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**Issue #13**  
**OTPG**  
**QUARTERLY**  
**newsletter**

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## Welcome 2012

By Jonathan Connell | Private Clinic Albany and TLC Clinic Tifton

As the newly elected President of the Opioid Treatment Providers of Georgia, I welcome the opportunity to continue to unify providers in Georgia. Already in 2012, we have faced several challenges and I anticipate other possible challenges throughout year. However, I am confident the members can address these challenges effectively. I can proudly say that many providers have already demonstrated a commitment to be part of a larger team and working together to address issues. I'd like to share some of the proposed ideas for action during 2012: continue efforts to reduce the stigma associated with Medication Assisted Treatment, collectively improve the quality of care provided by clinics in Georgia, and work to educate legislators of our state government to ensure Medication Assisted Treatment is accurately represented at the Capital.

**Team Work:** A united voice is extremely important as we move forward in 2012.

I have spoken with many of you over the years and understand you may have reasons for not joining OTPG in the past. I would like to remind you that if you choose to remain on the sidelines, you will have no impact on how the game is played. We need everyone's gifts and abilities to move forward. This does not mean that we will all agree with each other, or agree with all the clinical practices of every clinic, but now more than ever in the history of Medication Assisted Treatment we need every provider to join and participate in the Opioid Treatment Providers of Georgia.

**Message to Providers:** The drum that we need to beat in Georgia is that all providers must work diligently to ensure they follow all rules and regulations pertaining to Medication Assisted Treatment. If there are inconsistencies or problems you are facing in your program, OTPG is here to help. Many of the individuals on the Board have worked in MAT for a long time and

may be able to offer you guidance or suggest where you can find answers to your questions or concerns. It must be a top priority for all facilities to operate in a legal and ethical manner because the actions of one provider can have adverse effects on all programs. The patients we serve deserve the best quality treatment available.

Joining OTPG comes with responsibility. Minimum treatment standards, ethical practices, and adherence to the membership guidelines contained in the organization's by-laws are mandatory.

<http://otpgeorgia.org/pdfs/OTPGbylaws.pdf>

Please join us in working to make a stand to improve treatment, work together, speak with one voice, and reduce the stigma associated with Medication Assisted Treatment.



**Members:** OTPG is currently in transition for web hosting and some information may be incorrect. If you notice information that is in need of updating on the website, please send Jonathan Connell an email at [jconnell@pcalbany.com](mailto:jconnell@pcalbany.com)

**We Are Opioid Treatment Providers of Georgia**  
Join Us...Today!

# The Pill Mills

By Brook Etherington MA | Alliance Recovery Center



**If you are reading this, it is likely that you are familiar with the term “pill mill.”**

For those of you who are not in the addiction treatment industry or have chosen to live under a rock, pill mills are medical practices that irresponsibly and often unjustifiably over-prescribe narcotic medications to patients claiming to suffer from pain. Pill mills are not concerned with accurately diagnosing their patients but are more focused on the sale of prescription pain medications, which are typically dispensed on site. In many documented cases, the practitioner prescribing and dispensing the medication is under-qualified to do so. Think of them as illegitimate pain clinics.

The pill mill epidemic has created a slew of problems by so frivolously prescribing these addictive drugs. The ease and availability of these medications make pill mills a target for people seeking to obtain drugs and re-sell them illegally. They become a source of product for the illegal drug trade. The frequency at which narcotic medications are being prescribed in these clinics may be causing some people with legitimate pain issues to unknowingly become addicted. And when large amounts of narcotics are dispensed at one time, there is always the risk of overdose.

These are just a few of the problems we are faced with, and the state of Georgia is uniquely poised to feel the pill mill effect. Last year the state of Florida passed new legislation that severely inhibited pill mill operations. As of today, more than 400 pill mills in Florida have closed. How bad was the problem in Florida that they decided to enforce such strict regulations? In 2010, doctors in the state of Florida accounted for 89 percent of all Oxycodone sold to practitioners in the entire country. This means that nearly 90 percent of the Oxycodone purchased from pharmaceutical companies by doctors was dispensed in private offices in Florida for profit, not in pharmacies. Luckily for our neighbor to the south, the state decided to step in and address the problem.

Last year one single street in Broward County, near Fort Lauderdale, had 29 pill mills. Now there is one. But that's not the only area where we see improvement. More addicts in the sunshine state are seeking help and opioid treatment providers are seeing more patients. This also suggests that these unfortunate establishments are creating an addicted population that needs help.

