



NEW YORK STATE
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Addiction Services for Prevention, Treatment, Recovery
Andrew M. Cuomo, Governor Arlene González-Sánchez, Commissioner



Governor
Andrew M. Cuomo



Commissioner Arlene
González-Sánchez

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Dear Friends,

I am honored to have been selected to serve a second term on the NASADAD Board of Directors. This month, the Governor announced two important health care related initiatives. New regulations have been issued to crack down on bath salts and synthetic drugs. In addition, NYS has submitted an application to the federal government for a medical waiver permitting investment of up to \$10 billion in savings generated through reforms by Medicaid Redesign Team (MRT). This will allow New York to implement an action plan to transform the state's health care system. This edition also includes an announcement by OASAS and OMH of a newly established joint training certificate, as well as other events and updates impacting our field.

Sincerely,
Arlene González-Sánchez
OASAS Commissioner

Governor Cuomo Announces State Makes It Illegal to Sell or Possess Bath Salts or Synthetic Drugs

Governor Andrew M. Cuomo [announced](#) on August 7, 2012, the issuance of new regulations to crack down on the increasingly widespread use of bath salts and other synthetic drugs. The new regulations, issued today by DOH and approved by the Public Health and Health Planning Council, will expand the existing list of prohibited drugs and chemicals to include dozens more substances that are now used to make synthetic drugs, better ensuring that distributors can no longer skirt the law by simply modifying the drug's ingredients. In addition, the regulations will allow for the first time an owner of an establishment and/or an employee selling synthetic drugs to be charged with possession of an illicit substance. Further, to support enforcement, the regulations will increase the criminal penalties for those who violate the rules. Violators will face fines up to \$500 and potentially up to 15 days in jail.

The Governor also announced a new toll-free hotline **1-888-99SALTS (1-888-997-2587)**. Individuals with information about illegal distribution of bath salts or synthetic drugs are encouraged to call this hotline. In addition a [new webpage](#) was developed to centralize information about bath salts including a link for those seeking treatment for drug abuse.

Governor Cuomo Announces that New York Has Submitted Federal Waiver to Invest \$10 Billion in Medicaid Redesign Team Savings to Transform the State's Health Care System

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International Overdose Awareness Day is August 31

International FASD

To read the [press release](#), visit the Governor's [website](#).

The following *Health Alert* was sent to all Healthcare Providers, Hospitals and Local Health Departments, and Local Government Units on August 20, 2012, from the NYSDOH Office of Public Health and the NYS Office of Alcoholism and Substance Abuse Services.

Despite their innocuous name, 'bath salts' are not bath products but rather synthesized cathinone and phenethylamine analogs with clinical effects similar to amphetamines. Bath Salts have high addictive potential. With continued use, tolerance develops and abstinence is characterized by withdrawal and intense craving.

- In 2011, there were 39 reported emergency room visits in New York State outside New York City with a chief complaint related to 'bath salts'. In 2012, there have already been 191 such emergencies with 120 occurring just in June and July.
- Psychoactive 'bath salts' (PABS) may be consumed orally, intranasally, intravenously, or rectally.
- The active psychogenic agents in 'Bath salts' are chemically related to cathinone and phenethylamines which have central nervous system properties.
- The current users of PABS in the United States are predominately males (>75%) under 30 years of age with conflicting reports as to previous or chronic illicit drug abuse. (Spiller, 2011 and MMWR, 2011) A similar pattern is seen in New York State.
- Patients with PABS intoxication can present with extreme sympathetic stimulation and profoundly altered mental status. The sympathetic effects may include tachycardia, hypertension, hyperthermia, and seizures. Deaths have been reported.
- Altered mental status presents as severe panic attacks, agitation, paranoia, hallucinations, violent and suicidal behavior.
- Patients who present after exposure to PABS should be observed and monitored in an intensive care setting. Treatment is largely supportive, typically with intravenous benzodiazepines (for sedation, to control seizures, or both) and intravenous fluids, particularly if there is suspicion of rhabdomyolysis. Avoid beta blockade due to potential exacerbation of hypertension due to unopposed alpha-adrenergic stimulation.

Awareness Day is
September 9

OASAS Participates in the
"What is Recovery?" Project

September is National
Recovery Month

Better Outcomes Tuesdays
Returns September 18

"What's New?" on the
OASAS Website

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OASAS Mission:

*To improve the lives
of all New Yorkers
by leading a premier
system of Prevention,
Treatment, Recovery.*

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- Urine drug screens will not detect PABS, thus a high level of clinical suspicion is warranted.

Synthetic Marijuana, generally referred to as 'Spice,' is most often sold as incense and marketed under names such as K2, Spice, Skunk, Moon Rocks, among others. 'Spice' products are dried plant materials with chemical additives. They are generally smoked, but are also consumed as herbal infusions or teas.

