



American Association for the Treatment of Opioid Dependence, Inc.

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Founding Organizing Partners
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Rethinking Dual Disorder Care: The Case for Mandatory Treatment in Severe Addiction with Psychiatric Comorbidity

Written by: Drs. Angelo Giovanni Icro Maremmani and Icro Maremmani - World Federation for the Treatment of Opioid Dependence

The management of dual disorder—co-occurring substance use and psychiatric illness—remains one of the most challenging areas in clinical psychiatry. Despite policy-level investments in countries such as Canada, which has dedicated nearly one billion dollars to expand services for vulnerable populations including the homeless and dually diagnosed, real-world clinical practice continues to expose critical shortcomings in how care is delivered. In Italy, as illustrated by the case of “Sara”—a young woman with a severe dual disorder—effective treatment was achieved only during periods of judicially mandated care. Outside of that framework, she repeatedly relapsed, disengaged from services, and re-entered cycles of substance use, instability, and psychiatric deterioration. This raises an urgent and ethically charged question: should mandatory treatment be considered as a viable clinical option for certain patients with dual disorder?

Sara's story reflects a broader clinical truth. In some patients, the chronicity and severity of dual disorder result in a diminished capacity to engage

voluntarily with care, even when therapeutic resources and family support are available. In such cases, the autonomy-based model of care may fail to safeguard the health and dignity of the individual, especially when refusal of treatment leads to incarceration, trauma, or death. Under current Italian legislation, compulsory treatment is limited to acute crises; once the immediate risk is resolved, no mechanism allows continuity of care without patient consent—even when the risk of relapse is high and evident. This contrasts sharply with Canada's evolving legal and clinical framework, where compulsory care can be extended under specific conditions and opioid agonist treatment (OAT) is used not only to address opioid use, but also as a stabilising intervention in complex psychiatric patients, including those without a history of heroin use. This paradigm shift recognises addiction as a chronic brain disorder with neurobiological consequences that may require long-term, even non-consensual, treatment—similar to how psychosis or severe mood disorders are handled. It also allows for innovative use

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Washington: Progress Report

Written by Misty Challinor - Washington Board Delegate

Washington state has made some incredible progress in 2025. Some of those things include:

- 42 licensed OTPs currently operating in Washington, a 51% + growth since 2018
- Washington OTPs are serving approximately 20,000 Washingtonians (and growing) including all payor and insurance types.
- OTPs in WA include 10 tribally owned/ operated OTPs (the largest number in the US and growing)
- In collaboration with WA DOH, the SOTA team established a regulatory pathway for fixed site medication unit- an additional form of satellite OTP site- Officially launched model in 2025.
- WA DOH updated WA State rules for OTP providers in Jan 2025 after consultation with WA State OTPS in 2024.
- WA SOTA office and WA Dept. of Commerce designed novel use of opioid settlement funds to expand OTP infrastructure in WA- which will result in at least 3 new OTP brick and mortar sites in rural and underserved WA communities with existing limited methadone access. Also, planning to use future opioid settlement funds to promote medication unit expansion off of 2 of these 3 sites.
- WA State HCA (Medicaid office) will publish a legislative report soon, proposing possible different ways to reform OTP provider payments under Medicaid (for FFS and MCO Medicaid), in relation to topics like changes from the 2024 federal rule changes and also, addressing topics like enhanced Medicaid payment options for mobile MMU sites.
- WA State has taken huge steps in terms of regulation and investigation of instances of MOUD patient discrimination (Ex. Treatment programs and other settings denying admission to methadone patients, requiring titration of medication as a condition of admission, requiring individuals on methadone to switch to buprenorphine products as a condition of admission) within inpatient behavioral health agencies, carceral settings, skilled nursing homes, recovery residences and transitional housing sites, CPS, and all types of court systems in WA, etc.
- In addition to WSATOD meetings, WA SOTA facilitates a voluntary monthly OTP Medical

Director meeting, and a monthly voluntary learning collaborative style meeting for any OTP that runs a medication unit and/or that is thinking of starting a medication unit- to exchange lessons learned with one another.

These are just a few things that are exciting and moving Washington forward as we continue to strive to meet patient needs.



AATOD gratefully accepts contributions.

We are a non-profit 501 (c)(3) tax-exempt organization.

Please visit the AATOD website for more details.