What does the state of affairs in Florida have to do with us in Georgia? Just like trying to clean up an impoverished, high-crime neighborhood, when the deed is done and the neighborhood is cleaned up, the problem just moves elsewhere. Due to our less stringent laws, Georgia *is* the elsewhere for the pill mills. In 2011 Florida saw a dramatic decline in pill mills. In the same year, Georgia saw more than a 100 percent increase. We started the year 2011 with approximately 40 pill mills; we ended the year with over 90, and we're still counting. Just drive down interstate 75 from Atlanta to Florida and you'll see the signs. Make no mistake; the pill mills are migrating north.

So what are we as treatment providers, patients, and advocates supposed to do? Increasing awareness is always a good first step. Talk to your friends, family, and colleagues. Contact your legislators. Tell them about the negative impact pill mills have on the citizens of Georgia. Read House Bill 972 <http://www.legis.ga.gov/legislation/en-US/display/20112012/HB/972> introduced into the Georgia House of Representatives on February 9, 2012. If you agree with the proposed legislation let your Representative know you would like him to support the bill. Use this web site to find out who represents you <http://www1.legis.ga.gov/legis/FindLegislator.htm>. If you are a Georgian and have found yourself a victim of the pill mill epidemic, you can find help here [http://otpgeorgia.org/methadone\\_clinic\\_locations.php](http://otpgeorgia.org/methadone_clinic_locations.php)



## Patient Advocate

By Steve Morgan CMA

### Staying Busy

Two of the main goals of the National Alliance of Methadone Advocates are to fight discrimination against methadone patients and to help create a more positive image of methadone maintenance treatment. Patients bear a large part of this responsibility. One of the simplest ways a patient can help achieve these goals is to take responsibility for his or her recovery. This means patients should do more than just show up at the clinic and get their medication. Once someone is stable they need to get busy doing something positive.

When patients begin to do positive things with their lives, people take note and can recognize that the medication is helping their family member, friend, or significant other to be a better person. **Stigma reduction starts here.**

For many patients, the journey towards positive change begins with becoming employable and then obtaining employment. Going to work every day has many positive effects in the life of patients new to recovery. Obviously it creates income, but it also creates a sense of purpose. It gives reason to keep getting better. It also stimulates the mind and gives the patient something to do with their time.

Even if you are unable to work, get a hobby. Do something with your free time. Exercise, join a club, or do volunteer work. Help a family member or a neighbor with a task or project. Many of these things seem so trivial, yet they are so foreign to addicts prior to recovery. Active addiction left little to no time for these types of things. Likewise, once in recovery, a patient who keeps busy doing positive things has little time for active addiction.

Patients on methadone and in recovery need to stay busy. Doing these simple things will help promote the positive image needed for methadone maintenance therapy, and will also help end the negative stigma towards addicts in recovery who utilize medication assisted treatment.

For more information, go to [www.methadone.org](http://www.methadone.org)

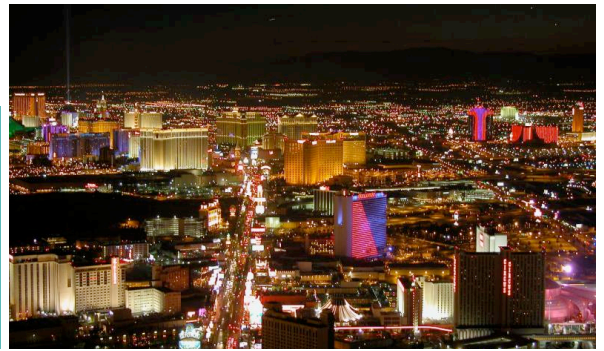
### On SALE NOW!

The OTPG videos "Exploring the World of Opioid Addiction" are for sale.

\$40.00 for non-members of OTPG and \$10.00 for membership clinics  
Call Stacey Pearce (478) 788-0066



### Current AATOD Activities



**Don't forget to register for the AATOD conference in April 2012, which will be held in wonderful and exciting Las Vegas, Nevada!**

### AATOD Update what you need to know

By Stacey Pearce | GPA Treatment of Macon, Inc.

The December AATOD meeting offers the unique opportunity to spend half of one day discussing clinical and other issues experienced by the different states across the country represented in the AATOD Board. Since the meeting is one and a half days, we have this opportunity to share concerns, ideas, and discuss treatment approaches in addition to tackling the normal business we do during meetings.