The cannabinoid related compounds found in 'Spice' can bind with greater or weaker affinity and duration to the same THC receptor that marijuana does. It is this diversity of receptor affinity and the composition of the chemical enhancers or other compounds with which 'Spice' is 'cut' or mixed with that are responsible for the spectrum of clinical presentations from mild innocuous euphoria and withdrawal to Poison Control Center reported symptoms of tachycardia, hypertension, confusion, disorientation, vomiting and hallucinations. Habitual users can experience withdrawal and addiction symptoms.

OASAS Commissioner Selected to Serve a Second Term on the NASADAD Board of Directors

Commissioner Arlene González-Sánchez received notice yesterday that she has been selected to serve a second term on the Board of Directors of NASADAD. She will continue to serve as the Region II Representative that includes New York, New Jersey, Puerto Rico and the Virgin Islands. Her membership on the Board of Directors has provided OASAS with the opportunity to be at the forefront of new national initiatives and advocate for the development of policies affecting substance use disorder (SUD) prevention, treatment and recovery services. As a result of her membership on the Board, OASAS has been invited to participate on various committees and special policy initiative teams related to: the Affordable Care Act; Coalition for Whole Health's efforts regarding Essential Health Benefit (EHB) SUD services; SAPT Block Grant re-design and data collection initiatives. Through her membership on the NASADAD Board of Directors, the Commissioner has developed strong working relationships with the leadership at SAMHSA, ONDCP and State Substance Abuse Directors from other states and the territories.

This is a tremendous opportunity for the Commissioner, OASAS and the field.

OASAS Releases 2012 Treatment Program Scorecards

On July 20, 2012, OASAS released the 2012 Treatment Program Scorecards. This is the second year that OASAS has issued treatment scorecards for use by the general public, Local Governmental Units (LGUs) and the provider community. The scorecards are posted on the OASAS website and accessible to the public via the Provider Directory



Available
24 hours / 7 days
Toll-free, Anonymous and
Confidential

Visit the [OASAS Contact Us
Webpage:](#)

for links and phone
numbers to connect you to
OASAS program area
experts.

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Search function at www.oasas.ny.gov/providerDirectory/index.cfm.

Scorecards for each of the more than 900 treatment programs present information across five domains: access, quality, patient outcomes, efficiency, and regulatory compliance. Information for the particular program and comparison data for similar programs across the state use a 5-star rating system.

Program scorecards are a centerpiece of OASAS outcomes management efforts to promote exemplary performance by service providers and high-quality outcomes for patients. LGUs, providers, referral sources, and members of the public are able to search for a chemical dependence treatment program and review data about program performance, patient outcomes, and other useful information about the program and the people it serves.

The 2012 OASAS Dashboard www.oasas.ny.gov/pio/oasas/documents/2012dashboard.pdf identifies all agency priorities, includes a metric focusing on increasing provider and LGU use of performance data to inform program improvements. Surveyed each year as part of the local planning process, this year's results are quite encouraging. A recent analysis of the survey results indicates that the use of outcomes management continues to increase among both providers and LGU's. A detailed report of the survey results will be released shortly.

Regional forums were recently conducted at eight sites across the state. More than 250 agency representatives participated in an effort to learn more about local efforts to strengthen the use of outcomes data to improve program performance. Information regarding the presentation "*8 Steps to Improving Scorecard Performance*" along with applicable data drill down instructions can be accessed at: <https://cps.oasas.ny.gov/cps/secured/countydata/index.cfm?selection=38>.

OASAS efforts in the performance management arena have been recognized by the federal government and by other New York state agencies. The Center for Substance Abuse Treatment (CSAT) recently recognized New York State for its exemplary efforts in implementing performance measures in the substance abuse field and increasing the role of outcomes in organization-wide management practices. At the state level, OASAS has been a part of the Spending and Government Efficiency (SAGE) Commission pilot program to test the development of a state-wide performance management system.

If you have any questions or comments, please submit them to scorecard@oasas.ny.gov.

Governor Cuomo Announces that New York has Submitted Federal Waiver to Invest \$10 Billion in Medicaid Redesign Team Savings to Transform the State's Health Care System

Julia Fesko

If you would like to submit an article or have a story idea for an upcoming newsletter issue, please send them to:

Communicator@oasas.ny.gov

v.

