto:quantiferon@qiagen.com)  
Web: [www.qiagen.com](http://www.qiagen.com), [www.quantiferon.com](http://www.quantiferon.com)

QIAGEN provides a modern solution for infectious disease testing: QuantiFERON® technology. This method detects cell-mediated immune (CMI) responses in whole blood samples. QuantiFERON-TB Gold (QFT®) is a simple blood test that accurately assists the identification of people infected with Mycobacterium tuberculosis (TB), the causative agent of tuberculosis (TB).

## **Quest Diagnostics** **Booth # 103**

1901 Sulphur Spring Road  
Baltimore, MD 21227  
Phone: (410) 536-1655  
Fax: (410) 702-4730  
Email: [Kimberly.d.leach@questdiagnostics.com](mailto:Kimberly.d.leach@questdiagnostics.com)  
Web: [www.questdiagnostics.com](http://www.questdiagnostics.com)

Quest Diagnostics, the world's leading provider of diagnostic testing, information and services, offers a comprehensive test menu including toxicology, immunology, endocrinology, oncology, rheumatology and genetics. Beyond our comprehensive menu of laboratory testing services, we offer a variety of resources to help you manage your patients, run your office and stay current with the latest medical advances. Visit QuestDiagnostics.com.

**Redwood Toxicology Laboratory, Inc.**  
**Booth # 313**

3650 Westwind Blvd.  
Santa Rosa, CA 95403  
Phone: (800) 255.2159  
Email: sales@redwoodtoxicology.com  
Web: www.redwoodtoxicology.com

Redwood Toxicology Laboratory is the government services division of Alere Toxicology and one of the nation's largest drug and alcohol testing laboratories. Redwood provides reliable and innovative substance abuse screening products and lab test options to help criminal justice and treatment professionals promote wellness and relieve addiction suffering.

**SAMMS/Netrix**  
**Booth # 613 / # 615**

333 W Wacker Dr  
Chicago, IL 60606  
Phone: (800) 717-SAMM  
Email: info@sammsystem.com

SAMMS is an Electronic Medical Record and Practice Management System focused on the substance abuse and mental health space. SAMMS combines clinical compliance, medication management, and revenue cycle in a single EMR.

**San Diego Reference Laboratory**  
**Booth # 609**

6565 Nancy Ridge Drive  
San Diego, CA 92121  
Phone: (800) 677-7995  
Fax: (858) 677-7998  
Email: kimberly@sdrll.com  
Web: www.SDRLL.com

San Diego Reference Laboratory is a client-focused toxicology laboratory, specializing in drug of abuse testing. We offer specifically designed urine/saliva laboratory panels, serum methadone testing, routine clinical tests (CBC, RPR, CMP, Hepatitis, Urinalysis, etc.) and cost effective onsite products to accommodate your program's needs. SDRLL offers clients quality service, accurate test results, accessibility to technical information, and rapid turn around time.

**SCIEX**  
**Booth # 612**

500 Old Connecticut Path  
Framingham, MA 01701  
Phone: (650) 631-2739  
Email: David.Colquhoun@sciex.com  
Web: www.sciex.com

As part of SCIEX, SCIEX Diagnostics brings the power, flexibility, reliability and accuracy of mass spectrometry technology to clinical testing laboratories. SCIEX Diagnostics offers an expanding portfolio of mass spectrometry solutions for in vitro diagnostic use, enabling customers to deliver high-quality results to clinicians who make decisions affecting patient care.

**SMART: Management, Inc.**  
**Booth # 307**

66 Pavilion Avenue  
Providence, RI 02905  
Phone: (401) 780-2300  
Fax: (401) 780-2350  
Email: sales@smartmgmt.com  
Web: www.smartmgmt.com

Our mission is to empower our customers to provide the best quality care as efficiently as possible. The SMART Solution is a 100% paperless electronic health record (EHR) that provides advanced clinical automation specialized for organizations that offer opiate addiction treatment programs in substance abuse and behavioral health facilities domestically and internationally.

**Smith Medical Partners**  
**Booth # 614**

960 Lively Blvd  
Wood Dale, IL 60191  
Phone: (800) 292-9653  
Fax: (630) 227-9220  
Email: Ryan.keen@smpspecialty.com  
Web: www.smps specialty.com

Smith Medical Partners is a national distributor for pharmaceutical products. Some of the typical products that we supply are Vivitrol, Suboxone, Buprenorphine, Methadone and Narcan Nasal Spray.

**Stop Stigma Now**  
**Booth # 214**

2 Washington Square, Ste. 2A  
Larchmont, NY 10538  
Phone: (914) 318-4442  
Email: sydemsky@gmail.com  
Web: www.stopstignanow.org

STOP STIGMA NOW wants to eradicate the stigma around medically assisted treatment of opioid addiction (methadone, Buprenorphine, or similar medications). Stop Stigma Now exists to inform the general public, the court systems, and the medical, nursing and counseling professions about the overwhelming scientific evidence supporting MAT for opiate addiction.