Beginning Again, But Never Backing Down

Written by Susan Staats - Combs, M.Ed., LPC - Alabama Board Delegate

I had bragged at one of the last AATOD meetings that Alabama was doing better. Patients were dosing in jails across the state. For twenty plus years, ALAMTA (our Alabama Methadone Association) worked really hard to finally get medication to incarcerated patients. We wrote letters to every sheriff in Alabama; to the Alabama Medical Boards; to employees of jails; and to Southern Health Partners, who oversees 250 plus jails in the US.

In addition, I have served on the Governor's Opioid Council for two governors' terms; joined the National Stop Stigma Board; worked with Legal Action Center (LAC); worked with the Department of Justice; and talked with previous presidential candidates, Kerry and Edward's law offices, and with all that work, progress was happening. The jails were dosing patients, and we announced, "Alabama is doing better".

"With one swoop, it all changed. "

I had to start over. Now I am trying to convince a strong Alabama attorney hopefully to take the case for a patient. A patient that had suffered in jail for twenty days because this local jail refused to dose him Methadone. The judge sentenced the methadone patient (that had take homes status for several years) on an old charge.

The patient informed us of the judge's order and gave him at least a week to get everything prepared for his twenty days. As always, we make that a priority. We prepared the documents for him to get methadone in jail as we have done so many times



before. We contacted Southern Health Partners, who oversee the jail to let them know. They requested the judge's order, and we sent it. The next week the patient went to jail to start his twenty days. The day after incarceration the treatment center took his dose to the jail. A jail nurse accepted it. The following day when the dose was brought, a Captain McCool appeared in the lobby with a raised voice saying that this jail had never given an inmate methadone, never will, and never will do business with our clinic. He told me that yesterday's dose was not given by his order and was placed in the evidence locker. I attempted to talk to him to explain the inmate's rights. I emailed the sheriff, and he stated that I had to talk to his attorney. This is the same sheriff that knew we had brought the metha-

done many times before.

I sent emails to Southern Health Partners. I sent information to the Medical Board. I begged for the patient to receive his medication. They went silent. Each day the in-

mate suffered as his rights were violated.

I then proceeded to file a complaint at the jail for the treatment of the inmate and myself. They refused to let me file a complaint. I have spent over twenty years working on this, saw a huge change, and I am not giving up now. We must have legal assistance in Alabama. I am hopeful an Alabama attorney, who recently won a huge case against Walker County Alabama Sheriff's office, where an inmate was taken to the freezer and frozen, will take this case, to once and for all make it clear that inmate abuse will not be tolerated. This all is far from over. We must stand up for what is right for those who cannot stand up for themselves. **WE ARE NOT GIVING UP.**

Paying Tribute to the Lives We've Lost

Written by Erin LaCourt - Indiana Board Delegate

Throughout the months of August and September 2025, Opioid Treatment Providers in Indiana celebrated the lives of those who passed from overdose and showed support and encouragement to those actively fighting to overcome substance use disorder. In Marion and Kokomo, treatment providers participated in community-wide candlelight vigils and helped patients remember their friends and loved ones with their own special intentions written on ribbons or cards that were displayed as memorials inside respective facilities. In South Bend, patients and staff were invited to hang a nametag on a banner decorated with the Tree of Life, a lasting tribute painted and donated by a fellow patient. The

month-long tribute included a candlelight memorial.

And showings of support also included celebrations with outdoor activities, games and prizes. In Fort Wayne, Behavioral Health Group held a Recovery Rendezvous event that featured a kick ball tournament with players from various community agencies and treatment centers. In Lafayette, patients were given weekly opportunities to have some fun with raffles and guessing games and to participate in creating a display board by sharing what recovery means to each of them.

Taking the opportunity to use Recovery Awareness Month as a backdrop for community education, Porter

Starke Services partnered with local law enforcement in northwest Indiana to conduct Crisis Intervention Team (CIT) training. The event provided education on opioid use disorder and methadone treatment to build understanding and reduce stigma. Such events strengthen the necessary collaboration between treatment programs and first responders to help people in active substance use learn about and find access to alternatives and support.

In our field, both patients and staff have been affected by the opioid overdose epidemic. We have all lost people we know, have loved, have helped. Even in small ways, such as wearing the color purple, we show solidarity with one another.

Expanding Treatment Access in Alaska

Written by Jennifer Stukey - Alaska Board Delegate

Alaska is making significant strides in expanding access to opioid treatment. In 2025, providers launched new Opioid Treatment Programs (OTPs) and medication units in Ketchikan, Big Lake, and Anchorage, with another slated to open in Kenai this fall. These programs bring evidence-based care to communities that have long faced limited access to treatment.