New York has submitted an application for a [waiver](#) from the federal government that will allow the state to invest up to \$10 billion in savings generated by the Medicaid Redesign Team (MRT) reforms to implement an action plan to transform the state's health care system. Included in this application is the following proposal: Enhance Intensive Residential Services for Substance Use Disorder: The Office of Alcoholism and Substance Abuse Services (OASAS) currently certifies and funds Intensive Residential programs through state only funds. This level of care is for patients who have significant functional deficits due to substance use disorders and frequently, co-occurring physical and mental health problems. These programs are currently not medically directed and are peer focused based on "community as method" behavioral modification. These programs can be improved with more Medical Direction and increased professional staffing, while retaining the peer based recovery principles of the therapeutic community model.

If this is approved by the federal government, it would create a stable revenue source other than OASAS state aid which could allow for more development of OASAS residential treatment.

To read the [press release](#), please visit the Governor's website.

The Governor's Advisory Council on Alcoholism and Substance Abuse Services Met in Albany

On Tuesday August 7, 2012, the Governor's Advisory Council on



Alcoholism and Substance Abuse Services met at the OASAS offices in Albany. This appointed body meets on a quarterly basis and is charged with assisting the OASAS Commissioner in the establishment of statewide goals and objectives (including comment on the statewide Five-Year Plan); reviewing applications of incorporation, establishment

or construction of a facility; making recommendations regarding the enhancement of services; and reviewing all proposed rules and regulations. The Council discussed topics including the Affordable Care Act, electronic health records and implementation of the new Justice Center; in addition to viewing a short video and hearing a presentation regarding issues facing the Native American Community. The next meeting of the Advisory Council will be held in the fall. The specific date will be posted on the OASAS website when available.

State Systems Development Program (SSDP) Conference

From July 30 through August 1, Commissioner Arlene González-Sánchez and Pat Zuber-Wilson, Director of Government and Federal Policy attended the State Systems Development Program (SSDP) Conference in Baltimore. Administrator Pamela Hyde presented her vision for integrated mental health and substance use disorder services under the Affordable Care Act and how SAPT Block Grant funds can be used to address community needs for the delivery of prevention, treatment and recovery services.

SAMHSA's vision goes beyond just access but looks at the continuum of behavioral health services that are evidence based and delivered based on community need - including providing services in non-traditional community settings.

SAPT Block Grant funds should be used to insure service delivery and continuum of services as the ACA is implemented. A focus should be placed on paying for services for the cohort of people who do not obtain insurance, enroll in an exchange or qualify for Medicaid. As we move towards the implementation of the ACA, the block grant is also expected to support those SUD programs and services that are not covered through other sources.

OASAS Participates on Call with White House Office of National Drug Control Policy

Last week Commissioner Arlene González-Sánchez and General Counsel Robert Kent participated in a call with David Mineta Deputy Director of Demand Reduction from the White House Office of National Drug Control Policy on New York State's plan for substance use disorder services as part of the Essential Health Benefit. The Governor's Office, the Department of Health and the Department of Financial Services also participated in the call. The purpose of the call was to discuss the state's plan for SUD services as ONDCP determines the direction the White House should take with SUD and the Essential Health Benefit package.

ONDCP has contacted seven states (NY, NJ, CA, VA, MD, RI, VT) to gather information on SUD services as part of the Essential Health Benefit. New York State was selected to be part of this effort because of its leadership in making sure that the SUD benefit is robust and provides a continuum of behavioral health services.

New Integrated Mental Health/ Addictions Treatment Training Certificate Announced by OASAS and OMH

In November of 2009 OASAS and OMH established the Focus on Integrated Treatment initiative available through the Center for Practice Innovations' (CPI) Learning Community. This initiative offers 35 professionally designed learning modules along with distance implementation supports to help practitioners and programs

implement integrated treatment for people with co-occurring mental health and substance use disorders. Participation in these activities is tracked in the Learning Community and can be exported easily for licensing and other program review.

Many practitioners and programs across the care spectrum have taken advantage of the free training and implementation supports in this initiative, and many more are joining them every day. In support of their efforts, the NYS Office of Alcoholism and Substance Abuse Services and NYS Office of Mental Health are hereby announcing a jointly developed certificate to recognize practitioners who have completed all of the FIT practitioner modules.

The Integrated Mental Health/Addictions Treatment Training Certificate - IMHATT

Effective immediately, CPI will automatically issue an IMHATT Certificate to practitioners who complete all FIT Practitioner Basic, Intermediate, and Advanced Competency Modules.

