MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

October 8, 2021 **BIWEEKLY NEWSLETTER** Vol. 33

PUBLIC SAFETY ALERT



The DEA Seizes Nearly 2 Million Fentanyl-Laced Pills in a National Crackdown

The DEA recently conducted a two-month search that began this past August, to target drug networks in the country.

The search resulted in over 800 arrests and the seizure of more than 2 million fentanyl-laced pills and over 1,500 pounds of fentanyl powder, which would be enough to kill hundreds of thousands.

It also seized nearly 9,000 pounds of methamphetamine and over 1,400 pounds of cocaine.

Be sure to educate patients on the dangers of illegally purchasing pills on the street, prevalence of counterfeit versions laced with deadly doses of fentanyl, and access to evidence-based and lifesaving harm reduction strategies.

CLICK TO READ THE NEWS ARTICLE

CLICK TO READ THE DEA PUBLIC SAFETY ALERT

CLICK TO DOWNLOAD HARM REDUCTION MATERIALS FROM THE NJ MAT CENTERS OF EXCELLENCE

WHAT'S INSIDE

UPCOMING EVENTS

10/8: Project ECHO: Pain Management & OUD Case-Based Application

10/13: OBAT Skills Lab

10/20: OBAT Support Event

10/27: MAT Lunch Hour: Peer Recovery Support Services

HEADLINES

Integrated vs. Non-Integrated Tx for Perinatal OUD

Impact of Stigmatizing Language Describing Opioid-Exposed Mother-Infant Dyads

Buprenorphine Home Induction for Pregnant Women

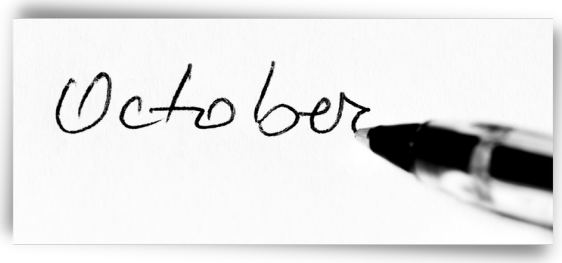
Barriers & Attitudes Reported by Canadian ED Physicians re BUP/NLX

OUD Tx Providers in Rural vs. Urban Areas of U.S.

Social Factors & Same-Day Buprenorphine in CA Hospitals

Attitudes Toward Syringe Exchange Programs in a Rural Appalachian Community

Upcoming Events



OBAT Navigator Skills Lab: De-Escalation with Crisis Management

This skills lab will help participants:

1) Identify escalating/crisis situations.
2) Understand strategies, techniques, and methods used in de-escalation.
3) Practice using tools and techniques to help de-escalate situations.

Join us for the next training on Wednesday, October 13 from 12:00 - 1:00 PM

REGISTER HERE

OBAT Navigator Support Event

This event is an ongoing opportunity for OBAT navigators, and other SUD navigators and case managers, to continue learning through:

Discussion of (de-identified) patient cases and support thinking through patient engagement strategies, potential resources, and how to practice self-care while doing this work

Presentations and updated resources about relevant topics such as harm reduction, strategies for identifying new community resources, and telephonic engagement during the pandemic

This event will take place on Wednesday, October 20 from 1:00 - 2:00 PM

REGISTER HERE

Project ECHO: Pain Management in Patients with OUD

If you missed any of the previous MAT or continuous quality improvement ECHO sessions, they are posted on the Northern NJ MAT Center of Excellence website webinar archive. Please note you can only receive CE credits by attending live ECHO sessions.

This session will take place on Friday, October 8 from 12:00 - 1:00 PM

This ECHO will discuss the conundrum of chronic pain in patients with OUD, and outline how to manage pain using buprenorphine in patients with OUD.

Lynda Bascelli, MD, and Clement Chen, PharmD, BCPS, will lead the discussion.

Do you have a case that you would like to present to the panel to receive recommendations and suggestions for management? Please click **here** to email your question(s) or scenario(s).