Alongside service expansion, Alaska has secured more than \$100 million through multiple national opioid lawsuit settlements. By 2024, approximately \$8.5 million had already been

distributed across the state to support treatment, prevention, recovery, and workforce development initiatives. Communities such as the Matanuska-Susitna Valley, Ketchikan, and the Kenai Peninsula are now directly allocating settlement funds to evidence-based programs aimed at reducing opioid-related harm and strengthening local systems of care.

Education and workforce development remain a central focus. The University of Alaska Anchorage (UAA), in partnership with Project ECHO and supported by the Alaska Association for the Treatment

of Opioid Dependence (AKATOD), is providing training and mentorship opportunities for healthcare providers statewide. Through this collaboration, Alaska is expanding clinical knowledge, building capacity in rural communities, and ensuring best practices in opioid use disorder treatment are implemented. Beyond education, AKATOD also plays a vital role in advocacy, technical assistance, and provider support, strengthening the state's treatment network and advancing policies that improve access to care.



RAFFLE

POST & HASHTAG

Enter to win \$100 Starbucks Giftcard by posting a conference photo & hashtagging AATOD2025 on Facebook, Instagram or Twitter.

#aatod2025

Winner will be announced at the Closing Plenary Session. Winner need not be present.

From Settlement Funds to System Reform: Florida's Opioid Treatment Update

Written by Jonathan Essenburg, BA, CAP - Florida Board Delegate

Florida continues to make measurable progress in expanding and refining its response to the opioid epidemic through innovative partnerships, expanded infrastructure, and targeted policy reforms. The Coordinated Opioid Recovery (CORE) Network, led by the Florida Department of Children and Families in partnership with the Department of Health and the Agency for Health Care Administration, now operates in 47 counties, serving approximately 96% of the state's population. Plans are underway to achieve full statewide coverage in Fiscal Year 2025–2026. CORE has recently introduced a performance-based incentive model that rewards counties demonstrating strong outcomes in client engagement, community satisfaction, and stakeholder collaboration. In addition, a new \$3.1 million initiative is training and embedding law enforcement officers within the

CORE Network, equipping them to respond effectively to overdoses and connect individuals to treatment services. These developments reflect meaningful progress, but the need for additional providers, expanded workforce capacity, and stronger community partnerships remains significant across Florida.

At the same time, Florida's federal State Opioid Response (SOR) Project is strengthening the continuum of care through hospital bridge programs, naloxone saturation initiatives, and mobile/telemedicine models that expand buprenorphine access in underserved regions. Florida is also in the process of allocating substantial opioid abatement funding from national pharmaceutical settlements. Through the Florida Opioid Settlement Clearinghouse, counties and municipalities are directing resources to prevention, treatment, harm reduction, and recovery supports. On the legislative front, Sen-

ate Bill 1240 advanced through the Florida Senate and was ultimately substituted by its companion measure, House Bill 1091. HB 1091 was signed into law on June 13, 2025 (Chapter 2025-143), and takes effect July 1, 2025. Among other reforms, the law removes the outdated "needs assessment" requirement for licensing medication-assisted treatment (MAT) programs, creating new opportunities for access. Looking forward, Florida Administrative Code Chapter 65D-30, which governs the licensure and operation of substance use treatment providers, is slated for revision to more closely align with the recent updates to 42 CFR Part 8. These changes signal continued progress, but also highlight the ongoing need for investment, regulatory alignment, and system-wide coordination to ensure all Floridians affected by opioid use disorder have access to high-quality, evidence-based care.

The Advancement and Scaling of Colorado's Opioid Treatment Infrastructure

Written by Angela Bonaguidi, LCSW, LAC, MAC - Colorado Board Delegate

Colorado continues to expand access to opioid treatment and recovery services by strengthening infrastructure, reducing stigma, and improving outcomes for individuals with Opioid Use Disorder (OUD). A key advancement this year is the enhancement of the Central Registry system, which streamlines admissions and discharges across Opioid Treatment Programs (OTPs), improving continuity of care and reducing wait times.

To support service navigation, the state has invested in digital tools like the OwnPath Care Directory and Colorado LIFTS, offering real-time access to treatment options and resources. Funding from the Colorado Opioid Abatement Council (COAC) has bolstered treatment capacity through residential programs, peer support, vocational training, and mobile harm reduction units serving rural mountain communities. Two mobile methadone units are now fully operational in the Denver metro area.

