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About the Conference

The American addiction crisis has shifted from opioid dominance to polysubstance epidemics where people use stimulants and opioids together, complicating treatment and increasing overdose risk. Fentanyl contamination shows no signs of slowing. Treatment systems built for the last crisis are ill-equipped for this one. Most communities still lack treatment capacity. Insurance barriers persist despite policy changes. The gap between what evidence tells us works and what programs actually deliver remains vast. Yet pockets of innovation are emerging and programs that have figured out how to make treatment work in the real world. They've learned what really motivates behavior change. They understand how to engage people who've failed in treatment before. They've built systems that stay connected to people after traditional care ends.

Business Research Intelligence Network's Addiction Recovery & Treatment Innovation Summit brings together program leaders, hospital executives and health planners determined to move beyond aspirational visions toward actionable transformation. Rather than examining what should work in theory, this conference will explore what's actually working in practice. Sessions will address integrated treatment for addiction alongside co-occurring mental health and medical complexity, stepped care models enabling better individual-treatment matches, personalized trauma-informed approaches and workforce models that sustain quality staff.

Agenda

Day One – Thursday, February 25, 2027

7:15am – 8:00am
Conference Registration & Networking Breakfast

8:00am – 8:15am
Chairperson's Opening Remarks

8:15am – 9:00am
Clinical Considerations in the Treatment of Polysubstance Use Disorders

The shift toward polysubstance use—particularly opioids combined with methamphetamine, cocaine or benzodiazpines—fundamentally changes addiction treatment. Traditional approaches assumed primary drug focus. Modern reality requires simultaneously managing multiple substances with different pharmacology, different withdrawal syndromes and different treatment approaches. Stimulant use alongside opioid addiction defeats methadone maintenance strategies designed for opioid-only use. Adding benzodiazepines to opioids multiplies overdose risk but medication-assisted treatment alone won't address stimulant craving. This session provides clinicians and program leaders the framework for recognizing polysubstance patterns, understanding why they matter and designing treatment addressing multiple substances rather than pretending they'll disappear on their own. Topics to be discussed will include:

- Epidemiology of polysubstance use patterns in different populations and regions
- Clinical complexities of simultaneous opioid and stimulant use
- Medication-assisted treatment approaches for polysubstance presentations
- Assessment and treatment protocol modifications for polysubstance addiction

Clifford Q Cabansag, MD, LDABAM, FASAM, TTS
Medical Director / Addiction Medicine Physician
PAX Treatment Centers
Sojourner Recovery Services / Community Health Alliance

9:00am – 9:45am
When Substances Wear a Psychiatric Mask: Medication Management and De-Stigmatized Care
Most people entering addiction treatment present with psychiatric symptoms, creating a critical diagnostic challenge: are these substance-induced or primary psychiatric disorders? Misdiagnosis cascades into unnecessary medications and fragmented care. This session provides clinicians and program leaders frameworks for distinguishing presentations, recognizing medication pitfalls, implementing reassessment protocols and communicating with patients in ways that build engagement. Topics to be discussed will include:

- Substance-induced versus primary psychiatric presentations
- Common medication management pitfalls and de-prescribing strategies
- Reassessment protocols during early recovery

Eugene Vortsman
Clinical Director Addiction Medicine and Disease Management
Northwell Health

9:45am – 10:15am
Networking & Refreshments Break

10:15am – 11:00am

From Precipitated Withdrawal to Precision: Low-Dose Buprenorphine in the Fentanyl Era
The era of illicit fentanyl has challenged traditional approaches to buprenorphine initiation, increasing concern for precipitated withdrawal and creating barriers to treatment. This session will explore the pharmacologic rationale, emerging evidence, and practical application of low-dose buprenorphine induction strategies. Attendees will learn how to develop patient-centered induction approaches for individuals exposed to fentanyl, including key considerations for dosing, opioid continuation, monitoring, and transition to therapeutic buprenorphine doses.

William Amarquaye, PharmD
Clinical Pharmacist
Tampa General Hospital

11:00am – 11:45am
Integrated Behavioral Health: Treating Addiction and Mental Health Simultaneously
The vast majority of people entering addiction treatment have co-occurring mental health conditions. Yet treatment systems remain fragmented with addiction programs and mental health programs operating independently, creating disconnected care where people navigate between providers using incompatible approaches. Integration means one treatment team addresses substance use, depression, anxiety, trauma and other conditions concurrently using coordinated protocols. Integration dramatically improves outcomes for people who would otherwise cycle between uncoordinated services. In this session we will explore how addiction and mental health integration actually works in practice including staffing models combining addiction medicine and psychiatry, shared assessment and treatment planning, coordinated medication management and therapy, and measuring outcomes for both substance use and mental health. We will also examine barriers to integration and strategies for overcoming them.