REGISTER HERE

MAT Lunch Hour: Peer Recovery Support Services

Join the NJ MAT Centers of Excellence and Camden Coalition of Healthcare Providers for the next MAT Lunch Hour to network, collaborate, and discuss.

Join us for the next forum on Wednesday, October 27 from 12:00 - 1:00 PM

REGISTER HERE

Recent Literature

Integrated vs. Non-Integrated Treatment for Perinatal Opioid Use Disorder: Retrospective Cohort Study

This is an observational retrospective cohort study that provides further evidence of the benefit of integrating OUD treatment through the receipt of "coordinated, co-located obstetric care and OUD treatment" in perinatal care. It examined records of 225 pregnant who received either integrated or non-integrated OUD treatment and obstetric care. Those who received integrated treatment were less likely to deliver preterm (11.8% vs. 26.5%, $p<0.001$), while also having shorter infant hospitalizations (6.5 vs. 10.7 days). There was also a nearly 75% decrease in the predicted probability of preterm delivery. The evidence here provides more support of the importance of treatment engagement and integrated care in improving outcomes of both the mother and baby.

CLICK TO READ THE ARTICLE

Impact of Stigmatizing Language Describing Opioid-Exposed Mother-Infant Dyads: Randomized Case Vignette Study

This was a randomized case-based vignette study that used population-weighted samples of pregnant patients with OUD living in Tennessee, examining the impact of terminology such as "opioid addict" and "born addicted" on the perception of patients.

Out of 1,100 participants who completed the survey, approximately 30% felt that the mother should be arrested and over 2/3 felt that the mother should not have custody of the infant, although there was not a difference in the selection of a punitive response based on the stigmatizing language.

It appears that many individuals hold punitive views of mothers with OUD. The article suggests that language represents a small intervention in reducing stigma and that broader interventions to reduce stigma would be more impactful.

CLICK TO READ THE ARTICLE



Home Induction of Buprenorphine for Pregnant Women

This is a short article summarizing a study that examined the experience of providing buprenorphine in clinic vs. home induction for pregnant women with OUD.

It finds that after the 3-month period, patients who received buprenorphine via home induction had adherence increase to 88% and illicit opioid use decrease to 23% from the just over half who had buprenorphine metabolites in urine and half who had continued opioid use at 1-week follow-up visit.

This experience suggests that buprenorphine via home induction is a valuable approach in increasing adherence to buprenorphine and decreasing illicit opioid use.

CLICK TO READ THE ARTICLE

Recent Literature (cont.)

Barriers & Attitudes Reported by Canadian Emergency Physicians Regarding Initiation of Buprenorphine/Naloxone in the Emergency Department

This study sought to identify emergency department physician reported barriers to starting patients with OUD on buprenorphine through the distribution of an online survey of 1,300 physicians in the Canadian Association of Emergency Physicians email distribution network.

The study received 121 responses and a response rate of just over 9%. Many of the prescribers identified the following barriers:

1) Lack of health care staff trained in assisting initiation of buprenorphine and arrangement of follow-up care;

2) Time constraints specific to patient education on buprenorphine;

3) Access to follow-up resources

The arrangement and access to follow-up resources remains one of the biggest barriers and will take a collective effort of all stakeholders in the SUD treatment space to ensure resources are readily available. In addition, further education needs to be provided to show that delaying and withholding buprenorphine while awaiting services will only increase the chances of patients leaving against medical advice and risk of overdose and associated deaths, as well as increased utilization of health care resources including the emergency department.