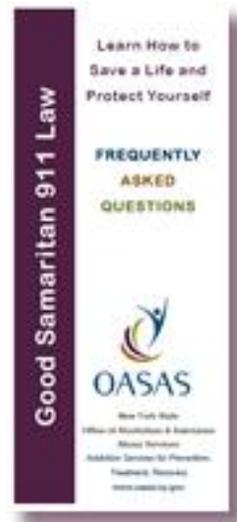
CPI will also notify OASAS and OMH of the providers and staff that have completed FIT modules. OASAS will monitor and confirm completion of FIT modules and receipt of IMHATT certification by staff at the program level through Commissioner Priority Metrics on the OASAS Outcomes Dashboard. The OMH Bureaus of Licensing and Certification staff will acknowledge the percentage of staff who have achieved an IMHATT certificate at the time of program review and in Monitoring Outcome Reports. For individuals submitting the IMHATT certificate with their credentialing application, OASAS will accept this certificate for the number of hours specified in each section towards the listed OASAS credentials.

CPI has already begun awarding certificates to those individuals who have completed all of the FIT practitioner competency modules and will identify and recognize newly eligible practitioners on a regular basis thereafter.

Please join the many providers who are already taking advantage of the free FIT training and implementation supports and please consider attaining the IMHATT Certification. To join FIT, please go to: <http://practiceinnovations.org/>, click on "Quick Links" on the top bar and choose "How to Join the FIT initiative". On the next page, scroll down to complete a brief online application. For additional information, please contact Nancy H. Covell, Ph.D., Project Director, at (646) 945-0227 or via E-mail: covelln@nyspi.columbia.edu.

New OASAS Opioid Prevention Brochure Available

A new OASAS [Opioid Prevention Brochure](#) is now available for download on our website. It provides information on the Good Samaritan Law and Naloxone Reversal Training. Governor Cuomo signed a law that went into effect in September 2011 that will save lives. The law will protect individuals from being arrested for misdemeanor drug possession if they call for help for a medical emergency. New York State law allows citizens who have been trained to administer NARCAN (Naloxone) to someone who has overdosed from an opiate. This brochure provides factual information for staff, clients, family members and friends on both of these lifesaving initiatives.



Madison Youth Selected as Northeast Region Youth of the Year

[Madison Square Boys & Girls Club Youth of the Year](#) Crystile Carter has been named the Northeast Region Youth of the Year by Boys & Girls Club of America! She was chosen from among 13 Northeast region candidates and will compete for the national title in Washington, D.C. in September. While there, she and the four other regional winners will meet with President Barack H. Obama in the White House Oval Office.

To read the [press release](#), visit the Madison Square Boys & Girls Club website.

O-STARs

The OASAS mission is to improve the lives of all New Yorkers by leading a premier system of addiction services through prevention, treatment and recovery. If you know an exceptional individual who works or volunteers in the field of addictions and consistently performs at an outstanding level and makes a difference in the lives of New Yorkers, we want to hear from you. For consideration as an O-STAR, please e-mail no more than two to three short paragraphs about the individual with a picture (in .jpg format) along with your contact information to communicator@oasas.ny.gov. Self nominations are also accepted.

As a former Communications Bureau team member, it is with pride that Laura Perry is featured as this month's O-STAR. We are delighted to honor her for her extensive work and many contributions throughout her long career with the State of New York. For more than 31 years, Laura has been a dedicated public servant. Ms. Perry began her career with the State of New York in 1972 as a Stenographer with the New York State Office of General Services. Laura left



state service in 1977 to fulfill family responsibilities. However, during this time she continued to work periodically for a few years with New York State Parks, Recreation and Historic Preservation until returning to full-time state service in 1986 for the Division of Alcoholism and Alcohol Abuse as a Senior Stenographer. For nearly two decades, Laura received numerous promotions from a Secretary to Paraprofessional to an Addiction Program Specialist 1 and 2. She ends her career working in the Bureau of Communications, whereby she provided a range of services for the Commissioner and agency which included: Speech Writer for the Commissioner; Coordinator of the Commissioner's Briefing Calendar; Working with Program Staff to complete Commissioner Briefings; Oversaw OASAS publication production; Oversight of the Bureau Budget; Communications Liaison for several workgroups (Recovery Implementation Team and Problem Gambling Steering Committee); Your Story Matters Campaign Editor from 2010-12; co-Manager of the OASAS HOPEline Contract; and as Coordinator working with provider groups on special interest activities including organizing all aspects of OASAS' participation at the annual ASAP Conference.

Throughout her professional career, Ms. Perry has had a lasting impact on OASAS' network. She has received numerous accolades for her work which include six Commissioner's Achievement Awards and two Making a Difference Awards. She was a part of the Communication staff that was bestowed with numerous honors such as two *Nori* and three *Blue Pencils Awards*. She has also had extensive experience working on recovery-related events such as: coordinating eight annual *NYS OASAS Recovery Fine Arts Festivals*; six years directing the *OASAS Run for Recovery*; and four years serving on the planning Committee for the annual *NYS Celebrates Recovery Rally*. For 12 years, Laura was the agency liaison to the Federal Regional Alcohol and Drug Awareness Resources (RADAR) Network. She also played an instrumental role in the creation of the first agency website - one of the first among New York State agencies.