**TenEleven Group**  
**Booth #306**

6489 Transit Rd  
East Amherst, NY 14051  
Phone: (716) 810-9755  
Fax: (716) 580-3134  
Email: eCR@10e11.com  
Web: www.10e11.com

TenEleven is a software and services company providing solutions for health and human services agencies. Thousands of users in hundreds of offices use electronic Clinical Record (eCR™) to manage a variety of behavioral health service types. Learn more about TenEleven including the Treatment Wizard™ for Trauma Informed Care at www.10e11.com.

**The Braff Group**  
**Booth # 109**

1665 Washington Road, Suite 3  
Pittsburgh, PA 15228  
Phone: (412) 833-1355  
Fax: (412) 833-3143  
Email: dstewart@thebraffgroup.com  
Web: www.thebraffgroup.com

The Braff Group is the leading M&A advisory firm with a team of dealmakers focused exclusively on behavioral health. We provide sell-side only transaction services to the addictions and substance abuse provider community. With more than 280 transactions completed, we are ranked #1 in healthcare M&A services (Source: Thomson Reuters).

**The Joint Commission**  
**Booth # 308**

One Renaissance Blvd  
 Oakbrook Terrace, IL 60181  
 Phone: 630-792-5131  
 Email: mmarx@jointcommission.org  
 Web: www.jointcommission.org

Accreditation provides an external validation of the quality and safety your organization provides. Recognized and respected across health care, Joint Commission accreditation can uniquely position your opioid treatment program as a quality-oriented partner with clients, families, business partners/investors, referral sources and payers. To learn more call 630-792-5771 or visit www.jointcommission.org/BHCS

**Tower Systems, Inc.**  
**Booth # 113**

17461 Irvine Blvd., Suite Y  
 Tustin, CA 92780  
 Phone: (714) 731-0491  
 Fax: (714) 731-8634  
 Email: info@towersys.com  
 Web: www.methadoneclinics.com

Tower Systems has been committed to producing sound and stable software for methadone clinics for over 20 years. We offer a real paperless solution in your sea of paperwork. With a host of CARF, Joint Commission and COA accreditation tools, as well as HIPAA compliant 837 and 835 billing, if its functionality and industry knowledge you're looking for, look no further than Tower Systems. www.methadoneclinics.com

**Turning Point Clinic**  
**Booth # 514**

2401 E. North Ave.  
 Baltimore, MD 21213  
 Phone: (410) 675-2113  
 Fax: (410) 675-2117  
 Email: inquiry@turningpointclinic.org  
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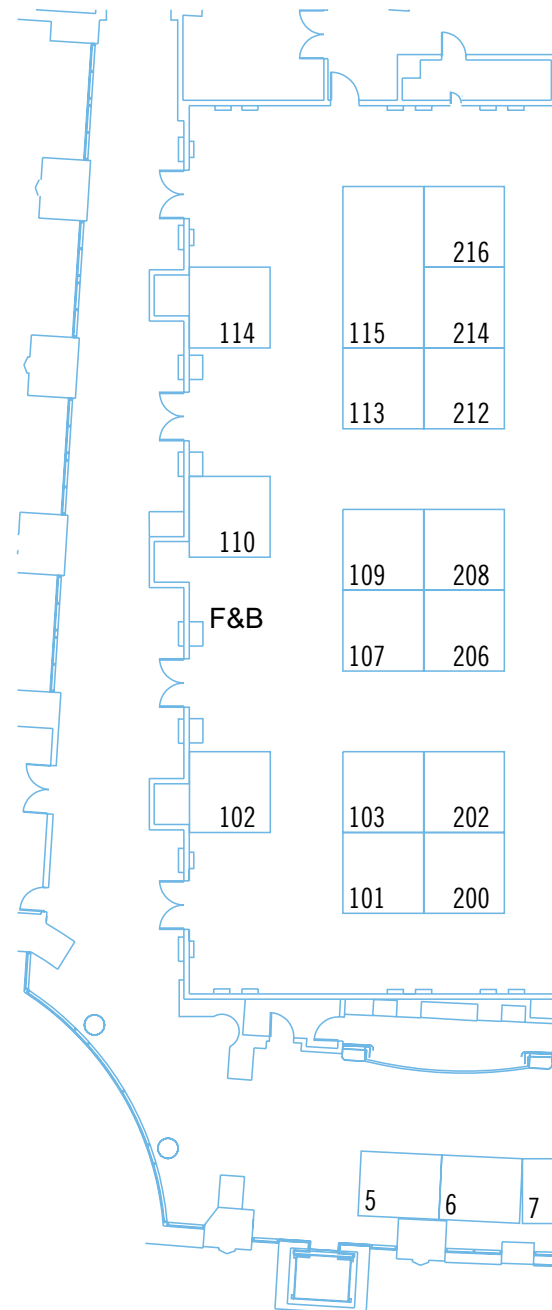
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**West-Ward Pharmaceuticals**  
**(formerly Roxane)**  
**Booth # 201**

1809 Wilson Road  
 Columbus, OH 43228  
 Phone: (888) 831-2183  
 Fax: (614) 308-3576  
 Email: wwcoladdictiontherapyservices@west-ward.com  
 Web: www.west-ward.com

Your patients in recovery are making great strides towards a brighter future and West-Ward Pharmaceuticals is committed to helping you encourage them to live free from dependence. Determined to bring hope, help and healing, we take great pride in supporting the unique needs of the Addiction Therapy community.







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