



MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

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BIWEEKLY NEWSLETTER

Vol. 55



HEPATITIS C VIRUS, SUBSTANCE USE, AND ADDICTION

Hepatitis C virus is the most prevalent bloodborne infection associated with drug use. In fact, infection rates have quadrupled from 2010 to 2017 due to increasing rates of injection drug use. The newer direct-acting antiretroviral therapies offer promise in reducing disease burden and transmission, given its higher efficacy for cure and shorter treatment course compared to older therapies. However, given stigma, screening for and diagnosis of HCV infection is low for patients with OUD. According to available evidence, integrated treatment of SUD and HCV produces the best outcomes, even in people with active drug use. There are a variety of settings in which HCV treatment can be safely delivered, including addiction treatment settings, primary care offices, and jails and prisons. The stigma of addiction, the high cost of treatment, and the relatively slow progression of HCV-associated liver disease may be major contributors to the increasing prevalence and incidence of HCV, especially among people who use drugs.

WHAT'S INSIDE

UPCOMING EVENTS

8/18: OBAT Navigator Skills Lab

8/24: MAT Lunch Hour: Topic TBD

8/26: IN-PERSON Forum: No More Dead Ends Towards Recovery

9/2: ECHO: Cannabis Use Disorder in the OUD Patient

9/9: ECHO: Recovery & a Whole Centered Approach to Care

HEADLINES

Has the Treatment Gap for OUD Narrowed in the U.S.?

Development of an IV Low-Dose Buprenorphine Initiation Protocol

Pharmacies Limit Dose of Buprenorphine out of Legal Fear

RESOURCES

Alcohol Use & AUD Harm Reduction

Smoking & Breastfeeding Harm Reduction

NJ Opioid Med Ed Program: Courses & Podcast

UPCOMING EVENTS



OBAT NAVIGATOR MONTHLY RESOURCE CALLS & SKILLS LAB

THURSDAY, AUGUST 18TH 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

MAT LUNCH HOUR: TOPIC TBD

WEDNESDAY, AUGUST 24TH 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.

IN-PERSON FORUM: NO MORE DEAD ENDS ON THE ROAD TO RECOVERY

FRIDAY, AUGUST 26TH FROM 9:00AM-2:00 PM

This is an in-person discussion forum, hosted by Passaic County Dept. of Health Services, exploring the opioid crisis from the perspective of various experts, providers, and other professionals.

SUD MAT PROJECT ECHO: CANNABIS USE DISORDER IN THE OUD PATIENT

FRIDAY, SEPTEMBER 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.


SUD CQI PROJECT ECHO: RECOVERY AND A WHOLE-CENTERED APPROACH TO CARE

FRIDAY, SEPTEMBER 9TH FROM 12:00-1:00 PM

This SUD continuous quality improvement session will discuss different ways to approach care in the patient with opioid use disorder.

RECENT NEWS


HAS THE TREATMENT GAP FOR OPIOID USE DISORDER NARROWED IN THE U.S?: A YEARLY ASSESSMENT FROM 2010 TO 2019




This is a cross-sectional study that estimates the progress in addressing the gap between OUD prevalence and OUD treatment receipt at the national and state levels from 2010 to 2019. It finds that almost 87% of individuals with OUD nationwide who may benefit from MOUD treatment do not receive it. MOUD receipt increased across states over the past decade, but there are still many gaps between OUD prevalence and MOUD receipt, thus highlighting the need to increase access across all corners of the U.S.

DEVELOPMENT OF AN INTRAVENOUS LOW-DOSE BUPRENORPHINE INITIATION PROTOCOL


Using an intravenous, low-dose formulation of buprenorphine to initiate treatment may circumvent barriers associated with standard initiation. This study aims to describe tolerability and completion of LDI using intravenous (IV) buprenorphine and to define dosing protocols in a cohort of patients hospitalized in an urban academic hospital. It found that IV buprenorphine LDI was tolerated and completed in a majority of patients. Dosing protocols allowed for rapid transition to sublingual buprenorphine. Moving forward, identifying an appropriate dose for acute pain or for patients who have recently been on methadone or have had fentanyl exposure may inform future research.