As a result of her excellent work ethic and passion, Laura acquired a vast knowledge of the state system and addiction field. Moreover, her

enduring patience and calm demeanor enabled her to gain respect and admiration from providers, partners, community members, co-workers and many others who have had the pleasure to know and work with her.

It is with sincere appreciation that we congratulate Ms. Perry for her distinguished public service and thank her for her contributions throughout her impressive career. We wish her good health and happiness, and continued success as she retires from State service.

OASAS Medical Corner

Dr. Steven Kipnis, OASAS Medical Director

The OASAS Medical Corner will be included in each edition of the newsletter. It is intended to provide timely information regarding educational events, new research and/or updates that can lead to better performance by the field. [Addiction Medicine](#) is a dynamic and relatively new specialty and this column will help to filter some of this information.

Cannabis is the Most Widely Used Illicit Drug in the World

Cannabis is the most widely used illicit drug in the world according to the United Nations Report on Drugs and Crime (2010). Globally, it is estimated that 147 million adults use illicit marijuana at least once annually, including 30 million Americans. Among those who used illicit marijuana in the past year, 10 percent (Koob et al, 2008) are estimated to meet the Diagnostic and Statistical Manual-Fourth Edition (DSM-IV; APA, 2000) criteria for cannabis dependence. However, despite the prevalence of the disorder and the numbers of individuals seeking treatment for it, there are no FDA-approved medications for cannabis dependence.

Barbara Mason et al in *Neuropsychopharmacology* (2012) 37, 1689-1698 reported a pilot study which examined the safety and efficacy of a calcium channel/GABA modulating drug, gabapentin, for the treatment of cannabis dependence. The study was a 12-week, randomized, double-blind, placebo-controlled clinical trial conducted in 50 treatment seeking male and female outpatients, aged 18-65 years, diagnosed with current cannabis dependence. Subjects received either gabapentin (1200 mg/day) or matched placebo. Manual-guided, abstinence-oriented individual counseling was provided weekly to all participants.

Cannabis use was measured by weekly urine toxicology and by self-report using the Timeline Followback Interview. Cannabis withdrawal symptoms were assessed using the Marijuana Withdrawal Checklist. Executive function was measured using subtests from the Delis-Kaplan Executive Function System.

The results show that relative to placebo, gabapentin significantly reduced cannabis use as measured both by urine toxicology and by the Timeline Followback Interview and significantly decreased withdrawal symptoms as measured by the Marijuana Withdrawal Checklist. Gabapentin was also associated with significantly greater improvement

in overall performance on tests of executive function.

This pilot study provides preliminary support for the safety and efficacy of gabapentin for the treatment of cannabis dependence and merits further study.

OASAS ATC Spotlight

Kingsboro Addiction Treatment Center (KATC) is a 70-bed inpatient rehabilitation and medically supervised detoxification



Kingsboro ATC Staff with OASAS Commissioner

program located at Bedford Stuyvesant in Brooklyn.

KATC is certified and operated by OASAS. In August, KATC received full accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF).

KATC's programs utilize a clinically driven length of stay, with a focus on

individualized treatment goals which address patients' strengths, needs, abilities and interests. KATC serves individuals with co-occurring mental health disorders, women, individuals with a criminal justice history and individuals requiring specialized mono-lingual Spanish program. Ten of the beds are designated as medically supervised withdrawal and stabilization service. These beds are certified as "swing beds" which enables KATC to use it for either inpatient services or withdrawal and stabilization based on need presented by patients upon admission.

KATC's clinical program utilizes an integrated treatment approach when addressing psychiatric and medical co-morbidities presented by the patient population. The core patient educational program includes Medical Aspects of Addiction, Relapse Prevention, Denial and Family and Relationships issues. In addition, each unit has specialized curriculum which includes the understanding of mental illness, Post Acute Stress Disorder (PTSD), the understanding of criminogenic thinking and strategies employed to change associated behaviors, and grief and loss.

KATC's program offers each individual a daily opportunity to participate in self help groups. Members of the Hospital and Institutional Alcoholics Anonymous and Narcotics Anonymous hold speaker meetings to help individuals understand the role community self help plays in their recovery. Most recently KATC has initiated Double Trouble self help meetings for patients who have a co-occurring

mental health disorder.

KATC also provides onsite recreational and spiritual activities. KATC has an active Alumni Association many of who sing in its Choir. Kingsboro ATC employs a multidisciplinary team of professionals who coordinate treatment services to its patients. KATC's leadership team includes a director, assistant director and nurse administrator. On staff are physicians, psychiatrists, registered nurses, counseling staff, social workers and recreational therapist all playing an integral role in the above noted team.

