MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

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BUPRENORPHINE & METHADONE DOSING STRATEGIES TO REDUCE RISK OF RELAPSE IN THE TREATMENT OF OPIOID USE DISORDER

Although there is evidence that higher doses of MOUD help to reduce relapse to opioid use, less is known about what this dose is and how it should be attained. This article explains results of a secondary analysis of three comparative effectiveness trials. For buprenorphine, increasing dose to at least 16mg and then increasing to response provided the lowest risk of relapse. For methadone, strategies to increase dose (listed below) provided lower risk of relapse vs. holding the dose constant. In conclusion, doses should be targeted toward minimum thresholds and, with buprenorphine, increased when patients continue to use opioids.

Strategies:

1) increasing dose in response to participant-specific opioid use
2) increasing dose weekly until some minimum dose (16 mg BUP, 100 mg methadone) was reached
3) increasing dose weekly until some minimum and increasing dose in response to opioid use thereafter (referred to as the "hybrid strategy")
4) keeping dose constant after the first 2 weeks of treatment.

WHAT'S INSIDE

UPCOMING EVENTS

9/28: MAT Lunch Hour: Mobile Van Units

10/7: ECHO: Psychedelics for SUD Treatment

10/20: OBAT Navigator Skills Lab

11/3: Urban Mental Health Conference

HEADLINES

Management of OUD & Associated Conditions in Hospital

Novel Approach for Educating Prison Populations About MOUD

Physician Response to COVID-19-Driven Telehealth Flexibility

A new initiative to Treat Patients with Buprenorphine at the Point of Overdose

RESOURCES

NJ Division of Consumer Affairs Opioid Medical Training

UPCOMING EVENTS



MAT LUNCH HOUR: HOPE ONE MOBILE RECOVERY UNITS

WEDNESDAY, SEPTEMBER 28TH FROM 12:00-1:00 PM

The MAT Lunch Hours are hour-long virtual meetings to hear from experts and discuss the latest in clinical and non-clinical issues affecting the MAT patient population.

SUD MAT PROJECT ECHO: PSYCHEDELICS FOR SUD TREATMENT

FRIDAY, OCTOBER 7TH 2ND FROM 12:00-1:00 PM

This MAT SUD session topic will discuss how to address and treat cannabis use disorder in the patient with opioid use disorder.

OBAT NAVIGATOR MONTHLY RESOURCE CALLS & SKILLS LAB

THURSDAY, OCTOBER 20TH FROM 12:00-1:00 PM

The Camden Coalition is offering monthly resources calls & skills labs to provide ongoing opportunity for OBAT navigators & other SUD navigators/case managers to continue learning through:

- Hour-long deep dive of particular content areas
- Discussion of (de-identified) patient cases & support thinking through patient engagement strategies, potential resources, & how to practice self-care while doing this work
- Presentations & sharing updated resources about relevant topics

These events take place every 3rd Thursday of the month from 12pm - 1pm

TENTH ANNUAL URBAN MENTAL HEALTH CONFERENCE

THURSDAY, NOVEMBER 3RD FROM 8:00 AM - 3:00 PM

The Tenth Annual Urban Mental Health Conference of Rutgers NJMS Dept of Psychiatry, co-sponsored by the Nothern NJ COE is back to live and in-person! We will explore SUD in the age of fentanyl and other highly potent synthetic opioids. A panel of experts will discuss the most recent developments in the field and will discuss the challenges of using drug screens, and the societal responsibility of helping people achieve a realistic path to recovery.

RECENT NEWS

MANAGEMENT OF OUD & ASSOCIATED CONDITIONS AMONG HOSPITALIZED ADULTS: A CONSENSUS STATEMENT FROM THE SOCIETY OF HOSPITAL MEDICINE

Given the high number of patients presenting for opioid withdrawal or opioid use disorder in the hospital, the Society of Hospital Medicine developed this guide/statement on the management of OUD and associated conditions among hospitalized adults. It is intended for clinicians practicing medicine in the inpatient setting and for application to hospitalized adults at risk for, or diagnosed with, OUD. 18 recommendations are covered in this guide on the following topics: (1) identification and treatment of OUD and opioid withdrawal, (2) perioperative and acute pain management in patients with OUD, and (3) methods to optimize care transitions at hospital discharge for patients with OUD. Most recommendations in the Consensus Statement were derived from guidelines based on observational studies and expert consensus. As a result, there are still important issues that need additional research and exploration.