BUPRENORPHINE: PHARMACIES LIMIT DOSES OUT OF LEGAL FEARS



This is a commentary written to identify the barriers of filling specific buprenorphine doses at pharmacies. For example, the paper describes a provider who prescribed 32mg for a patient with OUD and pain, which was refused by the pharmacist. The pharmacist refused to fill it because, they said, "We're afraid of the DEA." The paper spoke with Dr. Lucas Hill, a pharmacist and clinical assistant professor in the University of Texas at Austin College of Pharmacy, who has studied pharmacy behavior around buprenorphine, mentioning that stigma was behind much of the hesitancy to prescribe and fill. The most recent prescribing information for Suboxone refers to 16 mg being the generally prescribed dose, even though it was approved for effectiveness at up to 32 mg. "The bottom line for these pharmacies is they know at some point their buprenorphine dispensing is going to be scrutinized," said Hill. "And many don't have a good understanding about where that threat lies." Wholesalers are being sued by states for the opioid crisis because states claim that the wholesalers should have recognized that the amount of opioids being sent to pharmacies was excessive. In response, wholesalers have since implemented very aggressive monitoring of controlled substances and buprenorphine is included as an opioid. Despite their legal worries, Hill said pharmacies do "bear some responsibility for needing to recognize that if this patient doesn't get this dose, that could mean turning to the street for a deadly [fentanyl] dose at any moment."




RESOURCES

ALCOHOL USE & ALCOHOL USE DISORDER HARM REDUCTION PATIENT HEALTH COMMUNICATION

We are excited to share a patient health communication handout covering information on how alcohol use can affect health, and ways to cut down or stop drinking, with linkage to outpatient and inpatient treatment at our Southern NJ MAT Center of Excellence clinical practice locations. Special thanks to our dedicated team: our former Cooper University Health Care Addiction Medicine Fellow, Bridget Durkin, MD; Cooper University Health Care Center for Healing Medical Director and Southern NJ MAT Center of Excellence Co-Director, Kaitlan Baston, MD; and our Content Manager, Patricia Fortunato.

EMPOWR (Empowering Mothers to Parent & Overcome with Resilience)
Patient Health Communication Series

Cooper University Health Care



Smoking & Breastfeeding: Harm Reduction

There are many reasons to quit smoking, for yourself and your babies. You may have heard about reasons from your doctors, loved ones, and other sources. Please know that even if you can't quit smoking, breastfeeding may still be the best option for you and your babies.

Smoking Risks, Breastfeeding Benefits, & Harm Reduction Guidance

Smoking Risks
Babies of people who smoke are at increased risk of colic, respiratory infections, and SIDS (Sudden Infant Death Syndrome). However, breastfed babies are at lower risk for these diseases compared to babies fed by formula, even when their mothers continue to smoke.

Breastfeeding Benefits
Breastfeeding provides significant health benefits for mothers and babies. We've outlined these benefits below.

Babies, breastfeeding provides protection against diarrhea, certain kinds of cancers, diabetes, and many other health challenges.

For mothers, breastfeeding protects against breast cancer, helps with postpartum weight loss, and encourages mother-infant bonding.

Breastfeeding is just as beneficial for the smoking mother and her baby as it is for the nonsmoking mother and her baby.

Recommendations That Can Help Minimize Potential Effects of Smoking on Your Baby

ALCOHOL USE & ALCOHOL USE DISORDER (AUD)

This handout has information about how alcohol can affect your health, & ways to cut down or stop drinking if you're interested.

BENEFITS OF DRINKING LESS

People stop drinking for many reasons including better health, more energy, improved mood, more restful sleep, & saving money. Not drinking also decreases your risk of diseases such as cancer, liver damage, dementia & memory loss, high blood pressure, heart disease, falls & accidents—as well as your overall risk of death.

ALCOHOL & MEDICATIONS

Drinking alcohol including beer & wine, & using medications such as opioids, benzodiazepines, & sleep aids (even when prescribed) can increase the risk of overdose & accidents.

HOW MUCH IS TOO MUCH?

Health care providers recommend **NO MORE THAN 14 drinks per week or 4 drinks in a single day for men, & 7 drinks per week & 3 per day for women.** A standard "drink" is 12oz beer, 5oz wine, or 1.5oz (1 shot) liquor.

1 DRINK = 12oz BEER = 5oz WINE = 1.5oz LIQUOR

WHEN STOPPING OR CUTTING BACK

If you are unable to cut down or stop drinking on your own, or are experiencing withdrawal symptoms, talk to a health care provider (see other side of this handout for contact information).

TIPS FOR DECREASING DRINKING

Set a GOAL such as: Have a glass of water before every drink. Drink only with food.

TRY other activities: Plan to meet friends at a park instead of a bar. Take a walk instead of having a drink when stressed.

ASK yourself: What are MY reasons to cut down on drinking? HOW MANY drinks did I have today? When do I want to drink? Do I need more help?

OUTPATIENT TREATMENT

CENTER FOR HEALING CAMDEN WALK-IN CLINIC
3 Cooper Plaza, Suite 220, Camden, NJ 08103
WALK-IN HOURS: Mondays to Fridays, 130pm-3:30pm
Walk-in patients are seen in order of arrival.

