



NAMA Recovery Advocate

Special Focus:
New Initiatives--
for a New Decade!

WINTER EDITION

FEBRUARY, 2010

National Alliance for Medication Assisted Recovery -- Your Link for Information & Patients' Rights

FIRST THINGS FIRST A Word from NAMA-R's President **ROXANNE "ROKKI" BAKER**

Well here it is 2010 and how much has really changed in our world of medication Assisted treatment? Lets see, NAMA has a new name. We are now the National Alliance for Medication Assisted Recovery. So we are still NAMA just with the word Recovery after it. This opens the door for us to advocate for patients now using the various medications out there that are being used for opioid treatment and other drug problems. Soon after the name change NAMA-Recovery was able to open it's very first Suboxone Chapter which is based in Georgia. Its director, Angel Gilliard, is well versed in both methadone and Suboxone and is newly married. So, congratulations to you and your new husband, Angel.

There is an issue that I get quite a bit of email about and it's not getting any better in today's economic climate. I'm speaking here about the price we pay for our medications. It's a sad thing that our most stigmatized form of medical treatment charges so much money, which does little to abate the stigma, in my opinion. Lets say, for example, that I'm paying \$400.00 a month for my treatment, a common fee in this era of giant, for-profit, multi-site corporations, and I have Medicaid but my State doesn't cover this form of medication. Also, let's say I am married and my partner is also in treatment. We got addicted together and we got into recovery together. *(continued on page 2)*

~ NAMA-RECOVERY ~ A New Name for a Revitalized Patient Advocacy Organization!

NAMA becomes NAMA-Recovery: NATIONAL ALLIANCE for MEDICATION ASSISTED RECOVERY One Advocacy Umbrella for ALL Medication Assisted Recovery Options

The Board of Directors of the National Alliance of Methadone Advocates announced at the AATOD conference in New York City in April that the organization would in the future be doing business as the National Alliance for Medication Assisted Recovery or NAMA-Recovery.

The Board stated at the time that this change comes as a result of

the growing number of medications now used in the treatment of opioid addiction and reflects NAMA-Recovery's branching out to provide information, education and advocacy support to all patients in medication assisted addiction treatment. NAMA-R has 25 chapters across the U.S. and 15 International Affiliate Chapters from England to Australia.

NAMA-R's Executive Director Pinpoints Subjects Affecting OTP's and Their Patients

JOYCELYN WOODS SPEAKS TO THE YEAR'S IMPORTANT ISSUES

It has been a lively time for opioid treatment with a number of important issues surfacing.

First, the Methadone Protection Act (known as The Rockefeller Bill) was introduced. This legislation essentially sought to add some very rigid regulations for OTPs and patients and would have reversed many of the changes that the new regulations made. Thankfully the bill has been put on hold. More importantly, the sponsoring senate staffs began to realize that they had been misled by the anti-methadone lobby and have removed sections that impacted OTPs. Now the bill is primarily focused on the education of

physicians, developing medical examiner guidelines for the citing of methadone-related deaths, creating a national database to keep track of all opiate overdoses and the creation of a federal committee comprised of the major agencies involved in opiate prescribing (there use to be such an unofficial committee but they have not met in about a decade). Essentially the legislation is now positive and is a start at reducing the number of methadone overdose deaths.

The issue of confidentiality and CFR Title 42 Part 2 and changes in managing health records are starting to impact drug treatment. *(continued on page 2)*

FIRST THINGS FIRST A Word from NAMA's President

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That's \$800.00 a month for a medication whose cost is but pennies per day, sans delivery. Now that amount of money in today's economy is both a mortgage payment AND a car payment. And, because of choosing treatment, this family likely will never have that house or new car in their lives.

My point here is if the Federal government is going to mandate a system for the distribution of a particular type of medicine and care then they should also be mandating a price that is affordable to people who are attempting to start over in their lives and do the right thing.

What if I am a homeless addict? I'm not eligible for Medicaid in many jurisdictions due to not having an address, but I want to get into treatment and get my life together. My point here is that there are too many barriers for a user to get into treatment and then once we are in treatment, barriers to keeping that treatment be they the cost or the arbitrary hoops substandard programs dreams up at night so a patient never knows what to expect at the dosing window the next time he goes in. It amounts to stress mounted on stress for a patient day after day after day. And there is little room in successful recovery for stress, yet programs exist out there who continue to dump it in patient's laps and call it treatment.

So patients need to speak up and write letters. If anything is going to change about this cost issue and the stresses it creates we must come together and not wait for someone else to do it for us. Let the regulators and congressmen know that today's structure is unacceptable. That what would be acceptable to charge people in treatment is something they can work with not something that ensures poverty in all other areas of life. After all these are people just getting back on their feet who are working hard at getting their lives and families back on track. The profits being made at patients' expense is usurious. And yes, we pay taxes and vote, too.

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JOYCELYN WOODS SPEAKS TO THE YEAR'S IMPORTANT ISSUES

(Continued from Page 1)

The confidentiality regulations (CFR Part 2) have been a firewall protecting patients from having their medical records accessed without their permission. A group from the George Washington University in Washington, DC has been attempting to change the confidentiality regulations for the past 6-7 years. Fortunately, the idea each time has been met with negative responses from the field (good for them!). We know that most MAT patients do not tell their primary care physician that they are taking methadone for opiate addiction because it is very likely they would not get any medical care at all. Fortunately NAMA-Recovery is not the only organization that thinks it is a bad idea to change this protection. If patients feel that they can trust a doctor they can simply sign a release. But the problem is that once any information about a past addiction gets into someone's general medical record it can follow them for life. In addition to health care a patient can be denied health insurance, employment, and if the information just happens to get into government computers then who knows where the records could end up. NAMA-Recovery believes the protections should remain as long as patients continue to experience prejudice and we will work to keep these very important protections in place for patients.

