

DR Anthony Canterna :

My name is Dr Anthony Canterna and I am an orthopedic surgeon,

Over the last 45 years I have worked with, and treated kids of high school age and have been the Doctor at Washington Jefferson College, in Washington, PA. I've also worked in sports medicine at Waynesburg University and the University of California of PA.

In the last 10 years there have been more drug-related deaths at these colleges and high schools than I saw in the previous 35 years . This sudden rise in deaths in Washington and Greene Counties has been very concerning to me. I have 10 grandchildren that are of high school age that have made me aware of the availability and accessibility of illicit substances. The increase in deaths in recent years from overdose of opioids really was a motivational factor for me wanting to help in some way. It wasn't until I got a call from a newly founded entity with the same goals in mind, but with a vision and scope too large for me to imagine. When I presented my thoughts on how I would like to proceed I was asked to be the Medical Director.

I accepted the position of Medical Director and formulated a protocol where clients would become stable on Suboxone from active addiction and then begin a tapering program to comfort meds and onto complete abstinence of opioids with an opioid blocker regimen.

My concept so far has worked very well and I'm proud to say we have a lot of clients opioid free and on a Vivitrol regimen.

I might add that we work very closely with Gateway Rehab and several other inpatient and outpatient treatment programs as medication alone may not be sufficient.

With that being said, I would like to introduce you to Robert Gorman who we brought on to help us further our endeavors. I think you'll soon see why.

Introduce Robert Gorman MPA PA-C

Robert P Gorman MPA PA-C
Positive Recovery Solutions LLC

Re introduction:

Robert P Gorman MPA PA-C

Graduated Cum Laude Duquesne University with Bachelors Degree in Health Science 2009,
and Masters Degree in Physician Assistant Studies in 2010.

Distinguished members of state and local government, my name is Robert Gorman. I'm a licensed physician assistant in the state of Pennsylvania and an active member of the recovery community. I've been actively engaged in a 12-step fellowship since November 1995 two days after my 29th birthday, and almost ten years after suffering horrific injuries while on active duty in the USAF requiring more than 14 operations and considerable amounts of narcotics.

I have experienced many things in recovery, learned a great deal about life, and about the disease of addiction. The toll addiction takes on families, community, and our great Commonwealth. The insidious nature of addiction cannot be taught. It can only be endured with risk of the ultimate cost, and at best it leaves its victims with unbridled mental anguish, unspeakable emotional pain, and lasting scars to their impaired memory.

Narcotics Anonymous literature provides: "when we realized we were sick people we suffered from a disease from which there is no known cure. It can, however, be arrested at some point and recovery is then possible." Some addicts unfortunately don't live long enough to realize that they are sick or even have a problem.

When I was new to the program that I needed to be prepared to step over a lot of bodies if I wanted to stay clean. I thought that was an awful thing to say to someone, but within weeks I knew how necessary those words were. This is because many people never realize that they are sick, or that there's anything wrong with them. They are incapable of seeing the reality of their own life and the only perspective they have is their own. Everyone else just doesn't understand. Here lies the Addict dilemma. Addicts trust no one. Self takes over the disease progresses and degradation begins. The more pain that inevitably comes demands more and stronger drugs until destroyed lives and lousy economics lead many to the needle.

To coin a phrase from a Neil Young song "I've seen the needle and the damage done a little part of it in every one, but every junkies like a setting sun."

Motivation:

Why am I here? Because the disease of addiction doesn't go away and for people who have gotten the gift of recovery there is a debt owed. A theoretical price of admission back to a Healthy life, and this debt can be called in at any time and only those who do give back know when it's time to do so. I hope I can help one person understand a little more about addiction, and maybe that one person can pay that forward and as a group we can hopefully save one life at a time.. If that can be accomplished here today than it was worth all of our time.

I found my way into Medicine many years after being clean and decided to work for a surgical service in large suburban hospital, but in doing so I distanced myself from where I came and in a few ways I became part of the problem in healthcare by not properly treating the addict population. During this time I also was able to understand addiction from yet another perspective.