CENTER FOR HEALING BRIDGEVIEW BUILDING
800 Cooper Street, 4th Floor, Camden, NJ 08102
APPOINTMENT HOURS: Mondays to Fridays, 9am-5pm; Tuesdays from 5pm-7pm
To schedule an appointment, CALL 856.342.3040

ALSO HAS OUTPATIENT TREATMENT

PENNSVILLE
Blackwood, CALL 856.536.1630
Pennsville, CALL 856.678.6411

TITUSVILLE
Stafford, NJ 08084
Avalon, NJ 08080
CALL 856.566.6823

WE ARE HERE FOR YOU & WE WILL ALWAYS TREAT YOU WITH COMPASSION, DIGNITY, & RESPECT

PEERS SUPPORTING PEERS COMMUNITY & CONNECTION LIVED EXPERIENCES

PEER SUPPORT
SELF-MANAGEMENT & RECOVERY TRAINING (SMART RECOVERY)
FREE: online & in-person mutual support meetings & specialized support for veterans, loved ones, etc.
VISIT smartrecovery.org

MEDICATION ASSISTED RECOVERY ANONYMOUS (MAR)
FREE: online & in-person mutual support groups for people with AUD &/or other substance use, with medication-supportive recovery meetings & gatherings.
VISIT marusa.com/centralnj

CALL 856.690.9449
Services include inpatient MAT & daytime recovery support programs.

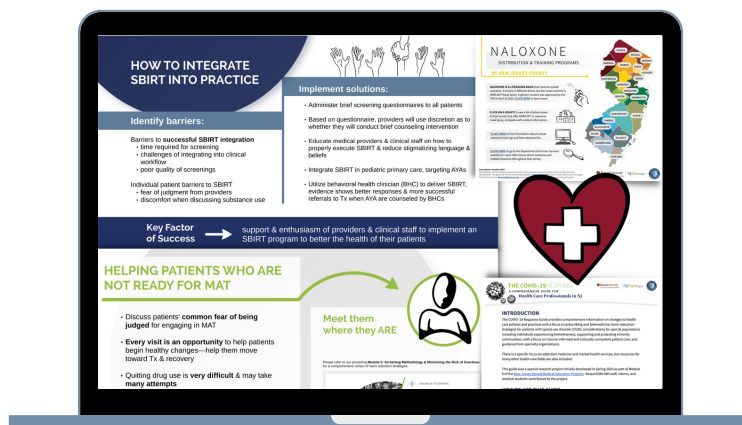
MATCOE

With love from - Southern NJ MAT Center of Excellence - snmatcoe.org

SMOKING & BREASTFEEDING HARM REDUCTION PATIENT HEALTH COMMUNICATION

Further, we are excited to share a patient health communication guide, covering smoking risks, breastfeeding benefits, and harm reduction strategies from our Cooper University Health Care Center for Healing and Southern NJ MAT Center of Excellence team members, part of a series for the Center for Healing's Empowering Mothers to Parent and Overcome with Resilience (EMPOWR) Program. Additional series' material on neonatal opioid withdrawal syndrome, sudden infant death syndrome FAQ and safe baby sleep guidance, and perinatal mood and anxiety disorders will soon be released and made available.

RESOURCES (CONT.)



NJ OPIOID MEDICAL EDUCATION PROGRAM: COURSES & PODCAST

Register for our continuing medical education series, the **NJ Opioid Medical Education Program**, developed in partnership with NJ CARES, the New Jersey Division of Consumer Affairs, and the New Jersey Attorney General, presented by NeuroMusculoskeletal Institute Medical Director and Southern NJ MAT Center of Excellence Co-Director Richard Jermyn, DO, FAAPMR. The courses are designed to educate New Jersey health care professionals with prescribing authority as well as pharmacists, mental health professionals, registered nurses, and athletic trainers. Training curriculum and materials are focused on opioid prescribing guidelines, harm reduction strategies, and MAT in various settings and for special populations. Courses are available in live and enduring formats at a cost of \$7. Upon successful completion of a course, physicians will receive CME credits, and other participants will receive certificates of completion to retain in accordance with their relevant licensing board regulations. Further, we are excited to share that the **companion podcast interview series** will be available online on August 31. The series features experts in their respective fields, and will similarly provide standardized and evidence-based education, in an easily accessible format, on best practices and current laws regarding opioids for professionals throughout the State. Topics covered include interacting with mobile units to receive referrals to treatment, improving access to medication for opioid use disorder in community pharmacies, and treating pregnant women with MOUD. Podcasts will be presented as pre-recorded video interviews, free of cost.



MEDICATION-ASSISTED TREATMENT
CENTERS OF EXCELLENCE

24/7 MAT Provider Hotline: 844-HELP OUD (844-435-7683)

Northern NJ MAT COE [Website](#) & [Email](#)
Southern NJ MAT COE [Website](#) & [Email](#)