The next issue I call the "OTPs Open for 7 Days Mishap." On January 24, 2008 CSAT sent out a "Dear Colleague Letter" indicating that OTPs are required to be open seven days a week, or make alternative arrangements for patients who do not meet the eight points for take home unsupervised medication. The response from the field was immediate as AATOD followed by several state organizations (i.e. COMPA) challenged the letter. From the start NAMA-Recovery agreed that irresponsible

patients should not be given unsupervised medication, however there was no need for this letter because the existing regulations are very clear regarding take home medication. The letter was a response to anti-methadone pressure groups that blame OTPs for the increased methadone deaths even though extensive evidence from multiple studies does not support such an accusation. And there were no discussions with affected parties, such as OTPs and patients, on the impact from such a change. Asking the field for comments has historically been an important part of rule making because a small change can have a significant impact yet do little to correct the problem at hand. Then on 10-21-2009 a second Dear Colleague Letter was sent recinging the first. So the concerted efforts of those to be impacted resulted in a correction of this errant promulgation on the part of regulators. They had initially succomed without thought to pressure from the anti-methadone lobby without first polling those to be impacted by the proposed change.

In a lighter vein, NAMA has received two different recognitions for the work that we do. First was the receipt of a *Certificate of Appreciation* from SAMHSA and CSAT that reads, "In recognition of the outstanding dedication, support and leadership as a National Alcohol and Drug Addiction Recovery Month Planning Partner in helping to highlight the outstanding accomplishments of individuals who work in the treatment field, to celebrate the successful journey of individuals in recovery, and the advancement of the treatment and recovery field." Secondly, Walter Ginter was recognized for his service as a board member of Faces and Voices of Recovery from 2007-2009. NAMA-Recovery is justly proud of these two recognitions.

The Testimony of Patients Continues to be Our Most Potent Ammunition for the Side of Truth in the Ongoing Battle to Combat the Misinformation Advanced by MAT Detractors

PLEASE visit NAMA-Recovery's petition site at <http://www.thepetitionsite.com/takeaction/360731625> where we have now collected over 3100 signatures and first person testimonials from patients and their family members and friends on the positive effect of methadone on their lives and that of their loved ones. These testimonials are our most potent weapon in the continuing battle against those detractors who wish to limit this life-saving medication's availability. VISIT IT TODAY!

Visit www.Methadone.org

One for the FILES

by J.R. Neuberger



Notes From The Editor & Publisher

In addition to his duties as *Advocate* Editor and Publisher, Joe Neuberger sits on the Board of Directors of NAMA/Recovery's national organization and is Director of its Delaware Chapter.

Knee-Jerk Reactions Continue to Negatively Impact Patients--The Canadian Example...

It was reported January 19th that three methadone prescribing doctors in the Fredericton area of Canada have discontinued the option for patients to take methadone home following the death of a 23 month old toddler from the area who ingested the drug in her home. It is not known at this writing, nor at the time of the policy change, if the methadone was in the home legally. The Royal Canadian Mounted Police is investigating the toddler's death.

The doctors have posted a notice at local pharmacies informing patients that methadone can no longer be taken home. The notice reads, "In light of numerous reports of methadone being sold on the street in Fredericton and as a consequence of recent unintended and inadvertent ingestion

of methadone and in the interest of public safety, all methadone carry doses are cancelled. Administration of daily dosing will be supervised at pharmacy."

Normally, patients have to go to a pharmacy to drink the liquid in front of a pharmacist. Patients, who have been in treatment for at least three months and are considered stable by their physician, were allowed to take multiple doses home with them. About 478 patients currently qualify for the so-called "carries program." Health Department officials estimate that approximately 1,000 people in the area are receiving methadone treatment through the province's four public clinics.

Dr. Robert Newman, former director of the US's largest methadone treatment program at the Beth Israel

Medical Center in NYC and currently heading up the the Baron Edmond de Rothschild Chemical Dependency Institute, remembers a similar occurrence at Boston City Hospital in 1972. He states, "...take-homes ended from one day to the next. As I recall about one-third of patients dropped out of treatment, and about half who had been employed lost their jobs shortly after take-homes ended. And as of this news report it's not even clear what the source of the methadone injected by the toddler was."

"The physicians' action seems intended to shield them from accusations - and the patients be damned. To give up individual assessment prerogatives (responsibilities!) is to me unethical. Physicians always have to weigh the hoped-for benefits against possible harm (to patients and others) of virtually every treatment they provide; that's their job. Here 500 patients are basically told: if you are receiving prescribed methadone that automatically makes you untrustworthy and a potential threat to the health and lives of others and therefore . . . We don't care a damn if you have zero evidence of current misuse of drugs, are working, have a stable family or live alone, etc etc etc. Take methadone and you're presumed to be a danger to all. Awful!"

We concur.

The Winter Survey question on our website will help NAMA collect some basic information about MMT in Your Area.

Help NAMA Help Patients and Participate in the Monthly NAMA Surveys.

Together We Can Make a Difference!

The *Advocate* contains many useful hyperlinks. Clicking on any telltale blue copy or many graphics within this issue will take you to more web-based resources.