Matthew J. Bruhin, PHD, LMFT, M-RAS
Chief Executive Officer
Apex Recovery

11:45am – 12:30pm
Advancing Effective Substance Use Prevention and Healthy Youth Development in the Context of Today's Drug Landscape
This presentation explores the current landscape of youth substance use in the United States, with a focus on the evolving trends, challenges, and opportunities shaping young people's experiences today. The session examines key risk and protective factors influencing substance use among youth and underscores the critical need for an earlier and broader approach to prevention. Participants will gain insights into which prevention strategies are supported by evidence—and which are not—particularly in the context of the substances that are most accessible and appealing to young people today.

Linda Richter, PhD.
Senior Vice President
Prevention Research and Policy Partnership to End Addiction

12:30pm – 1:30pm
Networking Lunch

1:30pm – 2:15pm
Emerging synthetic drug trends and changes as it relates to the Transnational Criminal Organizations (TCOs)
Focused discussion on The Sinaloa Cartel and the Jalisco New Generation Cartel (CJNG) who are Mexico's two most powerful, influential, and violent transnational criminal organizations. They evolved into fierce global rivals dominating the synthetic drug and fentanyl trade to the United States.

Cindy Marx
Special Agent in Charge of the Special Operations Division
Drug Enforcement Administration

2:15pm – 3:15pm
Panel: Breaking the Relapse Cycle
Many people relapse repeatedly despite earnest efforts. Some relapse is normal. Addiction is a chronic condition requiring ongoing management like diabetes or hypertension. But some programs don't learn from relapse, don't adjust treatment and watch people cycle endlessly. Leaders who've addressed relapse systematically discuss what they've learned about relapse patterns, early warning signs enabling early intervention and protocol adjustments when individuals stumble. Hear about programs using data and real-time monitoring to catch deterioration before full relapse occurs and how they've changed treatment engagement, engagement strategies and recovery support based on relapse analysis. Topics to be discussed will include:

- Understanding relapse as expected part of chronic illness rather than treatment failure
- Identifying early warning signs and intervening proactively
- Using relapse patterns to inform protocol refinement
- Maintaining engagement through multiple relapse-recovery cycles

Jerry L. Law, D.Min, LCDC, CSAT
Vice President of Inpatient Operations
Meadows Behavioral Healthcare

William Amarquaye, PharmD
Clinical Pharmacist
Tampa General Hospital

Jayson A Hymes MD MPH DFACPM DFASAM QME
Medical Director
Regent Addiction Treatment Medical Corporation

3:15pm – 3:45pm
Networking & Refreshments Break

3:45pm – 4:30pm
Anhedonia: The Emerging Crisis in Addiction Treatment
Anhedonia—the inability to experience pleasure—is emerging as a critical challenge in addiction treatment and recovery. It is increasingly central to the burnout and disengagement seen among patients in treatment. This session will explore how anhedonia intersects with polysubstance use, co-occurring mental health conditions, and complex medical needs. The focus will be on treatment approaches that address the realities patients face beyond the treatment setting. Ultimately, the goal is to identify programs and strategies that make treatment work in the real world.

Bryan M Davis, D.O., MSPH, DABFM, DABPM, FASAM
Medical Officer
Acadia Healthcare

4:30pm – 5:15pm
Exploring Frontiers: Innovative Approaches to Treating Addiction
Explore emerging approaches to addiction treatment, with a focus on innovative strategies for reducing cravings, anxiety, stress reactivity, and other factors that can contribute to relapse. We will examine the potential role of stellate ganglion blocks (SGBs), transcranial magnetic stimulation (TMS), and ketamine-assisted psychotherapy (KAP) as complementary tools within comprehensive addiction care. Through clinical perspectives and emerging research, this lecture will consider how these approaches may help disrupt entrenched patterns of craving and improve engagement in recovery, while examining appropriate patient selection, safety, limitations, and the evolving evidence base.