NOVEL APPROACH FOR EDUCATING PRISON POPULATIONS ABOUT MOUD: AN EDUCATIONAL CAMPAIGN BY RUTGERS AND THE NJ DOC IS FIRST IN NATION TO USE DIRECT-ACCESS VIDEO TO REDUCE DISPARITIES IN EDUCATION ABOUT OPIOID TREATMENT

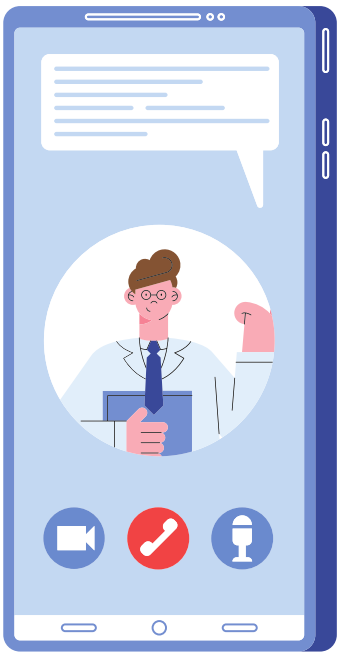


As a previous NEJM study by Binswanger and colleagues demonstrated, inmates discharged from prison have a 129x greater risk of overdose death compared to the general population. The Rutgers University Correctional Health Care (UCHC) developed this video to address the disparity of care, especially amongst those of color, in the correctional setting where 85% of people suffer from an active substance use disorder or incarcerated for a crime that involved drugs or drug use. UCHC has a comprehensive program offering all available MOUD, and this video educates incarcerated people on MOUD. This campaign the first in the United States to use an easily accessible video to educate all incarcerated people, including underserved populations, on how medication can help with OUD. As the article states, this educational campaign can serve as a model for correctional intuitions nationwide and can hopefully increase the reach needed to counteract misinformation, stereotypes and negative attitudes that people have towards those who are incarcerated.

RECENT NEWS

PHYSICIAN RESPONSE TO COVID-19–DRIVEN TELEHEALTH FLEXIBILITY FOR OPIOID USE DISORDER

This study sought to identify how perceptions and practices of prescribers who treat OUD via telehealth evolved during the COVID-19 pandemic. Publicly registered physicians who provide OUD treatment were surveyed on their current and previous use of telehealth. The study found that many surveyed physicians used telehealth for the first time during the early part of the pandemic, and suggested that this period increased physician respondent use of telehealth technology while also increasing positive perceptions of its effectiveness. Respondents overwhelmingly report interest in post-COVID-19 pandemic telehealth use and support for proposed legislation to loosen telehealth restrictions permanently.



PARAMEDICS CAN HELP COMBAT THE OPIOID EPIDEMIC: LESSONS FROM A NEW INITIATIVE TO TREAT PATIENTS WITH BUPRENORPHINE AT THE POINT OF OVERDOSE

This article was written by our colleagues at the Southern COE, Gerard Carroll, MD, Rachel Haroz, MD, and Kaitlan Baston, MD, MSC about an innovative initiative to train and arm paramedics with buprenorphine. Like the ED, EMS serves as another gateway to our MOUD system of care. Paramedics are trained for the challenging interactions they face in the field, are mobile, and carry life-saving medications and equipment. In the fall of 2019, the first paramedicine field buprenorphine initiative at the point of overdose was launched, utilizing all EMS resources to engage OUD patients on an ongoing basis, providing resources and opening a community dialogue. Paramedic ambulances carry buprenorphine and are supported by X-waivered EMS physicians either on scene or by phone. Importantly, the system is dynamic, able to provide engagement, OUD care, and linkage to 24/7 care. This model allows life-saving medication to be deployed to patients where they are, using infrastructure reliably available across the country. Key components and partnerships that have made the program at Cooper University HealthCare in Camden a success include: a flexible, innovative addiction medicine division with easy access for EMS patients, a fully X-waivered ED, progressive state EMS regulatory partners, EMS medical direction with addiction training, and EMS operational personnel willing to advocate for and implement the program. In the future, the plan is to focus o prevention, where EMS providers will seek this population out before they suffer a critical event, offer daily observed therapy, community resources, and link patients to the healthcare system. With this model, more lives can be saved and provide a new pathway to recovery.

RESOURCES



NEW JERSEY DIVISION OF CONSUMER AFFAIRS OPIOID MEDICAL TRAINING - ROWAN UNIVERSITY

This recorded video podcast interview series presented by Richard T. Jermyn, DO, FAAPMR consists of 18 podcasts that will feature experts in their respective fields. This series will provide standardized, comprehensive, easily accessible, evidence-based education on best practices and current laws regarding opioids for professionals throughout the State. The modules are designed to educate NJ health care professionals with prescribing authority, including physicians, physician assistants, dentists, podiatrists, optometrists, certified nurse midwives, and advanced practice nurses, as well as licensed pharmacists, psychologists, social workers, professional counselors, marriage and family therapists, and registered nurses and athletic trainers. Each podcast will be presented as a 30 minute, pre-recorded video interview.