Visit the World Wide Web's largest Online Forum for MAT Patients:

We Speak Methadone

at http://www.readybb.com/nama_wespeakmethadone/index.php

Support Responsible Methadone Advocacy!
Join NAMA-RECOVERY Today!

REMINDER TO MEMBERS:  **ANNUAL Dues**

Can Be Paid on the Website at www.Methadone.org using PayPal!

Dues Keep NAMA-R Going--Annual Membership Fees Are Now Due!

The NAMA-Recovery Advocate is a publication of the **National Alliance for Medication Assisted Recovery**. Permission to reproduce any content is given. Please cite the source. Full details of who we are and what we do can be found at www.Methadone.org.

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M.A.R.S. - YESTERDAY, TODAY AND TOMORROW

*NAMA Recovery is the umbrella organization for the M.A.R.S. Project, a CSAT (Center for Substance Abuse Treatment) funded Recovery Support Services Grant grantee. M.A.R.S. (Medication Assisted Recovery Services) is a peer recovery project based on the belief that when methadone patients receive training about addiction, its treatment and recovery they will feel better about themselves and do better in treatment and life. It is providing patients of medication assisted treatment education about the science of addiction, information on nutrition and health, peer mentoring, women- and Hispanic-specific recovery services, even a M.A.R.S. book club, all in a location near the treatment clinic where the patient can be mentored and grow. M.A.R.S. is the first truly "peer to peer" recovery endeavor in opiate addiction treatment in the United States with MAT patients educating and mentoring MAT patients with significant accomplishments and successes. Click this box for a web-based article on the M.A.R.S. program from **Addiction Professional**, 2008 September-October, 6(5):56.*

by Rosalyn Samuels, M.A.R.S. Research Assistant

Yesterday, M.A.R.S. was a gleam in Walter Ginter's eye. And finally, after submitting three proposals and almost a decade of time, the first Medication Assisted Recovery Support (M.A.R.S.) Project was funded.

The project started in September 2006 and is located next to Albert Einstein's Melrose On Track Methadone Program. This emphasizes that M.A.R.S. is not associated with "The Program." It also means that as patients leave the program they can go right and get in the elevator to go to the street — or they can turn left and go to M.A.R.S. a place that welcomes them.

What Does MARS Do?

We have many support groups at M.A.R.S. Stigma and Advocacy is a group that always draws large attendance. This particular group, along with the Education Series, facilitated by Joycelyn Woods keeps peers coming back again and again. These two groups help peers realize what their opiate addiction is about and that methadone is a medication, and not just a substitute for opioids.

Today, with the help of not only staff, but Peer Leaders and peers alike, we are keeping our Project new and fresh. For example, it is the peers who make decisions as to what happens at M.A.R.S. and that includes the groups we'd like to have.

The peers decided to have a social group such as the creative arts group on Friday afternoon. Peers have

spent the afternoon doing things like drawing, or oil painting, and other crafts like sewing and knitting. The group crocheted a coverlet with the NAMA-R logo for the sofa in Walter's office.

And there is the Book Club. We have read such books as: *Animal Farm* by H.G. Wells, *The Song of Solomon* by Toni Morrison, *Down These Mean Streets* by Piri Thomas, *Manchild in a Promised Land* by Claude Brown, and *Five People You'll Meet in Heaven* by Mitch Abloom. And for a special Book Club meeting this writer asked a neighborhood acquaintance who is also a published author come in to speak with us at M.A.R.S. She discussed her book, but even more interesting was the discussion about the writing process. We are currently reading *The Adventures of Sherlock Holmes*.

We have been on many trips, which again the peers selected. Events have included bowling several times and in the summer we went to Orchard Beach, a local public and well known beach in the Bronx. And we have visited the Cloisters, the Bronx Zoo, Coney Island Aquarium, the NYC Transit Museum, Museum of Natural History, The Planetarium and the Intrepid that is docked in the Hudson River.

In 2007 we went to the New Jersey Recovery Month Celebration because there was none in New York that year! M.A.R.S. won first place for the best banner in the Recovery Month Art Contest that is held annually at the celebration. The banner said "Methadone There is No Substitute!" It was a dig at naysayers who call methadone treatment "just a substitute". But the best part was M.A.R.S. got the privilege of leading the Recovery Month Walk with the banner. For a minute just envision programs like Daytop, New Life and a long line of abstinence oriented programs marching behind our banner.

The M.A.R.S. peers who are serious about their recovery can become Peer Leaders. Some staff have started as Peers and advanced to Peer Leaders to eventually be asked to work for M.A.R.S. if they demonstrate leadership and the desire to move ahead. The point is that at M.A.R.S. you have a chance to grow.

The "If You Need to Know" Part

This is probably the most important part of M.A.R.S. It is not unusual

for peers (patients) to come to M.A.R.S. because they are having a problem either with a city or state agency or local organization. And the problem is usually because of methadone and because most people don't understand it. Patients are told that in order to get the services they need that they have to get off methadone. Before M.A.R.S. patients had nowhere to go to even ask if what was happening to them was wrong. This is the "If You Need to Know" part of M.A.R.S. Patients can come in and ask if what is happening to them is legal and what they should do about it.

And I would be remiss not to mention Howard and Norma Lots of who manage the GPRA (Government Performance and Results Act) part of the Project. GPRA is the evaluation part of M.A.R.S. and any project that is funded by SAMHSA has to use the GPRA Instrument (a survey) and interview the "target population" (that's us) to show that they are doing good things with the money (we know that!). The data is then entered into the government database but only M.A.R.S. knows the code for each survey done and who they belong to. The files are protected just like any patient record in the program.