Patient Advocacy FAQs

Mike Yorio, Patient Advocacy Supervisor

The Patient Advocacy FAQs will be included in each edition of the newsletter. In addition to addressing patient complaints, OASAS Patient Advocacy advises provider staff on matters related to patient rights and treatment standards. For immediate assistance, patients may call 1-800-553-5790 and staff may call 646-728-4520. Here is a sample of questions addressed by PA recently.

WHAT SHOULD A PROVIDER DO WHEN A PATIENT RECEIVES LEGALLY PRESCRIBED MEDICINE FROM AN OUTSIDE MEDICAL PRESCRIBER?

Part 815.9 outlines patient rights and clear provider steps when patients receive outside prescribed medicines. Essentially, providers' medical staff must seek to coordinate medical care with the outside prescriber. Presumably, medical professionals will agree on best concurrent treatment. If not, the provider must respect the patient's right to choose treatment after reviewing all probable risks and consequences of the two different options. The patient then chooses. Unfortunately, patients are sometimes prescribed medicines that interfere with addiction treatment. Providers should educate uninformed prescribers or unaware patients to the extent possible. However, when taken deliberately by knowledgeable patients, providers should apply appropriate treatment interventions.

WHAT IF THE PRESCRIBED MEDICINE IS CONTRA-INDICATED, GIVEN A PARTICULAR PATIENT'S MEDICAL NEEDS OR A PATIENT'S ADDICTION HISTORY?

Responsible practitioners may disagree on particular patients' medical needs, including types of treatment or kinds of medicines. With confirmed disagreements, providers must advise patients of all medical options, given their needs and the conflicting medical opinions. The patient is then allowed to choose which treatment he/she prefers.

WHAT IF OUTSIDE PRACTITIONERS KNOWINGLY PRESCRIBE MEDICATION INAPPROPRIATELY, OR EXCESSIVELY, OR ILLEGALLY?

Providers can report unscrupulous prescribing practitioners to the Department of Health's Office of Professional Medical Conduct, which is responsible to follow up. Unfortunately, many prescribing practitioners lack information about addiction and addiction treatment, and can prescribe inappropriately, but in good faith. Providers should educate, to the extent possible, and follow steps outlined under 815.9 when patients are prescribed medicines from outside practitioners. Most often, outside practitioners will work with the provider's medical staff to deliver appropriate concurrent treatment.

If you have a question that you would like to see addressed in the Patient Advocacy FAQs column, please send them to MikeYorio@oasas.ny.gov.

Commentary: Take-Home Naloxone has Vital Role in Addiction Treatment

Opioid-related overdose deaths are a leading cause of mortality across the United States. Naloxone, the drug carried by ambulances to reverse overdoses, is also available in some states to be administered by trained members of the general public who might be present when an overdose occurs. Many lives have been saved by bystanders, and increasingly, notice is being taken of community-based naloxone distribution.

Take-home naloxone has a vital role to play in addiction treatment. Relapses after treatment are common, and loss of tolerance frequently, can lead to overdose. The New York State Offices of Alcohol and Substance Abuse Services (NYS OASAS) were early adopters of take-home naloxone and have urged all the programs they license to do the same.

To read the full commentary, please visit the [The Partnership at DrugFree.org website](#).

New Prolonged Exposure Therapy (PE) Coach' Mobile App Developed for Posttraumatic Stress Disorder (PTSD)

As per the National Center for Telehealth and Technology Public Affairs, the Departments of Defense and Veterans Affairs (DoD/VA) have released "PE Coach," a smartphone mobile application for use with posttraumatic stress disorder (PTSD) treatment. Both departments use prolonged exposure (PE) therapy as an effective treatment for PTSD.

Psychologists at the Defense Department's National Center for Telehealth and Technology, known as T2, and VA National Center for PTSD, developed the mobile app to specifically help patients with their therapy.

"PE Coach' is a helpful tool that assists our service members and veterans who are between visits and in treatment for posttraumatic stress disorder," said Dr. Jonathon Woodson, assistant secretary of defense for health affairs. "We have shared this app with our military health care providers as well, and hope that many individuals who are receiving PE therapy will find it useful."

To read the full article, please visit the [Defense Centers of Excellence website](#).

St. Joseph's Holds 40th Anniversary Dinner

The St. Joseph's Rehabilitation Center's founder and patriarch, Fr. Carmen Giuliano, SA (Society of the Atonement), established a philosophy for treating the disease of alcoholism based on the teachings of St. Francis which included, "We are called to heal wounds, unite what has fallen apart, and to bring home those who have lost their way."



