MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

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AN EXPEDITED REGULATORY STRATEGY FOR EXPANDING ACCESS TO METHADONE TREATMENT FOR OPIOID USE DISORDER

There were more than 107,000 overdose deaths in the US in 2021, of which nearly 75% involved opioids. There are effective, evidence-based treatments for OUD that could have saved many lives but due to stigma, they remain inaccessible to many people. Methadone is the most inaccessible treatment. Although effective for OUD in reducing opioid and all-cause mortality, many barriers impede its access, which disproportionally affects individuals in most need. Many of these barriers can be removed by federal agencies without additional congressional action. It is imperative that these changes be incorporated into the National Drug Control Strategy and that federal agencies immediately take steps to adopt them.

WHAT'S INSIDE

UPCOMING EVENTS

6/10: ECHO: Place in Therapy for Injectable Buprenorphine

6/16: OBAT Navigator Skills Lab

6/22: MAT Lunch Hour: TBD

7/1: ECHO: Drug Test Interpretation

HEADLINES

Bring Methadone to Mainstream Medicine To Save Lives From Opioid Overdose Deaths

Trends in Drug Overdose Deaths Among US Adolescents

Differences in Buprenorphine Treatment Quality Across Physician Provider Specialties

Buprenorphine Implementation at SSPs following Waiver of Ryan Haight Act in U.S.

RESOURCES

Patient Health Communication Series

UPCOMING EVENTS



OBAT NAVIGATOR MONTHLY RESOURCE CALLS & SKILLS LAB

THURSDAY, JUNE 16TH 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, JUNE 22ND FROM 12:00-1:00 PM

Co-hosted with the Camden Coalition, 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.

UPCOMING PROJECT ECHOS

PROJECT ECHO IS STRAIGHT-FORWARD, SPECIFIC AND APPLICABLE. AT EVERY LIVE SESSION WE EXPLORE ACTIVE PATIENT CHALLENGES FROM MULTIPLE PERSPECTIVES. WE EACH HOLD A PIECE OF THE PUZZLE AND EVERYONE IS WELCOME TO SHARE EXPERIENCES. YOU'LL MEET PRACTITIONERS FROM ACROSS THE STATE THROUGH A SIMPLE VIDEO INTERFACE AND BECOME PART OF A COLLEGIAL COMMUNITY. YOU'LL HAVE A COMFORTABLE PLACE TO RETURN AND WILL BUILD ON WHAT YOU'RE LEARNING, MONTH TO MONTH.

SUD MAT PROJECT ECHO: PLACE IN THERAPY FOR INJECTABLE BUPRENORPHINE

FRIDAY, JUNE 10TH FROM 12:00-1:00 PM

This SUD continuous quality improvement session will discuss how to manage your patient's injectable buprenorphine while in therapy.

SUD CQI PROJECT ECHO: DRUG TEST INTERPRETATION

FRIDAY, JULY 1ST FROM 12:00-1:00 PM

This SUD session's topic will discuss how to analyze drug test interpretation.

RECENT LITERATURE

TO SAVE LIVES FROM OPIOID OVERDOSE DEATHS, BRING METHADONE INTO MAINSTREAM MEDICINE

Despite decades of science supporting its effectiveness in improving the health of people with OUD, methadone treatment is still very limited and federal regulations has remained largely unchanged. This commentary in Health Affairs emphasizes the need to put methadone more at the forefront Under the current policies for the treatment of OUD, estimates project 1.2 million Americans will die of an overdose by 2029.

The writers of this commentary identify three next steps to urgently expand methadone treatment:

1. *We call on SAMHSA to exercise their regulatory discretion to relax rules surrounding take-home methadone and consider issuing a waiver in collaboration with the DEA that allows providers to prescribe methadone outside of the OTP setting.*
2. *We call on Congress to amend H.R.6279 or introduce an alternative bill to expand methadone prescribing beyond addiction care providers. Take-home methadone dosing should be decided by science, clinicians, and patients.*
3. *We call on all leaders to ensure harm reduction strategies, including overdose prevention centers, and the decriminalization of substance use, are part of a multi-pronged approach to address our country's overdose epidemic, in addition to increasing access to treatment.*

TRENDS IN DRUG OVERDOSE DEATHS AMONG US ADOLESCENTS, JANUARY 2010 TO JUNE 2021

This article in *JAMA* sought to examine the shifts in overdose deaths among adolescents, given the widespread growth of highly potent synthetic opioids and their associated risk for overdose death. The study calculated drug overdose deaths per 100,000 population for adolescents aged 14-18 and compared it with the general population with data from the CDC's WONDER database. It found that there were 518 deaths among adolescents (2.40 per 100,000) in 2010, which was stable through 2019, but increased to 954 (4.57 per 100,000) in 2020 and 1,146 (5.49 per 100,000) in 2021. Among adolescents, fentanyl involved fatalities grew and were identified in over 75% of adolescent overdose deaths. Harm reduction interventions that focus on adolescent drug use, especially in the age of fentanyl, are needed.

