MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

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## A RECORD 100K OVERDOSE DEATHS OCCURRED OVER ONE-YEAR DURING COVID-19

Overdose deaths have been rising for more than two decades and have accelerated in the past two years, with deaths jumping nearly 30% in the 12-months ending April 2021 compared to the same period before. Experts believe the top drivers of overdose deaths are the growing prevalence of deadly fentanyl in the illicit drug supply and the COVID-19 pandemic, which left many who use drugs socially isolated and unable to get treatment or other support. New Jersey was one of four states that actually showed a decreased rate of overdose deaths. Efforts to continue increasing access to treatment and recovery services in our state are needed. Increasing office-based addiction treatment (OBAT) programs in which providers integrate SUD treatment as part of their general medical practice are part of the strategy to increase access and reduce overdose deaths.

**CLICK TO BE ONE OF THE FIRST TO SEE THE NJ MAT COE OBAT EVIDENCE-BASED MANUAL FOR PRIMARY CARE AND SPECIALTY PRACTICES**

## WHAT'S INSIDE

*UPCOMING EVENTS*

**12/1:** MAT Lunch Hour: ED Buprenorphine Induction

**12/2:** OBAT Skills Lab

**12/3:** Project ECHO: Legal Issues in Patients with OUD

**12/8:** OBAT Support Event

**12/9:** OBAT MATRx Model Webinar

*HEADLINES*

Pharmacies Hesitate to Dispense Buprenorphine

Increasingly Powerful Opioid Antagonists Unnecessary

CPOD with Long-Term Opioids

Maintaining Recovery from AUD During the Pandemic

OUD Treatment & Harm Reduction During the Pandemic

*RESOURCES*

NJMATCOE Manual

PCSS Implementation Needs Assessment

# UPCOMING EVENTS




## MAT LUNCH HOUR: ED BUPRENORPHINE INDUCTION

**WEDNESDAY, DECEMBER 1ST FROM 12:00 – 1:00 PM**

In this monthly forum with Camden Coalition, we will be discussing the initiation of buprenorphine in the ED. The ED setting presents an ideal opportunity to get patients started on evidence-based, mortality reducing therapy. Dr. Rachel Haroz, our ED physician and Southern NJ MAT Center of Excellence co-director will be leading this discussion.

## OBAT NAVIGATOR SKILLS LAB: TRAUMA-INFORMED CARE

**THURSDAY, DECEMBER 2ND FROM 12:00 - 1:00 PM**

This skills lab will help participants:

- Explain the importance of understanding trauma
- Identify patient behaviors as symptoms of previous experiences and potential traumas
- Understand the role of self-care and team-based care to supporting trauma-informed practice

## PROJECT ECHO: ADDRESSING LEGAL ISSUES IN PATIENTS WITH OUD

**FRIDAY,**
**DECEMBER 3RD FROM 12:00 – 1:00 PM**

Patients with OUD often face legal issues. This ECHO will focus on how the clinician can help address the legal issues and will be presented by Colleen Smith, MSW, LCSW, who is the Deputy Project Director at the Center for Court Innovation.

**Seeking Case Presentations:** Click here to submit a case for presentation. All case presenters receive a $30 Amazon gift card!

**Webinar Archive:** All ECHO sessions are posted within the Northern COE Website webinar archive. Please note that you can only receive CE credits by attending live ECHO sessions.

## OBAT NAVIGATOR SUPPORT EVENT

**WEDNESDAY, DECEMBER 8TH FROM 1:00 – 2:00 PM**

These events are an ongoing opportunity for OBAT navigators and other SUD navigators/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 sharing updated resources about relevant topics such as harm reduction, strategies for identifying new community resources, telephonic engagement during the COVID-19 pandemic, and more.




### OBAT MATRX MODEL WEBINAR

**THURSDAY, DECEMBER 9TH FROM 10:30AM - 12:00PM**
**MORE DETAILS TO FOLLOW**

# RECENT LITERATURE



## WHY PHARMACIES MAY BE HESITANT TO DISPENSE BUPRENORPHINE

Our recent study on buprenorphine and naloxone access in pharmacies showed that less than 40% of the pharmacies in NJ are ready to dispense a 7-day supply of generic buprenorphine/naloxone films and naloxone nasal spray. This lack of access could be due to a multitude of reasons, including a fear of being audited. This article addresses why this fear may cause pharmacies to be reluctant to dispense and stock buprenorphine. It also describes the lasting implications of this reluctance on those who suffer from opioid use disorder and need the therapy to stay alive. Despite evidence for buprenorphine in reducing mortality, buprenorphine is often "lumped" in the same category as typical opioids even though it pharmacologically has a much safer profile, with essentially no risk for respiratory depression and little risk for abuse. Patients may travel far distances from home to get buprenorphine or pay cash, which both would normally be "red flags" amongst those who do so for typical opioids. Therefore, ensuring that pharmacies are able to dispense valid buprenorphine prescriptions without repercussions is critical.