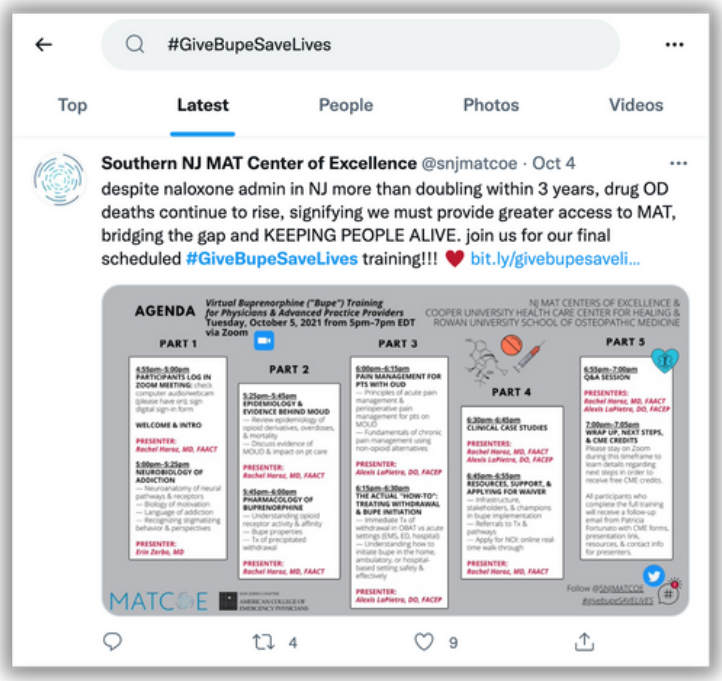
CLICK TO READ THE ARTICLE

Robustness of Estimated Access to Opioid Use Disorder Treatment Providers in Rural vs. Urban Areas of the U.S.

This study emphasizes that, despite the availability of evidence-based medications for opioid use disorder, access to treatment is not accessible to many Americans. It focused on the urban and rural disparities in the driving times to providers using public data from the federal government. It found that the median driving time was highest in rural areas vs. urban areas (12 minutes vs. 61 minutes) and X-waivered prescribers (5 minutes vs. 21 minutes).

Efforts to close this divide are necessary, which include the NJ MAT Centers of Excellence commitment to increasing access to MOUD amongst general medical providers throughout New Jersey.

CLICK TO READ THE ARTICLE



Follow #GIVEBUPESAVELIVES on Twitter
Hashtag created by Rachel Haroz, MD, FAACT, Community Partnership Director, Southern NJ MAT Center of Excellence

Recent Literature (cont.)

Voting with their Feet: Social Factors Linked with Treatment for Opioid Use Disorder Using Same-Day Buprenorphine Delivered in California Hospitals

This study reviewed electronic medical records of patients with OUD between January-April 2020, who were receiving care at California Bridge Hospitals. The study assessed whether social factors (housing status, insurance type, and co-methamphetamine use) predicted outcomes for hospital-administered buprenorphine and prescriptions for buprenorphine at discharge.

Amongst 845 patient records reviewed at 15 hospitals, over half received buprenorphine in the hospital and/or a prescription whereas about 25% did not receive either treatment.
Those who were unstably housed and/or those who had Medicaid had greater odds of receiving buprenorphine in the hospital and/or a prescription compared to those who were stably housed and/or did not have Medicaid. Co-methamphetamine use was not influenced by either of these variables.

Given the mortality-reducing benefits of MOUD and that those with social determinants of health are likely those who have the greatest risk for overdose deaths, starting patients with risk factors for negative outcomes should be a major priority in our approach to reducing the impact of the opioid crisis in our country.