Colorado has made substantial progress in aligning current state OTP rule with SAMHSA's Part 8 standards, reinforcing patient-centered care and increasing flexibility in opioid use disorder treatment. These initiatives support the expansion of evidence-based practices and improved access to medication and comprehensive treatment services. Currently, the state's OTP network supports over 10,000 patients each day.

Oregon: A Model of Growth and Unity

Written by Liberty Martinez Bird, LPC - Oregon Board Delegate

This year has marked steady growth in treatment access across Oregon, with new OTPs and new medication units opening statewide. Special projects are also underway that reflect innovation and commitment to meeting patient needs. The Coquille Indian Tribe has launched a new opioid treatment program within a fully integrated health facility that combines primary care, mental health, and opioid treatment under one roof – the first model of its kind in the region. In addition, An organization newer to Oregon has begun establishing multiple OTP locations across the state, further broadening capacity and ensuring that patients have more

entry points into care. Together, these developments highlight Oregon's focus on culturally responsive, geographically distributed, and innovative service delivery.

On the partnership front, both Oregon Recovery Treatment Center (ORTC) and CODA, Inc. are collaborating with local jails to expand access through medication units. ORTC has partnered with the Jackson County Jail in Medford to provide in-jail induction and counseling services, with care coordination upon release when individuals transition to other communities (an AATOD Conference

presentation is coming soon). CODA is implementing a similar model in Clackamas County, extending continuity of care into the correctional setting. To further that, recognizing that patient privacy protections are central to this work, the Oregon chapter of AATOD is also offering additional trainings for all members on the updated 42 CFR Part 2 requirements. These trainings acknowledge the significant regulatory changes in both 42 CFR Part 2 and Part 8, ensuring programs are supported in addressing compliance alongside expanding access to care.

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of medications such as methadone or buprenorphine in treatment-resistant psychiatric conditions, an approach currently not permitted in Italy due to regulatory constraints on off-label prescribing.

The Italian Basaglia Law of 1978, which rightly ended the era of asylums in Italy, affirmed the need for compulsory treatment in cases where the patient’s capacity to consent is impaired by illness. If we now accept that substance use disorders fall under the umbrella of psychiatric illness, should we not extend the same legal and ethical protections to these patients? Allowing patients like Sara to decline care during periods of impaired judgment not only violates the principles of beneficence and non-maleficence, but risks abandoning the most vulnerable individuals to cycles of deterioration, trauma, and social marginalisation.

In conclusion, it may be time to consider new models of care that balance personal liberty with clinical responsibility, especially for patients with severe dual disorder. This may include the creation of specialised units, legal reforms to enable longer-term mandated care, and broader recognition of the therapeutic potential of OAT beyond addiction per se. The courage to act, as shown by the Canadian system, must now become a call to action elsewhere—lest we continue to fail those who can only recover when care is not optional.

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17th European Congress
Heroin Addiction & Related Clinical Problems
European Opioid Addiction Treatment Association - EUROPAD



17TH EUROPEAN CONGRESS ON HEROIN ADDICTION & RELATED CLINICAL PROBLEMS

May 29-31, 2026
Bucharest, Romania, EU.

The 17th European Opiate Addiction Treatment Association (EUROPAD) conference will be held in Bucharest, Romania on May 29-31, 2026.



www.europad.org; www.europadevents.org; www.heroinaddictionrelatedclinicalproblems.org

Presidents:
Icro Maremmani
Adrian Octavian Abagiu

Bucharest, Romania, EU
May 29-31, 2026





SAVE THE DATE

HELLO FROM AATOD PRESIDENT

Dear Conference Attendees,

It's a pleasure to welcome you to the 2025 AATOD Conference in Philadelphia, PA.

There has been a great deal of activity in our field since our conference last convened in Las Vegas during May 2024. The Substance Abuse and Mental Health Services Administration was in the process of finalizing the new regulations governing OTPs and they were fully implemented during October 2024.

We have spent a good deal of time tracking the impact that these new regulations have had on patient care and our treatment programs. We have done this through surveys and policy collaborations with the National Association of State Alcohol and Drug Abuse Directors (NASADAD) under a funding agreement with Westat and the Opioid Response Network (ORN). We also produced webinars on this topic during July 2024 and September 2024. The first webinar provided additional guidance from SAMHSA while the September webinar provided more of a treatment response.