The view of the general public and the stigma placed on addicts by health care professionals which leads to “justified” mistreatment. Addicts who actually physiologically require more opioids to treat pain often end up getting less, and are forced to take desperate measures while withdrawing themselves from professionals trained to help and sworn not to harm by oath. Once exposed to the street’s alternatives to prescription narcotics, it’s very rare that an addict ever goes back to prescribed medication. Our most infamous narcotic available on the streets today is heroin. It’s surprisingly inexpensive and readily accessible to almost anyone, anywhere, anytime. Heroin quickly has a dramatic negative impact on health and quality of life. Once physically dependent to this fast acting opiate, receiving the next dose is paramount to an addict because of the extreme withdrawal symptoms.

The most popular and accepted form of treatment for addiction and alcoholism has been the 12 step model. This model does work if the person needing help can get themselves to a place mentally where they realize the need for help and believes the 12 steps can help. Only then with sustained effort and willingness does the program work, unfortunately this is only successful for 2-4% of the population.

Modern medicine has come up with several pharmacological answers over the past 30 years to assist addict’s interested in achieving recovery, or at least reducing harm caused to society. The first of these, methadone, is still used. Several decades later, HDBT (High Dose Buprenorphine Treatment) Suboxone, Zubsolve, and Subutex entered the arena. More recently, long acting naltrexone therapy (Vivitrol) has become the most widely accepted modality. Its duration of action and non existent abuse potential makes this decision a no brainer for the detoxified patient.

I would like to take a few minutes to illustrate how the initial drugs of abuse and the subsequent medications interact with the human body.

Brief DEMO

Vivitrol research has shown that vivitrol is shown to relieve alcohol cravings and diminish the euphoric effect of alcohol. PRS is targeting that additional high risk population.

Intervention with Mobile unit & Vivitrol:

Vivitrol is a feasible adjunct therapy that will definitely save lives. Barriers to opioid blocker therapy is a serious public health concern. Our treatment model and recovery without judgement philosophy can certainly slow the crisis that our great commonwealth has been suffering through over the last decade. No one seeking help need ever die as a direct result of this disease.

Our focus is on the critical time between detoxification and the gradual rise of awareness and insight to the seriousness of ones own condition. This is were Vivitrol and the PRS mobile unit can intervene & potentially save lives. This protection of the patient opioid receptors allows time for transition into treatment and recovery by removing the ability to return to opioid use.

The consequences of opioid dependance rapidly progress and many end up in Rehab Facilities, hospitals, institutions, and even jails. These people can be identified after detoxification and offered another way out. The relieved burden opioid blockade therapy could have on governmental budgets is dramatic. Widespread national attention and a recent video press release by

President Barack Obama has identified a problem with non violent drug offenders being inappropriately sentenced and granted clemency to 46 federal prisoners. President Obama went on to discuss the national crisis of repetitive reentry into our costly criminal justice system. He stated that 20 billion dollars are spent each year on these offenders. 31,000 per year, per inmate. It may be hard to grasp the concept of a drug that is capable of virtually chemically handcuffing the opioid addicted portion of that population from physically being able to return to active opioid use. But that is what this drug is capable of and that is what our mission is.

The largest hurdle to overcome is access to providers to supply and administer this medication which has special handling requirements on a large scale .. To date this concept has only been marketed on a physician to physician/treatment center to treatment center basis. PRS has made it our mission to take this vital, pertinent and time sensitive concept to every person who needs it. We are planning to do this by strategically located brick and mortar offices where patients are seen and treated on the spot. We will also, and have already began deploying mobile units to individual Pennsylvania counties, anywhere this program is applicable. Positive Recovery Solutions had entered into a direct buy agreement with Vivitrol manufacturer Alkermes to ensure consistent and constant flow to the commonwealth. We entered into this agreement because it is crucial to have the drug available to PRS to deliver it responsibly to the end user in a self sufficient manner. This is a National crisis and needs a national solution. Our intent is to continue to develop our home state and solidify our policy and procedures, and prepare to replicate this very Positive Recovery Solution nationally, to anywhere the need exists.

PRS has a very unique combination of brilliant minds coming from different perspectives to achieve one goal: Impact the percentage of the addicted population that make it into the offices of behavioral entities to assist in the act making it to the other side. To date we have been fortunate enough to see our process work along with community based wrap around services to transform peoples lives. It is gratifying to be able to say that we have successfully transformed patients from active addiction through a suboxone taper and onto Vivitrol. Watching this take place is the greatest gift that I can get back, and we at PRS hope to see it work on a much larger scale.

thank you.