Randall (Beau) Beaupre II, MD
Physician Partner
New Wave Health & Wellness

5:15pm
End of Day One

Day Two – Friday, February 26, 2027

7:15am – 8:00am
Networking Breakfast

8:00am – 8:15am
Chairperson's Remarks

8:15am – 9:00am

Workplace Addiction Benefits: Strategic Corporate Investment in Employee Recovery
Employee substance use costs employers through reduced productivity, increased healthcare spending, accidents and absenteeism. Yet workplace addiction benefits remain woefully inadequate despite mounting evidence they deliver strong ROI. This session will examine how employers can structure addiction benefits addressing their sickest most-costly populations rather than generic mild-to-moderate offerings. Learn how to assess what employees actually need, design benefits meeting those needs, partner with treatment providers delivering outcomes and measure whether workplace addiction programs reduce overall healthcare spending. We will explore emerging models including on-site addiction counseling, partnership with local treatment providers and recovery coaching accessible through apps.

Tyler Meenach
Community Health Coordinator
Hamilton County Public Health

9:00am - 9:45am
Designed to Be Missed: A Team-Based Model for Retaining Hard-to-Reach Substance Use Disorder Patients
In substance use disorder, return to use is usually a discontinuation story — and in rural and under-resourced systems it's compounded by patients who are transient, hard to reach, and routinely charted as "lost to follow-up." This session presents a provider-agnostic model, in early development at a tribally operated critical access hospital, that assumes intermittent contact and is built to work anyway. It rests on three functions rather than one profession: data-driven case-finding that identifies disengaged patients before they self-present, a medication-continuity function that matches pharmacotherapy to realistic contact intervals, and a re-engagement function that addresses the social drivers pushing patients out of care. Attendees leave with a framework they can staff with the workforce they already have — and a candid account of how to finance it, including what it doesn't yet get paid for.

Jade Abudia, PharmD, BCPP
Psychiatric / Ambulatory Clinical Pharmacist
San Carlos Apache Healthcare Corporation

9:45am – 10:15am
Networking & Refreshments Break

10:15am – 11:00am
Beyond the Prescription: Scaling Pain-Trained Pharmacist Expertise via Telehealth
Most health systems have no in-house provider trained at the intersection of complex pain management and opioid use disorder, leaving buprenorphine management fragmented and intervention windows missed. The VA solves this with critical resource hubs — interdisciplinary teams pairing a pain/OUD-trained APRN or physician with a clinical pharmacist holding DEA prescribing authority — and it works. This session shows how that model translates into a telehealth-delivered pharmacist consultation hub that any health system can deploy without

hiring a full-time specialist. Drawing on a career in hospital opioid stewardship, including facility-level pain and opioid safety leadership at a major VA medical center, the speaker will share what made the model clinically defensible and how it's being scaled as a health-system partnership today.

Sean Ustic, PharmD, BCCCP
Clinical Pharmacist Specialist (Pain)
Tampa VA Facility Pain Management and Opioid Safety Coordinator

11:00am – 11:45am
Kratom: evolution, treatment challenges and legislative developments
Kratom has slowly evolved from a mildly potent stimulant referred to as " gas station heroin" to a readily available, potent, abusable substance with both opioid and stimulant effects. It is progressively being seen amongst the substances of abuse in treatment centers. Treatment approaches in both detox and residential phases, lack standardization, or evidence basis. Communities at the local level, both ccities and counties have taken various stands on the issue, or none at all. We will attempt to address these various factors, and suggest approaches to same.

Jayson A Hymes MD MPH DFACPM DFASAM QME
Medical Director
Regent Addiction Treatment Medical Corporation

11:45am – 12:30pm
Addiction - How did this happen? What Recovery Actually Looks Like: Moving Beyond Abstinence
Not using drugs is foundational but recovery means more—meaningful employment, stable housing, relationships that matter, contribution to community and sense of purpose. Programs treating abstinence as the end goal miss the point. This session will explore what good recovery looks like, how programs support reintegration into work and community, measuring life quality beyond drug screens and how to maintain connection with people for months and years supporting sustained recovery.

Jerry L. Law, D.Min, LCDC, CSAT
Vice President of Inpatient Operations
Meadows Behavioral Healthcare

12:30pm
Conference Concludes

12:45pm – 2:45pm
Workshop: Designing a Program Transformation Roadmap
Where do you start when you want to improve addiction treatment in your program or organization? This workshop will guide participants through identifying barriers to effective

care, assessing which innovations align with your context and developing implementation strategies. Working individually and with peers facing similar challenges, you'll identify your highest-impact opportunities, design approaches fitting your constraints and create accountability structures ensuring change happens. Leave with concrete next steps you can implement immediately. Learning objectives:

- Assess your program's readiness for specific treatment innovations
- Prioritize improvements based on impact and feasibility
- Design implementation approaches tailored to your specific context
- Create accountability structures ensuring transformation follows planning

Douglas M. Leech
Founder & CEO
Ascension Recovery Services

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