Patient admissions have increased since SAMHSA eliminated the pre-admission requirement of having patients document a one-year history of opioid use disorder. Additionally, patient retention has

increased during admission for the OTPs that have increased the intake dosages of methadone as a clinical mechanism for stabilizing patients who are using fentanyl. Patient retention has also increased during the course of treatment as more take-home medication has been provided to our patients. A number of programs are also reporting increased referrals from community and mental health settings.

Mobile vans and fixed-site medication units have also increased in number as a direct result of SAMHSA's new regulation with regard to telemedicine procedures upon intake. Accordingly, there are now 71 mobile units affiliated with OTPs operating in the country, in addition to 123 fixed-site medication units.

Our Association has also continued our legislative education efforts in Congress and in state capitols. We have supported federal legislation that would increase access to medication-assisted treatment in criminal justice settings through the Re-Entry Act.

We have also focused on maintaining Medicaid benefits for the patients whom we treat as a method of preserving their well-being and continuity of care.

We have also continued to oppose Medication for Opioid Use Disorder Treatment Act (MOTAA) be-

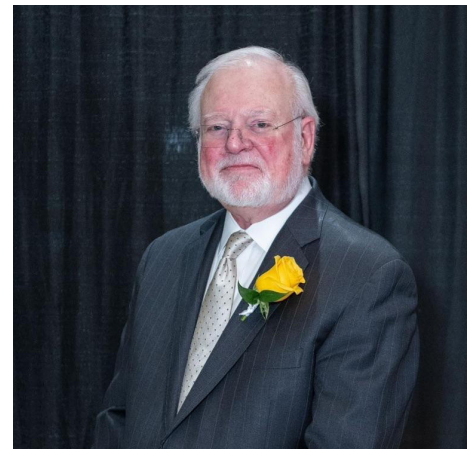
cause we think that there are inherent dangers of having physicians prescribing methadone outside the scope of OTPs.

Our legislative committee has carefully documented our rationale for such opposition over the course of the last several years.

All of these policy issues will be discussed during our conference in Philadelphia and we are grateful to have so many of our colleagues join us for another landmark event!

With warm regards,

Mark W. Parrino, MPA
AATOD President & Founder



AATOD RESOURCES

Hepatitis Project Resources for OTPs: Integrating Infectious Disease Services

The Addiction Technology Transfer Center Network National Coordinating Office (ATTC NCO) and the Opioid Response Network (ORN), both funded by SAMHSA, have partnered with AATOD and other leading organizations to develop practical resources for Opioid Treatment Programs (OTPs). These tools provide clear, action-

able steps to help OTPs integrate infectious disease prevention, screening, and treatment services into their care models.

In addition to these guides, a range of **FREE** online and in-person training opportunities and curricula are available to support OTPs.

Featured resources include:

1. Your Guide to Integrating HCV Services into OTPs
2. Supplement to Your Guide to Integrating HCV Services into OTPs
3. Your Guide to Integrating Infectious Disease Testing and Treatment Services in OTPs

Access all resources at:
<https://attcnetwork.org/hcv-current/>

Webinar Recordings

In case you missed it, AATOD produced 2 webinars in response to the SAMHSA regulations governing Opioid Treatment Programs, which were fully implemented in October 2024. Please visit the AATOD website for recordings.

Treatment Provider Response to the SAMHSA Regulations
Governing Opioid Treatment Programs

Guiding Opioid Treatment Programs in Enhancing
Compliance with SAMHSA Regulations



We invite you to visit AATOD’s Exhibit Booth (#721) for information on leading initiatives, current policy statements and conversations with our Board members who represent 29 states.

Items to Pick Up:
Legislative Packet
AATOD State Chapter Responses on Mobile Vans
Technical Review of SAMHSA’s Final Regulations
GIFT



MARK YOUR CALENDARS

Annual Conference of the Oklahoma Association for the Treatment of Opioid Dependence (OKATOD)

OKATOD is proud to announce our upcoming Annual Conference, bringing together treatment professionals, policymakers, advocates, and researchers dedicated to advancing care for individuals with opioid use disorder. This year’s conference will feature dynamic plenary sessions, engaging workshops, and inspiring keynote presentations that highlight the latest innovations, policy updates, and clinical practices shaping the future of treatment.

Join us as we foster collaboration, share knowledge, and strengthen the recovery community across Oklahoma and beyond.