Four Years Goes Fast

Tomorrow? This is our 4th and last year. We are learning about how funding happens and how hard it is to get funding. Right now this is what staff are working on to keep M.A.R.S. going. M.A.R.S. has proven that a Recovery Center is an inexpensive way to provide support for patients and to encourage patients to be the best of what they can be. And that patients can help patients and that is just as important as the medication and clinical parts of treatment. Right now we hope to get funded for the next four years and continue to grow.

At M.A.R.S. there is a motto. It reads:

**SOME PEOPLE WORK.
SOME PEOPLE WORK
TO MAKE
A DIFFERENCE.**

M.A.R.S. (Medication Assisted Recovery Services) has given patients an opportunity to do just that---make a difference in the lives of patients!

Visit www.Methadone.org

Pioneer to the Field Howard Lotsoff Dead at 66

It is a sad day for the NAMA-Recovery family as we report on the death January 31st of long-time Board member, Ibogaine pioneer and President



of the [Dora Weiner Foundation](#), Howard Stephen Lotsoff. His life-long work as a humanitarian, educator and philanthropist and pioneering work to bring [Ibogaine](#) into the lexicon of medicine will not soon be forgotten. He is survived by his wife of 46 years Norma Alexander Lotsoff.

Following are some comments by those who knew, worked with and loved him.

“Howard was a great person, that made this world a better place to live. His knowledge enriched many peoples’ lives. It is an honor to have known him and call him a friend.”

“He was one of the most kind and helpful people I have come to know through Ibogaine and harm reduction.”

“I had been privileged to become friends with this very dignified, intelligent, and gentle man, a stalwart supporter of users rights and this should be remembered and celebrated as much as his pioneering work with Ibogaine.”

“Howard was a pioneer in the addictions and his passion was remarkable; his studies into ibogaine, laudable.”

“Howard’s time on earth was given to the help of others. I could never, any of us could never compare to his dedication to ibogaine or his kind heart. God bless you Howard. There will never be another with your passion for giving of ones self to help so many.”

“We love you, Howard. Thank you for being an example of hope, freedom & compassion for us when we thought there was none.”

Law Enforcement Against Prohibition (LEAP) Visits NAMA-R International Affiliate “BF”



LEAP’s Executive Director Jack Cole (right) with Joergen Kjaer, Director of NAMA-Recovery’s Danish Affiliate Bruger Foreningen (BF) at BF’s facilities in Denmark. Mr. Cole spoke at the Danish Parliament on prohibition’s failure.

NAMA-Recovery’s Danish Affiliate, Bruger Foreningen (BF) had the pleasure of having LEAP’s Executive Director Jack Cole visit BF after he made an astonishingly credible presentation for more than 125 politicians and reform friendly people at the Danish Parliament building in Copenhagen. Afterwards, Jack and his wife Ellen visited BF where they kindly announced that BF was the highlight of their trip to Denmark.

Ellen, incidently, is a professional jazz pianist and singer. So she returned, alsono, and spent most of the day of Sunday afternoon at a jamsession with BF’s musicians. Later, Joergen Kjaer, BF’s Director, drove Jack and Ellen to see some sights where Jack several times took off his winter coat to flash his sweatshirt that has large yellow letters stating “Cops Say Legalize Drugs--

Ask Me Why” even though it was icily windy and well below 30 degrees outside.

Jack is an avid and staunch prohibition fighter who constantly struggles to get new people to listen to [LEAP’s message](#). “With more than 1000 poor people that I personally arrested in 14 years as an undercover narcotic ageng I still have trouble sleeping at night, so I fight as hard as I can every day,” he said.

Jack also held a closed meeting with 100 policemen who work at the station in charge of the open drug scene in Copenhagen, where he reported that at least one approached him after his lecture and said, “I completely agree with you in everything you just said,” so maybe there is a growing potential for a future LEAP affiliate in Copenhagen.

See the article beginning on page 9 featuring BF and its activities.

Why Medication Assisted Treatment?

BECAUSE IT WORKS!!

Why MAT Recovery Support Services?

BECAUSE THEY ENHANCE THAT SUCCESS!

**From Coast to Coast &
Around the World
NAMA Advocates
are Making
a Real Difference
in the Lives of Patients**



**from NAMA-R's
Northern Calif.
Chapter**

The Director of NAMA-Recovery's Northern California Chapter, ROKKI BAKER, CMA, is also the president of NAMA-R's national organization which certainly keeps her very busy. But she also reports a full agenda on the state and local levels in California. As an example she tells of a California county program closed and reports began coming in regarding multiple patient problems whose transfers did not go smoothly and others having "fallen through the cracks" completely. But a "face to face" with the CEO of the clinic involved resulted in meetings with affected patients and a satisfactory resolution of the problems at hand.

Things on the state level in California are in a state of flux with the recent retirement of long time ADP head Rebecca Lira, a knowledgeable and respected leader. There has been a disbanding of the Advisory Committee that had regular meetings between the state director and a selection of providers and advocates and patient representatives to remain pro-active in the regulation and provision of opioid treatment. That regular exchange will be missed and it's hoped that patients do not suffer because of it. Providers in California are largely of a high quality and the COMP open board meetings

ANDREW J. RICHARDSON, CMA, head of the Chicago Chapter and also NAMA-Recovery's Heartland East Regional Director reports frustration over the situation of a Mississippi patient forced by a local Judge and Child Services to discontinue her Methadone treatment or face losing her child. Andrew's experience points out just how much work remains to be done and the level of discrimination that MAT patients experience across the United States.