RECENT LITERATURE (CONT.)



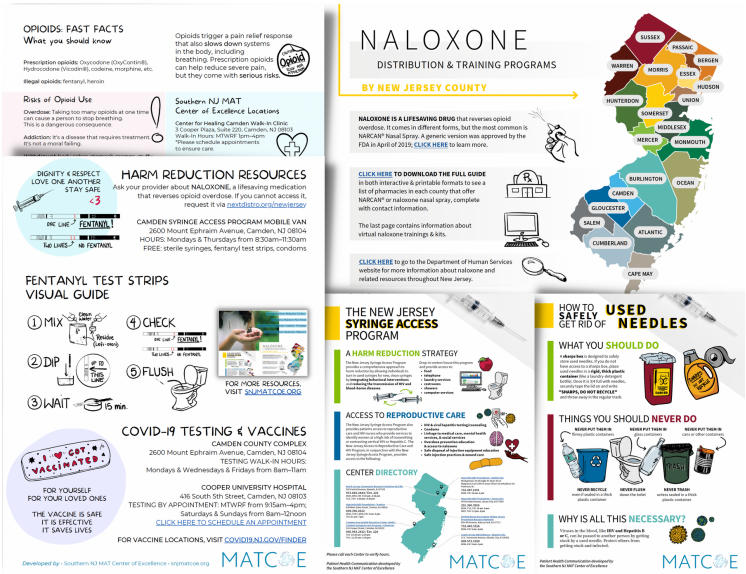
DIFFERENCES IN BUPRENORPHINE TREATMENT QUALITY ACROSS PHYSICIAN PROVIDER SPECIALTIES

This article from the Drug and Alcohol Dependence journal highlights the differences in buprenorphine treatment quality by provider specialty. Treatment linked to PCPs had significantly lower odds of achieving 180-day duration, an absence of opioid analgesics, an absence of benzodiazepines, drug and toxicology screenings, and counseling compared to addiction, behavioral health, and/or OTPs. However, treatment with PCPs had significantly higher odds of undergoing infectious disease screenings, liver function tests, and evaluation and management visits compared to all specialty categories. Treatment episodes were more likely to achieve the quality measures expected of the respective specialty, but importantly, no specialty consistently demonstrated better performance compared to PCPs. Thus, the study highlights the need for better integration of both physical and behavioral health services regardless of specialty.

BUPRENORPHINE IMPLEMENTATION AT SYRINGE SERVICE PROGRAMS FOLLOWING WAIVER OF THE RYAN HAIGHT ACT IN THE UNITED STATES

The Ryan Haight Act is a federal law requiring an in-person examination between a patient and provider before initiating treatment of controlled substances, including buprenorphine. At the beginning of the COVID-19 pandemic, the in-person examination requirements were waived for buprenorphine treatment initiation, given the public health emergency declaration. This survey examined whether the effects of eliminating the initial in-person evaluation improved implementation of telehealth buprenorphine within 421 syringe service programs in the U.S., of which 77% responded. In 2020, the prevalence of implementing buprenorphine inductions via telehealth was 24%. Non-governmental SSPs had a higher odds of telehealth buprenorphine inductions compared to governmental SSPs. The effects of this waiver demonstrated benefits in increasing access via telehealth but to realize the full potentials, the article states that permanent adoption of this waiver will be critical and providing financial resources to SSPs is vital to support implementation of new innovations.

RESOURCES



PATIENT HEALTH COMMUNICATION SERIES: SPECIFIC SUBSTANCES

We are excited to share our patient health communication series on specific substances including opioids, cannabis and marijuana, benzodiazepines, stimulants, and psychedelics, covering risks, signs and symptoms of use disorder, our Southern NJ MAT Center of Excellence clinical practice locations, and resources for patients and loved ones including our fentanyl test strips infographic, linkage to our interactive and printable statewide naloxone distribution and training programs guide, NARCAN® nasal spray administration infographic, and New Jersey Syringe Access Program and Safe Syringe Disposal guides. Download the materials, intended for practice implementation in emergency medicine and urgent care, primary care, behavioral health, and other preventative care settings. Additional materials as part of the series and on related topics will be made available on snjmatcoe.org.

Special thanks to our Southern NJ MAT Center of Excellence physician leaders, Kaitlan Baston, MD, DFASAM, Richard Jermyn, DO, FAAPMR, and Rachel Haroz, MD, FAACT; our pharmacist, Valerie Ganetsky, PharmD, BCPS; and our content manager, Patricia Fortunato. To request the forms in dot phrase templates, please contact Patricia at fortunato-patricia@cooperhealth.edu. To learn about our clinical mentorship opportunities with our multidisciplinary team and community-based collaboratives in Southern New Jersey, please contact southernnjcoe@rowan.edu.

MEDICATION-ASSISTED TREATMENT
CENTERS OF EXCELLENCE

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

Northern NJ MAT COE Website & Email
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