Date: October 17, 2025

Location: Metro Technology Center Springlake Campus, OKC

Registration: Please scan QR code



Presenters:

We are excited to announce that David Magee will be featured at this year’s OKATOD Annual Conference presenting “America Has a Substance and Mental Health Problem: How to Fix It.” David Magee will also share the story behind his book, *Dear William: A Father’s Memoir of Addiction, Recovery, Love, and Loss*. Mr. Magee is the bestselling author of an award-winning book, a Publisher’s Weekly national bestseller featured on CBS Mornings. He is a frequent educational and motivational speaker, an award-winning columnist and TEDx presenter, and a changemaker in student mental health and substance use disorder

We are also thrilled to announce that Ken Stoller, MD, DLFAPA, Director of Johns Hopkins Broadway Center for Addiction and a Professor of Clinical Psychiatry and Behavioral Sciences at Johns Hopkins University School of Medicine, will join us at the plenary session to present on moving toward reducing restrictions, stressing “patient centeredness”, and emphasizing harm reduction in the OTP field.

Other presenters include:

Katie Harrison, MA,
Oklahoma’s SOTA

Mark Stavros, MD, FACEP, FASAM,
Chief Medical Officer of Maric
Healthcare

Larry Lovelace, D.O., FACEP, FARP,
Medical Director of Oklahoma
Treatment Services

Ann Jamieson, MS, LADC/MH,
OKATOD President & Chief Clinical
Officer at Maric Healthcare.

Don’t miss this conference as part of our commitment to bringing the most relevant and impactful discussions to Oklahoma’s treatment and recovery professionals.

Lineup



**Kenneth B. Stoller, MD,
DLFAPA**



Katie Harrison, MA



**Mark Stavros, MD, FACEP,
FASAM**



**Larry Lovelace, D.O.,
FACEP, FARP**



**Ann Jamieson, MS,
LADC/MH**



COMING SOON...

AATOD Conference
SPRING 2027

GEORGIA

Nevada: A Panorama of the Latest Goings-On

Written by Stephanie Cook, NV State Opioid Treatment Authority

MOUD in Jails

The Nevada Funds for Resilient Nevada (FRN), the opioid settlement dollars, are housed within the Director's Office of the Department of Human Services (previously the Department of Human Services). One of their initiatives is to support access to MOUD in the jails throughout Nevada. They are working with various stakeholders in this space to build out a program to implement this initiative. A request for proposals (RFP) was being released to capture an entity for implementation.

MOUD in Prisons

The Nevada State Opioid Response (SOR) grant is supporting the Nevada Department of Corrections (NDOC) is updating their policies and procedures to incorporate MOUD within the prison setting. The teams are working together to build out a sustainable plan for incorporating MOUD, initially focusing on the continuation of MOUD from county jail, or otherwise, into the Nevada Department of Corrections. The pilot is ongoing and continuously making

good strides at ensuring access to MOUD for their population of most need.

OTP Central Registry

The Nevada State Opioid Treatment Authority (SOTA) is working with the Nevada Board of Pharmacy to contract with an entity to provide a Central Registry for opioid treatment program (OTP) services. The implementation of this registry will allow for better access to information relating to individuals that may be seeking services from an OTP. It will also allow for better reporting metrics from the OTPs to the State, to obtain a better understanding of the services being provided throughout the State. This will be used to plan for future opportunities for the OTPs in Nevada.

GRASP

The State Opioid Response (SOR) Program has engaged stakeholders and decision-makers to implement evidence-based strategies aimed at reducing overdose deaths in Nevada

related to opioid and stimulant use. As part of these efforts, opioid treatment programs will participate in the Gambling Resources and Support Program for Opioid Treatment Programs (GRASP). This project is designed to improve outcomes for individuals diagnosed with opioid use disorders by strengthening the ability of the OTPs to address co-occurring problem gambling issues. By increasing the capacity of OTPs to integrate problem-gambling-related assessment, discussion, and interventions into clinical processes, from intake through discharge, the program seeks to improve public health outcomes and reduce the harms associated with both gambling and substance use.

Mobile OTPs

Nevada has not implemented any mobile OTPs at this time. The State has been working through the best budgetary approach to funding these types of units and business models has been challenging, when current resources are limited.

ABOUT AATOD

The American Association for the Treatment of Opioid Dependence (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 represents more than 1,500 Opioid Treatment Programs in the United States. AATOD had twenty-nine state chapters and is also a founding partner in the development of the World Federation for the Treatment of Opioid Dependence, which represents another 600 treatment programs throughout Europe.

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