Locally Andrew reports helping three patients daily with rides to their clinic facility and monthly contact with the state's treatment authority to keep abreast of developing issues and situations. He's also made an effort to contact all of the clinics in the Chicago area to make them aware of NAMA-Recovery and his advocacy and of his availability to both patients and programs and their counselors.

Lastly, Andrew continues working on advancing the issue of MMT in the prisons of both the Chicago area and the country as a whole. He reports working on a presentation for the Harm Reduction Coalition conference coming in November centered around this important issue.

**from the Central NJ Chapter and the
National Grievance Coordinator**

NAMA-Recovery's Central New Jersey Chapter Director and National Grievance Coordinator CLAUDE HOPKINS, CMA reports staying busy responding to complaints, requests, questions and grievances from patients, family and friends from throughout the country. Dozens and dozens of these are processed throughout the year from patients accessing NAMA-Recovery through the website at Methadone.org.

Claude also conducts a "Methadone 101" education group at local clinics and works as a New Jersey state Recovery Mentor available to patients in MAT. He is an intern alcohol and drug counselor completing his coursework to become a state certified counselor (CADC).

Claude attended the national AATOD Conference in New York City in April and also participated in the recent A&E Recovery Rally in Brooklyn, New York.

**from the Atlantic City,
NJ Chapter**

DELORES CANADA, CMA reports that she's been keeping busy, and is about to complete her junior year of college through courses at Colorado University where she's decided to pursue her Master's in Criminal Justice/Substance Abuse. She's a Dean's List student and NAMA-Recovery is very proud of

her accomplishments.

Delores also reports activity on the advocacy front and is presently assisting a number of patients who have been denied local treatment due to concurrent benzo prescription. She's been successful in getting them placed in programs out of town while they wait in hopes of getting placed in local treatment facilities. As Delores' actions illustrate, patients continue to be forced to decide which medical affliction to get treated, frequently to their detriment.

are taking up some of the slack created by the Advisory Committee's demise. Thankfully there remains many good employees in the department, though much new, inexperienced personnel have arrived with the changes

brought about by Ms. Lira's parting.

NAMA-R-NorCal celebrates 12 years of patient advocacy in 2010. And though the quality programs are many, much work remains among the standard programs that remain.

from Georgia NAMA-Recovery with Suboxone as Specialty

The newly married ANGEL GILLIARD is the director of one of NAMA-Recovery's newest chapters, Georgia NAMA-Recovery with SAS or *Suboxone as Specialty*. This melds perfectly with the national organization's recent name change to National Alliance for Medication Assisted Recovery. This change was done to include the growing number of medications targeted at helping those struggling with opioid addictions. For decades methadone was the only medication approved for this purpose, now joined by suboxone.

Angel is NAMA-Recovery's first advocate who also happens to be a suboxone patient. So her knowledge of the treatment is first-hand. This has proven invaluable to her effectiveness as a source for information for opioid addicts considering the treatment, directing them to doctors in their area qualified to prescribe the medication.

She has also been introducing herself to these Georgia suboxone prescribers, providing educational materials for patients and providers alike and is organizing a suboxone support group for the region.

Angel has also been assisting patients who are finding the costs of suboxone treatment to be prohibitive to access the pharmaceutical company's *Here to Help* program which can provide up to a year's worth of medication at no cost. Each prescriber can have a limited number of patients qualify for the program. Angel has been alerting both patients and doctors of the program's existence and helping with the paperwork involved to get a patient started on it. People have been able to access this treatment as a direct result of Angel's efforts.

She also reports active participation in a series of internet groups dealing with illicit usage and recovery in order to spread the word about MAT to people seeking information about treatment options.

Lastly, Angel reports on the handling of a variety of patient grievances centered in Georgia. All of these activities are in addition to working a full-time job unrelated to the advocacy work she undertakes. She has been an outstanding addition to the NAMA-Recovery family of advocates.

from the Florida Chapter and NAMA-R's National Chapter Coordinator

The head of NAMA-Recovery's Florida Chapter, NANNETTE C. WOLLFARTH, CMA, is also NAMA-R's liaison between our chapters and the national organization as the National Chapter Coordinator. Wearing two hats is a challenging and time-consuming job and Nan accomplishes it masterfully having developed an excellent rapport with all of the chapters under her purview.

On the local Florida front Nan reports a host of important issues being attended to on behalf of patients. In the aftermath of Katrina she continues to address the problem of disaster planning and alerting patients to just what plans are in place in the inevitable event of the next disaster in this hurricane-prone region of the country.

There also is a serious shortage of programs in north and central Florida with many patients travelling 100 to 200 miles daily to access treatment.

Nan reports inroads being made into getting patient advocacy concerns before the state methadone regulators in the Florida Children and Family Services Dept.

Lastly this hard working patient advocate reports on the continuing widespread overcharging of patients, with fees of \$13 to \$20 per day being commonplace throughout the state. And now many are also jumping on the Suboxone bandwagon, imposing similar attendance requirements on patients as with methadone and charging upwards of \$165 per week. Access, of course, suffers in the face of this usury.

from Pennsylvania NAMA-Recovery and the Mid-Atlantic Coast Regional Director

ERICKA LEAR, CMA heads-up the Pennsylvania Chapter and also acts as NAMA-Recovery's Mid-Atlantic Coast Regional Director. Pennsylvania is not one of the more enlightened regions of the country as concerns MAT and the treatment of opioid addiction. For this reason she spends a great deal of time on educational initiatives to the PA House and Senate concerning methadone. Working with providers and agencies within the state she was part of the group that put a stop to the "no driving" legislation and prevented it from going to a vote in the PA legislature. Ericka describes measuring success in PA by what remains of patient rights and treatment rather than by advancements in it with much to much legislative involvement in what should be medical decisions within the state.