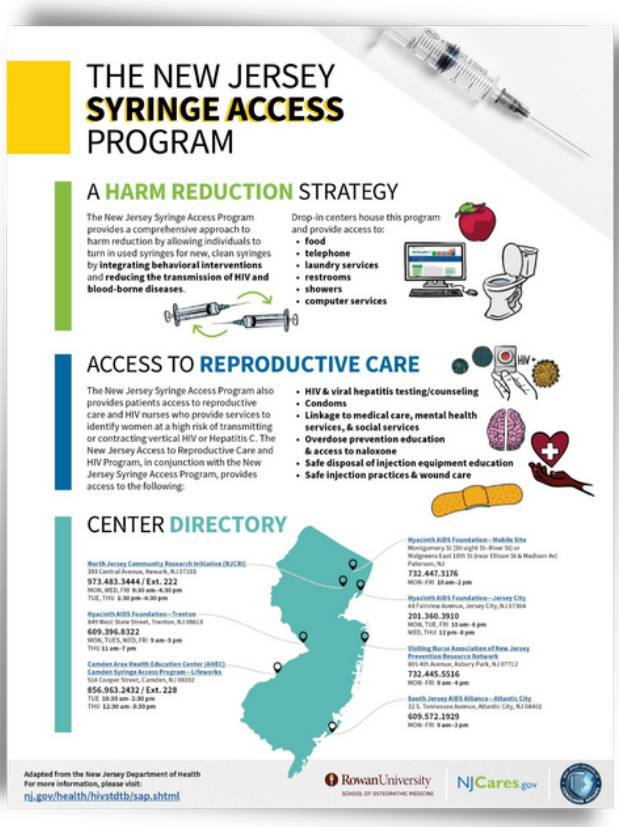
CLICK TO READ THE REVIEW ARTICLE

Attitudes Toward Syringe Exchange Programs in a Rural Appalachian Community

This study conducted a 24-question survey of those who live in a rural Appalachian community and their support for syringe exchange programs. It found that of the 361 individuals who responded, just under 50% of respondents supported syringe exchange.

Those who supported were more likely to agree that opioid use disorder is a chronic medical disease, that anyone can become addicted to opioids, that treatment with medications is effective, that those with OUD should have the same access to jobs as all people, to be willing to administer naloxone, and supportive of HIV screening, HCV screening, and condom distribution.

CLICK TO READ THE REVIEW ARTICLE



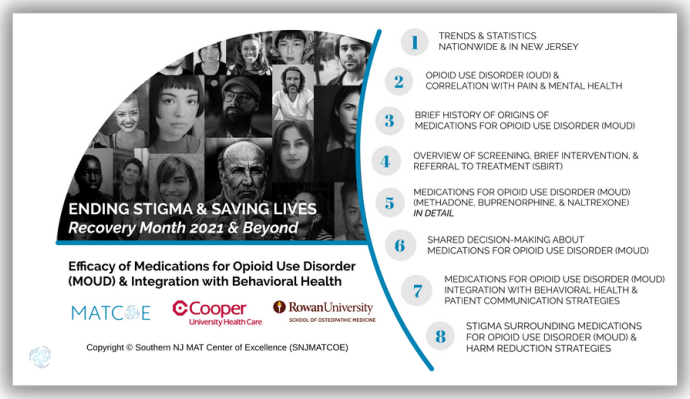
NJ Syringe Access Program Reference Sheet *adapted from the NJ Department of Health & developed by Patricia Fortunato, Content Manager, Southern NJ MAT Center of Excellence*

Resources

Ending Stigma & Saving Lives: Recovery Month 2021 & Beyond

Although National Recovery Month drew to a close, the NJ MAT Centers of Excellence acknowledge that for our patients and communities, Recovery Month is ongoing, and we remain deeply committed to celebrating and supporting people in all stages of recovery and healing year-round.

We are honored to have facilitated a recent discussion surrounding stigma and medications for opioid use disorder during a training series dedicated to patient navigators and peer specialists. As a takeaway item for participants, and communities of practice, the Southern NJ MAT Center of Excellence is sharing the following comprehensive reference tool and resources within: **bit.ly/snjmatcoerecovery21pres**





Homeless & Housing Resource Center Recorded Webinar: Whole-Person Care for People Experiencing Homelessness & Opioid Use Disorder

This webinar introduces a new toolkit intended for providers to support those who are struggling with homelessness and OUD through a whole-person approach.

CLICK TO VIEW THE RECORDED WEBINAR

CLICK FOR THE SLIDES & TOOLKIT

Presentation & Reference Tool *authored & developed by Patricia Fortunato with gratitude to clinical reviewer Richard Jermyn, DO, FAAPMR, Co-Project Director, Southern NJ MAT Center of Excellence*

24/7 MAT Provider Hotline: 844-HELP OUD (844-435-7683)
CLICK TO SHARE THE FLYER

Northern NJ MAT Center of Excellence Website & Email: bit.ly/mat-coe; coe@njms.rutgers.edu
Southern NJ MAT Center of Excellence Twitter & Email: @snjmatcoe; southernnjcoe@rowan.edu

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