This year St. Joseph's will construct a long-term community residence for veterans suffering from addiction and post traumatic stress disorder. The facility will accommodate up to 25 male veterans who will typically be in residence for a year or more. Bob Ross, St. Joseph's CEO says of the expansion, "Our new facility for veterans fits very well with our commitment to serving those most in need, which is a tradition dating back to St. Joseph's founding."

Since its founding, the agency's staff has grown to 139, making St. Joseph's one of the larger employers in the area while generating an estimated \$14 million of positive economic impact.

In celebration of St. Joseph's 40 years of healing individuals, reuniting families, and strengthening communities, alumni, dignitaries including the Bishop of Ogdensburg Terry LaValley, and other guests gathered recently for the agency's 40th Anniversary Dinner to gain a further appreciation of the Centers' history and to learn of St. Joseph's plans for the future.

Guest Speaker, Fr. Emil Tomoskovic, SA, a former CEO of St. Joseph's noted, "For forty years, St. Joseph's has served the people of the North Country. Countless individuals and families have been reunited and made whole. Always remember your foundation - the God-bestowed self-worth and dignity of all people. Keep it simple: I got a problem. I can't handle it. God can. Think I'll let him."

Assemblywoman Janet Duprey, also in attendance, expressed, "I congratulate St. Joseph's on their 40 years of providing rehabilitation services to so many people. For each person who is addicted to drugs or alcohol, there is also a huge impact on their families and friends. St. Joseph's has proven over the years that through the compassionate staff and dedicated Board lives can be saved and addicts can once again

become productive members of society. St. Joseph's is a jewel in the Adirondacks, and I'm pleased to be a part of their celebration."

Further, in a citation from the New York State Assembly recognizing St. Joseph's, Assemblywoman Teresa Sayward observed, "It is the sense of our unique society to recognize that the quality of life across this great State of New York is enriched by the concerned and dedicated efforts of those organizations of distinction whose singular purpose is the care and welfare of others."

Commissioner Arlene Gonzalez-Sanchez, of the Office of Alcohol and Substance Abuse Services, cited St. Joseph's for, "...making New York State a stronger and healthier place to live."

And, Senator Betty Little provided, "St. Joseph's mission endures and is one of vision and progress, of expansion and strategic growth, continually moving forward with new programs and services."

And while these testimonials are well earned and deeply appreciated, it is the words of a St. Joseph's graduate, similar to those expressed throughout the agency's 40 years of healing, that are perhaps most meaningful, "My life started when I got sober and it is truly part of who I am. The Fellowship has a special place in my heart, as does St. Joe's. I owe my life to both."

International Overdose Awareness Day is August 31



International Overdose Awareness Day

prevention and remembrance

[Overdose Awareness Day](#) has been a key remembrance event for those who have died from fatal drug overdoses since 2001. On August 31, thousands of people worldwide will stand alongside the friends and families of fatal overdose victims to reflect on those who have been lost. Overdose Awareness Day offers all who have been affected by overdose a chance to publicly mourn and help the wider community understand that fatal overdose profoundly affects mainstream society. The day also serves as a warning that not only illicit drugs can be dangerous and no one is immune to overdose. To learn more, visit www.overdoseday.com.

International FASD Awareness Day is September 9



Every year on September 9th, communities throughout the world observe [*International FASD Awareness Day*](#). Events are often held at 9:09 am, the 9th minute of the 9th hour of the 9th day of the 9th month of the year. This date and time is used to remind women not to drink during the nine months of pregnancy. The first *FAS Awareness Day* was held on 9/9/99. Since then, the Federal government and many State and local governments have officially recognized *FASD Awareness Day*.

To learn more, visit the [OASAS website](#).

OASAS Participates in the National Institute of Health's "What is Recovery?" Project

We are mindful that different segments of what we think of as 'the recovery community' may use different terminology to describe their current status in relationship with drug/alcohol use; the following suggested text uses the term 'in recovery' to refer to the general experience of persons who used to have a severe drug and/or alcohol problem and no longer do; some may label themselves 'in recovery', some 'recovered' and some may not label themselves at all. The goal of our study is to obtain as broad a representation of this varied experience as possible. Therefore we ask that you customize the text below to what you feel is most appropriate for the majority of your members/readers.

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) is pleased to partner with a project funded by National Institute of Health. The project is led by Principal investigator Dr. Lee Ann Kaskutas at the Alcohol Research Group in CA and Alexandre Laudet of the National Development and Research Institute in New York City. The project's goal is to learn how people experience and define recovery. The research will be conducted through an online survey that will inform the development of a Recovery scale based on the World Health Organization's Quality of Life instrument. This has never been done before and it is very much needed to guide recovery services planning and evaluation.