Ericka is currently involved in the battle against Pennsylvania House Democratic state Rep. Ken Smith, (D-112) and his bill to establish a state-wide moratorium on the establishment of methadone clinic facilities and requiring an onerous community impact study wherever such a facility is presently located or anticipated. It is the latest example of the NIMBY (Not In My Back Yard) battle raging in many parts of the country when an expansion of MMT facilities is announced. Ericka's courageous public participation in battling these forces of discrimination and fear-mongering is to be saluted and we at NAMA-Recovery salute her for her efforts and thank her on behalf of Pennsylvania patients and those needing expanded access to these life-saving treatments.

Ericka can be regularly found participating in media interviews and radio shows discussing the benefits of methadone on the communities where it is widely available to needing citizens. She is also pursuing a degree in Psychology with an emphasis in substance abuse



from Indiana's NAMA-Recovery Chapter, "MAG of Indiana" and the Heartland West's Regional Director

CARMEN PEARMAN-ARLT, CMA is NAMA-Recovery's Indiana Chapter director. It is the Methadone Advocacy Group (MAG) of Indiana. She is also NAMA-R's Heartland West Regional Director. She holds these posts on top of her daily job as director of one of Indiana's most progressive methadone treatment facilities.

Carmen has submitted the following report on the condition of treatment in the state of Indiana:

The past year was a difficult year for advocates in Indiana. We fought the new regulations that would require that the clinics be open 7 days a week (among other new rules). Several patients appeared at a hearing at the Department of Mental Health and Addictions and testified as to why the 7 day dosing rule would make it more difficult for patients to get to treatment. We started a letter writing campaign and asked the Governor to not sign the bill but this didn't help us. Indiana is now among the other states that have this rule. The rules are now worse than when MMTP's operated in the 1970's; over-regulated. It amazes me that pain clinics will prescribe hundreds of milligrams of methadone in a pill form yet the methadone patient in addiction treatment cannot even get a one day take-home. It is pathetic. I hear them say that a patient would get take-homes if they would "just quit using" long enough to get reduced clinic visits (RCV). The majority of the patients are chronic users and cannot do this outright. I know first hand how difficult it is to get to the clinic everyday with no transportation, no gas and no money. But here I am preaching to the choir.

Regionally, I have answered many patient letters, e-mails and phone calls. The NAMA webpage is invaluable in connecting patients. Almost all of the complaints were directed toward the restrictive regulations. I have been able to cite regulations as being the culprit

in most cases. More difficult cases were directed to our SOTA. If that did not help, I was able to coach patients on how to handle their grievances with their Program Director. That's the one CARF policy that I like. There is a process and the clinic cannot ignore it. I do not call a clinic on a patient's behalf. I think that the patient should be knowledgeable and that they are the best persons to make changes at their respective clinics.

Our clinic, which was opened two years ago on February 4th, has had over 300 patients come for treatment. It's a small clinic and there are currently around 135 patients who are on the current census. We will be forced to be open 7 days a week starting February 13th. I am happy to say that we have many patients on RCV's and that this new rule will not impact many patients. Yet, this makes me angry that patients are treated in this manner.

Advocates are continuously responding to newspaper articles that appear in the paper. There are many overdose deaths and due to a good relationship with the coroner, we are no longer seeing methadone as the cause of death. We have educated our coroner about the fact that it is not the methadone that is the culprit but the alcohol and benzodiazapines that may have caused the death. The coroner is now looking at these cases much more closely and carefully.

We continue to educate the community in every forum that we can. Advocates have appeared in town hall meetings to counter any negative comments about methadone. Families who have patients on methadone have formed a support group. They meet every first and third Friday at the library. This group is well attended. They call themselves the spooners because they have no more spoons in the kitchen drawer. They are our best methadone

advocates. They have had several media sit-ins with their group and consequently write editorials about how relieved these families are to have their loved one in methadone treatment.

We were able to get one county to allow us to bring the patient's methadone dose to the jail. The Captain and the Warden are working with us. We are working on other county jail medical staffs and the physicians too.

Advocacy never ends; it is a commitment each day, every day.

Some NAMA-R
M.A.R.S.
program
peers are
being trained
in overdose
prevention
using
Naloxone. If
an overdose
occurs in
their complex
or project they
can be on-
site before an
ambulance
arrives,
saving lives!
We are proud
of their
involvement.



The following public policy recommendations, if implemented, would significantly reduce the incidence of accidental overdose, especially those involving opioids, and resulting deaths occurring in the United States.

- 1) Enhance overdose prevention education.
- 2) Improve monitoring, research, outreach and coordination to build awareness of the overdose crisis, its ramifications and public health approaches to reducing it.
- 3) Remove barriers to naloxone access.
- 4) Promote 911 Good Samaritan immunity law reform.
- 5) Establish trial supervised injection facilities.