One of the exciting pieces of information shared concerns Oklahoma. The Oklahoma Senate recently passed Senate Bill 854, which states jail facilities must administer prescription medications and be particularly aware of the impact of opiate or methadone withdrawal on the mental and physical health of the prisoner. This is a positive step forward between medication assisted treatment and the criminal justice system in Oklahoma, and I hope Georgia can begin the process of establishing more solid links within the CJ system too. OTPG is actually hoping to begin this process in a small degree utilizing the recently hired lobbyist. As many of you know, Georgia now has a substance abuse treatment friendly Governor and he is looking at how the CJ system handles drug related crimes. Now is the time for us to educate legislators and others at the State Capitol concerning medication assisted treatment.

A concerning development was presented in regards to clinic practices and DEA regulations. It appears that the DEA has established a precedent that facilities cannot take possession of doses that have been dispensed to patients. This practice will prohibit facilities from taking doses back from patients whom fail dose recalls and providing them with a dose for each

day from the doses they returned. The resolution to this issue would appear to be to have the patient destroy the doses that remain from the dose recall and then the patient can return to daily dosing within the clinic.

Discussions continued about healthcare reform during the second day of the meeting. AATOD is working with Federal representatives to establish a "blueprint" on how clinics can or should prepare for healthcare reform. Within Georgia, representatives of OTPG met with representatives from the State to discuss current Medicaid practices and explore how Georgia is preparing for healthcare reform. The results of this meeting indicate that facilities can currently apply to be a Medicaid provider as an adult core provider if they meet the minimum criteria, this information and the application can be found by searching the Georgia.gov website. From a review of the minimum criteria, many clinics within Georgia will not be able to apply to become core providers. Representatives of OTPG will continue to explore how healthcare reform can be implemented within our treatment system and state.

**I hope that many of you are planning to attend the AATOD conference in Las Vegas during April. While there, please attend the open AATOD Board meeting on Saturday evening to hear firsthand about these issues and more. I believe there will be discussions about healthcare reform, the use of physician extenders in clinics, and the buprenorphine federal register guidelines may even be announced. See you in April!**



## Upcoming Training EVENTS

By Ali McCorkle | DM & ADR, Inc.

### Hepatitis C Training Workshop

—3/15 in Macon. Register at [www.hcvadvocate.org](http://www.hcvadvocate.org)  
\*\*Register soon! This is a great training and it will fill up quickly.

### Alabama School of Alcohol and other Drug Studies

—3/20-3/23 Tuscaloosa AL.  
Register at [www.asadsonline.com](http://www.asadsonline.com)

### Northeast Florida Regional School

—3/26-3/29 in Jacksonville, FL.  
Register at [www.fsas.org](http://www.fsas.org)

### Rural Based HIV Education and Training: HIV Related Mental Health and Substance Abuse Issues: Practice and Ethical Considerations

—4/13 in Statesboro.  
Register at <http://ceps.georgiasouthern.edu/conted/ruralhiv.html>

### Accelerating Knowledge Exchange in Substance Abuse Treatment

—4/19 in Atlanta. Register at [www.asam.org](http://www.asam.org)

### American Association for the Treatment of Opioid Dependence (AATOD) Conference

—4/21-4/25 in Las Vegas, NV. Register at  
[www.aatod.org](http://www.aatod.org)

### 31st Annual School: Florida School of Addiction Studies —7/15-7/19 in Tampa, FL.

Register at [www.fsas.org](http://www.fsas.org)

## Come Join Us! become an OTPG member

The membership dues are listed below.  
The amount due will be based on the current patient census and will be renewed annually.

- 100 patients or less: \$100
- 101-150 patients: \$300
- 151 or more patients: \$500

Each quarter OTPG holds a meeting at a volunteer facility site. Please call us for the next meeting date and location. We hope that each of you will consider supporting our organization. The success of OTPG depends on the input from all providers and quality care givers.

Please visit our web site for more information on membership:

**Mailing Address:**  
Opioid Treatment  
Providers of Georgia  
2607 Ledo Road  
Albany, GA 31707  
(229) 903-0022



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

### The benefits available to members of OTPG:

- Membership with the American Association for the Treatment of Opioid Dependence (AATOD)
- National recognition beyond AATOD membership
- Lunch and Learn projects
- Annual fall conference at a discounted price
- Affiliation with community organizations
- Updated state and federal information to include statistics, changes to regulations, available funds, etc.
- Chance to network within our industry
- The ability for patients and providers to link to individual sites to obtain specific information regarding facility treatment services

OTPG QUARTERLY  
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