Please note that for this project, the word "recovery" is used as a general term to describe the experience of anyone who used to have a problem with alcohol and/or drugs and no longer does, not just people who consider themselves 'in recovery'. For the survey results to be as useful as possible to the recovery community and to the field in general, it is very important that as many people as possible participate in the project, and that the researchers get responses from a broad range of individuals and experiences.

To that end, OASAS is pleased to be one of over 20 organizations nationwide that are helping the study team get the word out about the survey by informing you about the project in this newsletter. The 20 minute anonymous survey is being administered on the web at the project's website www.whatisrecovery.org/. Your answers will be kept strictly confidential and all the results reported in group form.

Your experiences are important! We hope that you will consider taking the survey to contribute to this landmark project. If you have any questions, please don't hesitate to contact us at recovery@oasas.ny.gov.

September is National Recovery Month

National Recovery Month, now in its 23rd year, highlights individuals who have reclaimed their lives and are living happy and healthy lives in long-term recovery. This observance also honors the prevention, treatment and recovery service providers who make recovery possible.



This year's National Recovery Month theme, *"Join the Voices for Recovery: It's Worth It,"* emphasizes that while the road to recovery may be difficult, the benefits of preventing and overcoming mental and/or substance use disorders are significant and valuable to individuals, families, and communities. The theme also highlights that people in recovery achieve healthy lifestyles, both physically and emotionally, and contribute in positive ways to their community. They also prove to others that prevention works, treatment is effective, and people recover.

If you would like to participate in Recovery Month events in your area, visit SAMHSA's National Recovery Month website where you can search for local events using search criteria, such as zip code, state, dates, or event title.



If you will be in the Albany, New York area on September 23, 2012, you can participate in the [5th Annual New York Celebrates Recovery Rally and Fine Arts Festival](#)

on Sunday, September 23, 2012, at Riverfront Park at the Corning Preserve from 11:00 a.m. until 2:00 p.m.

This forum offers families, friends, youths and adults affected by

substance use disorders and concerned citizens, an opportunity to be seen, heard and counted together. Artwork submitted for the festival will be on display at the New York State Empire State Plaza from mid-August through September. The deadline for submissions is August 24, 2012. Award winners will be prominently displayed at the Rally Celebration on September 23. The Rally celebration will feature a symbolic walk through Riverfront Park along with entertainment, speakers and family fun activities and games.

For more information about the *Recovery Rally and Fine Arts Festival*, visit the [FOR-NY website](#).

Better Outcomes Tuesdays Returns September 18

The schedule for the fall session of OASAS' new learning opportunity format, [Better Outcomes Tuesdays](#), will begin on Tuesday, September 18, 2012. These interactive monthly sessions will feature providers who will present on challenges and solutions regarding implementation of evidence-based programs and evidence-based practices (EBPs). The fall sessions will be held at both Albany and New York City locations with the first fall session scheduled for September 18 from 9:30 a.m. until 11:30 a.m.

Space is limited, so [register online](#) soon! For questions, please contact SusanBrandau@oasas.ny.gov.

"What's New?" on the OASAS Website

- Updated Regulations - Revised Effective 7/11/12:
 - [Part 815](#)
 - [Part 818](#)
 - [Part 819](#)
- [Audio Broadcast of August 7, 2012, OASAS Advisory Council meeting available.](#)
- [New "Better Outcomes Tuesdays" Course Schedule and Registration Form available online.](#)
- [Presentation Slides for June 26, 2012, BOT Training: Implementation of the Matrix Model within the Continuum of Care: Intensive Residential, Outpatient and Day Treatment](#)
- [Stop RX Misuse Resources:](#)
 - For Pharmacists: Opioid Pharmacy Palm Cards
 - For Providers and General Public: Educate Before You Medicate - National Council on Patient Information and Education - prescription misuse education and prevention materials
- Facts on Rx Drug Misuse: [Classification of Commonly Abused](#)

[Prescription Drugs](#)

- New Addiction Medicine Resources:
 - [Recommendations](#)
 - 2. [Clinical Guidance: Continuing Methadone Maintenance in the Patient in Need of a Long Term Care Facility](#)
 - 3. [SAMHSA Advisory: The Role of Biomarkers in the Treatment of Alcohol Use Disorders, 2012 Revision](#)

- New TBI Resource: [Prevalence of Traumatic Brain Injury in an Offender Population](#)

- [New Free OASAS-Sponsored Training](#):
 - Treatment Planning M.A.T.R.S
 - Cultural Competency (Two Dates)

- New FASD Resources
 - [More new Project CHOICES Resources](#)
 - [New FASD Events](#)
 - [FASD In the News](#)

For questions and/or comments about this newsletter, please send them to communicator@oasas.ny.gov.