Report from NAMA-Recovery's International Affiliate at Bruger Foreningen: the Danish Drug Users Union



The following detailed report on their activities comes from JOERGEN KJAER, the executive director of Bruger Foreningen or "BF," the Danish Drug Users Union and a NAMA-Recovery International Affiliate Organization. BF is a state supported and funded advocacy organization with an extensive facilities structure as the following report will illustrate. Joergen's report follows:

2009 started quite easy with our usual daily activities. On all 5 weekdays a senior activist and a newer activist as assistant opens the BF drop-in and union house at 10.00, with a free breakfast/brunch table and fresh newspapers. At this time of day we usually have a bunch of homeless drug users who pop in to enjoy the free meal and have a chat and socialize in a safe and peaceful atmosphere. Some need to borrow the phone, while others need advice or help, to be guided or get access to proper social assistance or find the right program in the treatment system - as an interest organization we have access through one of the many back doors (personal contacts) to the city's social help system. Some have a hot shower while others use the clothes washer and dryer, while others play a game of billiards - others surf the Internet or get their emails on the café's

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two game and Internet computers. The more energetic have an exercise session in the gym - or just relax in the electric massage chair - some service their own or one of BF's 15 service bicycles.

If we learn that some one is hospitalized one or two from the activist group visits the person with a little thing like fruit chocolate or other thing that we know will make the person happy. Lately we have designated a laptop with a mobile ADSL broadband modem so it is possible to stay in contact and surf the Internet.

The visit is the same if someone is sick at home.

We will make sure that the individual has enough and proper medication. Also, if it is wished, we bring out a warm evening meal so no one starves in loneliness.

The more dedicated activists start to vacuum and wash the floors of some of the 22 rooms and kitchen floor or polish some of the 47 windows - 5 toilets needs attention - one of them is designated to injection room - with extraordinary strong light - a shelf for drug preparation - and have a large bucket for safe disposal of used rigs. BF also distribute "tool bags" with contents we have developed in cooperation with Copenhagen city's Social service who finance it - sterile water, swabs, a metal cup, a needle & a syringe and one of a 150 series of J-Key harm reduction information card.

On some days we have school kids from 8 grade and up coming from all parts of Denmark, to listen to our prevention lectures - as well as students from most education institutions relevant to drug users (nurses, social educators, social advisor's & councilors, doctors, journalists and police cadets) visit BF to listen to different lectures about drugs, drug users and our opinions.

As one of our oldest traditions we celebrate birthdays for all members



Birthday celebration at BF.

of the activist group, just as any nice family does. The individual can buy a \$100 gift of their own preference. The BF kitchen produces a few handmade cream cakes and fresh baked bread balls - a Danish flag is placed next to the one who's celebrated - and we all sing a "slightly" adjusted children birthday song.

In March 2009 WHO (The World Health Organization) supported INPUD (International Network of People Who Use Drugs) with 24,000 US\$, so INPUD was able to sponsor 25 drug user activists, 5 were senior activists from BF, to fly to Vienna in Austria, to demonstrate outside the UNGASS (United Nations Drug Law Reform) conference where 4,000 international delegates were gathering for its ten year assembly. The demonstration was arranged by Hungarian HCLU activists (who're financed by OSI) and who had hired professionals to build the demo setting with caves, urine tanks and loads of huge Anti War on Drugs banners and Drug Peace posters. beside the 25 INPUD activists were activists from Sensible Students, Youth Rise, ENCOD and LEAP. We declared "Drug Peace" but the American delegation and the Pope neglected to listen. So even though Harm Reduction as a principal was wanted and supported by many European and South American countries - H.R. never made its way into the final declaration. *(Continued on Page 10)*



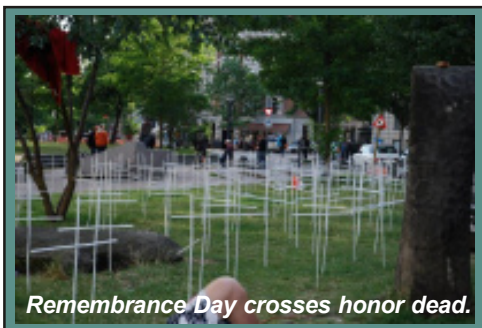
BF at Vienna demonstration in March '09.

from Danish Affiliate Brugger Foreningen

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In June 15 BF activists drove 80 miles to Denmark's third largest city Odense – to participate at a national Social Bazaar (a special social festival for projects and groups of marginalized people) that was held in a local park. This social bazaar event is arranged on an annual basis with BF one of 5 organizers previously hosting 5 planning and organizers meetings with other interest organizations representing Greenlanders, LAP = psychiatric patients, HUG = active prostitutes, SVID = a national organization of drop-in room users, and a high school for students to be social workers. At the festival BF exhibited our activities, shared with the Street Lawyer Copenhagen project and the LFHN – a +30 years old drug users parent and relatives union (for which BF provides free secretarial assistance and office inside BF). The social bazaar 2009 was well visited by more than 1,000 homeless, alcoholics, psychiatric disabled and drug users who were driven in by special busses from all areas of Denmark. A great local band made music and a known comedian made fun with our politicians – who, as he said, should be marginalized as the strange minority that they are.