## INCREASINGLY POWERFUL OPIOID ANTAGONISTS ARE NOT NECESSARY

This viewpoint article seeks to provide the rationale that higher doses of naloxone may not be necessary to reverse the effects of synthetic opioids such as fentanyl that may in fact lead to more harm. As the article writes, naloxone was predominantly available as a generic 0.4mg vial of naloxone for IM and IV administration, and now available as both a 4mg and 8mg nasal spray. The increased utilization of higher doses may be the belief that higher doses are needed to reverse overdoses caused by synthetic opioids although studies have shown that the median dose of naloxone administered was not dependent on the presence (or absence) of fentanyl. In fact, the 0.4mg IM dose was still sufficient to reverse overdose. The article also discusses the unintended consequences of higher doses of naloxone, which puts patients at greater risk for precipitated withdrawal. Providers and the lay-person should understand that the purpose of naloxone is to allow for breathing, not to *fully* awake a person who is in respiratory depression.



# RECENT LITERATURE (CONT.)

## MAINTAINING RECOVERY FROM ALCOHOL USE DISORDER DURING THE COVID-19 PANDEMIC: THE IMPORTANCE OF RECOVERY CAPITAL

There has been much discussion on how the COVID-19 pandemic influenced risk of relapse amongst those with alcohol use disorder. Many behavioral, psychological, and demographic factors are associated with recovery. This study used a national survey to address the gap of the COVID-19 pandemic on drinking patterns and its effect on recovery, focusing on drinking changes and relapse risks by gender. It actually found that a large majority of men and women reported that the pandemic did not affect their recovery at all, and even mild relapse events were minimal. In addition, recovery capital was consistent and provided comparable protective effects. The continued presence of these resources during the pandemic was likely essential to these findings.



## EARLY INNOVATIONS IN OPIOID USE DISORDER TREATMENT AND HARM REDUCTION DURING THE COVID-19 PANDEMIC: A SCOPING REVIEW

While understanding the impact of the COVID-19 pandemic on those who use drugs, this scoping review sought to describe innovative services and existing service changes that were implemented by treatment and harm reduction programs during the pandemic. 25 studies were reviewed, spanning across five continents with settings that ranged from treatment to street outreach programs and the provision of telehealth services, increased take-home medication allowances for both buprenorphine and methadone, home delivery of services, provision of a safe supply of opioids, and more. The review highlights that many innovative approaches to treatment of SUD were undertaken during the COVID-19 pandemic. Further studies are needed to assess the long-term impact of these approaches and how they may impact policies and change the standard of care.

## COMPLEX PERSISTENT OPIOID DEPENDENCE (CPOD) WITH LONG-TERM OPIOIDS

Long-term opioid treatment is an option for those who need chronic pain management that is refractory to other treatments. Given recent advances to curb opioid prescribing and to combat the opioid crisis, there has been increasing efforts to taper many patients off opioids, leading to unintended consequences for those in which long-term opioid use is warranted. These consequences include worsening pain, declining function, and further clinical instability resulting from physical opioid dependence. Complex persistent opioid dependence is the term to describe these patients experiencing these symptoms. This paper seeks to provide clarification on the diagnosis, approach to treatment (as some patients may have both OUD and CPOD) and policy implications.

# RESOURCES




## NJ MAT CENTERS OF EXCELLENCE INTEGRATING MEDICATIONS FOR ADDICTION TREATMENT (MAT) INTO OFFICE-BASED ADDICTION TREATMENT: AN EVIDENCE-BASED MANUAL FOR PRIMARY CARE AND SPECIALTY PRACTICES MANUAL (FIRST EDITION)!

This manual will provide you with information about how to provide evidence-based care for patients with substance use disorders in the office-based setting, with a focus on OUD and alcohol use disorder, and provides recommendations for medical management. You will also find information on starting up an office-based treatment practice and integrating SUD care as part of your general medical practice. If you have any questions or comments on this manual, please contact us at the Northern NJ MAT Center of Excellence at coe@njms.rutgers.edu or the Southern NJ MAT Center of Excellence at southernnjcoe@rowan.edu.

## PCSS IMPLEMENTATION NEEDS ASSESSMENT DOCUMENT

This resource serves as a guide to help identify areas of clinical and administrative work and workflow that are important to consider when implementing and integrating SUD screening and treatment, including the use of medications. The purpose of the assessment is to identify potential gaps in service and/or barriers and facilitators to successfully integrating MAT for SUD within your organization.

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

Northern NJ MAT COE Website & Email: bit.ly/mat-coe; coe@njms.rutgers.edu
Southern NJ MAT COE Website & Email: snjmatcoe.org; southernnjcoe@rowan.edu

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