In July BF organized the international Remembrance Day with a ceremony at the Memorial site for deceased drug users in a local park next to the open drug scene in Copenhagen. We placed a granite plate with copper letters: "Here we mourn deceased drug users" and planted a Paradise apple tree. Every year we have held an annual Memorial ceremony here. This



Remembrance Day crosses honor dead.

year we invited INPUD's General Secretary Vito Georgievski from Macedonia to speak, as well as Eliot Albert from U.K. plus Michael Johansson from our Swedish BF affiliate in our neighboring 10 NAMA-Recovery Advocate

town of Malmoe. We always decorate the lawn in the city park behind the Memorial stone with items corresponding with the number of deceased by overdoses the previous year. We have used football sized beach stones with names – male and female shoes – red and blue balloons – and this year we used 275 white painted bamboo crosses. We do this because it makes dramatically visible how many 275 is, when its number is visualized and not just a statistic. We also always bring along BF's speaker stand – a glass cube filled with used syringes and needles collected at the streets in the same area by BF's SyringePatrol. The Memorial ceremony 2009 gathered 120-150 people, which was more than any year before.

Over the years I have had a few meetings with Peter Ege the social doctor of Copenhagen. Peter and I have co worked on a plan about Naloxone overdose prevention project, since I saw an article about Chicago Recovery Alliance back in 2001. About four years ago our local politicians set aside money for this life saving project, but Peter insisted that we wait until we found a useable legal platform from where we could administer the project – and one first emerged last winter when Copenhagen opened its first "Health Room" next to the open drug scene with a staff of one physician and 4 nurses plus a social councilor to provide health services to the users in the street scene. In the last year we held 4 meetings with the new staff about how to plan and conduct the activists first aid course and provide them a doctors written permission to carry around Naloxone ampoules – we agreed that it should be both for injections and with a special spray devise for nasal administration. Peter was right that such a project needs proper administration and evaluation – and the longer time perspective is that the Danish Health Board should be persuaded to take Nalopxone off the prescription medication list and make it an over the counter drug - just like it has been for many years in Italy.

The second week of August the activist group went away to our annual one week teambuilding trip in the island

Als in the other end of Denmark, where we had rented a huge house with private beach and indoor swimming pool. The weather was relatively ok – and we had a great time – made a few excursions and saw some royal castles. But mainly we had a cozy time and were together in other conditions than in the everyday environment at BF.



Activists gather for annual teambuilding.

In October BF hosted a hepatitis conference for users and professionals. Denmark has a free health system – and an interferon treatment is therefore also free. Notwithstanding the millions set aside for hepatitis C. cure were not spent – because only a few applied for this important treatment. So Copenhagen city and KABS, a treatment institution covering 13 suburban communes, asked BF if we would host a hepatitis conference. Naturally we accepted and we rented the community theatre room that lies next door to BF, where we also held the IDUD2008 and other larger meetings.

On the day we had several hepatitis experts – who lectured about the prospect of the interferon – but more important we also invited two users who experienced interferon - one who was cured and one who wasn't cured – often when this cure is discussed by users the focus is always on the dreadful side effects – and not so often about how many actually have a successful outcome. We wanted the success rate of more than 50% and even for one geno type up to 90% to be known by all so many more apply for the treatment.

After this conference one of the doctors wrote me a mail that he administers a foundation for a brotherhood lodge that had some money to donate to a (Continued on next page)

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from Danish Affiliate Bruger Foreningen

(Continued from preceding page)

good cause – so if we needed anything I could just send him an application – and so I did – that we needed a powerful laptop for video editing. Two weeks later the money was granted. But now there was a little something extra – to receive the money I had to meet up at the lodge on a Saturday afternoon – in suit and lecture about our work – and so I did – as the hourly pay of a laptop was really ok!

The 3rd of November is the day that BF was founded we held a reception – where we hand out the our “User Friend of the year” award. It was a grand celebration in salute of BF’s sixteen years of operation bettering the

lives of Denmark’s drug users.

On December 24th 20 BF members and their guests celebrated a traditional Danish Christmas eve dinner with roasted pork and duck, white and sugar covered brown potatoes, and many other specialties. Everyone had a week in advance been given 500 Dkr. (approx 100 \$) to buy a personal Christmas gift after own preference from the union. All these gifts was nicely wrapped and placed underneath the Christmas tree – so after the extravagant meal we sang Christmas hymns and then the gifts were dealt around and opened on turns with lots of funny remarks and large applause that BF was able to find the right gift wished by the individual.

At Monday the 28th Dec. we celebrated another annual tradition – BF’s Christmas Bingo Game party – starting with a late lunch table boasting with delicious Danish Christmas specialties. The bingo game consist of ten games with a 10-pack of cigarettes win for the first line of no’s – and the same to side(wo)men of the winner of the whole plate who win 20 cigarettes,

a national lotto coupon, a large box of filled chocolate and a few packs of selected sweets and candy. The 10 games is always so exciting, that all the 1st place winners pass on some of their won goodie’s so we can have yet another 4-5 games, but then we are also tired of all the excitement.

At the 29th. December we held the Member’s annual General Meeting – where 22 members gathered and listened to the chairman and the treasurers report of the year that passed. As it was an odd year we (re)lected 3 of the seven board members – (on equal yr’s 4). There was no palace revolution but a lot of long applauses – we acknowledge how fortunate that we are having such an “Utopia” union house – and we’re (until 2010) well funded and we have fantastic premises so we are most of all thankful and contend that we live in little Denmark, where social benefits are high and health services are free and we only pay 20% of doctor prescribed medication. So we closed the meeting in less than an hour and went on to dine with everyone in good mood as we prepare for another year’s work.



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Interested? Visit [PCSS Methadone](#) by clicking the logo above or address below.

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- To Create a More Positive Image About Methadone Maintenance Treatment
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If you have email may we send you bulletin alerts electronically. (This will get bulletin alerts to you quicker than usual mail) **Yes** _____ **No** _____

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