MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

May 6, 2022 **BIWEEKLY NEWSLETTER** Vol. 48

FOR THESE MOTHERS STRUGGLING WITH OPIOID USE DISORDER, ONE RESIDENTIAL TREATMENT PROGRAM OFFERS A LIFELINE

Here is an article written by PEW about a program fostering connection within families and how treatment with MOUD, in addition to support services, provided a stable foundation for the patients working on their recovery while caring for their families.

WHAT'S INSIDE

UPCOMING EVENTS

5/13: ECHO: Measuring Treatment Goals

5/19: OBAT Navigator Skills Lab

5/25: MAT Lunch Hour: Addressing Cannabis Use

6/3: ECHO: Injectable Buprenorphine & Therapy

HEADLINES

The ADA & The Opioid Crisis

HHS's New Mental Health & SUD Benefit Resources

National Drug Control Strategy Prioritizes MOUD

Starting MOUD in the ED

Association of Duration of MOUD Use with Pregnant Persons With OUD

Underrepresentation of Diverse Populations & Clinical Characterization in OAT

RESOURCES

Using Injectable Buprenorphine Handout

UPCOMING EVENTS

OBAT NAVIGATOR MONTHLY RESOURCE CALLS & SKILLS LAB

THURSDAY, MAY 19TH 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: ADDRESSING CANNABIS USE

WEDNESDAY, MAY 25TH 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 CQI PROJECT ECHO: MEASURING TREATMENT GOALS

FRIDAY, MAY 13TH FROM 12:00-1:00 PM

This SUD continuous quality improvement session will discuss how to measure treatment goals for your patients.

SUD PROJECT ECHO: PLACE IN THERAPY FOR INJECTABLE BUPRENORPHINE

FRIDAY, JUNE 3RD FROM 12:00-1:00 PM

This SUD continuous quality improvement session will discuss how to measure treatment goals for your patients.

MAKING SURE YOUR PATIENTS KNOW THEIR RIGHTS

THE AMERICANS WITH DISABILITY ACT & THE OPIOID CRISIS: COMBATING DISCRIMINATION AGAINST PEOPLE IN TREATMENT OR RECOVERY

As shared in the last newsletter, here is the guidance document from the U.S. Justice Department that answers some frequently asked questions on how the American Disabilities Act protects those with OUD and provides several examples about how there could be a violation of the ADA. The Department of Justice has prioritized prevention, enforcement, and treatment in response to the opioid crisis in the US. An important part of combating the opioid epidemic is protecting individuals with OUD from discrimination. The legal principles discussed also apply to individuals with other types of substance use disorders, as well.

HHS'S NEW MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFIT RESOURCES WILL HELP PEOPLE SEEKING CARE TO BETTER UNDERSTAND THEIR RIGHTS

In partnership with the Department of Labor, the Department of Health and Human Services has developed new, free informational resources that inform Americans of their rights under law on coverage for mental health benefits. The Mental Health Parity and Addiction Equity Act of 2008 requires most health plans or health insurers that offer coverage for mental health conditions or substance use disorders to make these benefits comparable to those offered for medical and surgical benefits. "The parity law is a critical component to accessing lifesaving treatment for those with mental health conditions and substance use disorders, and the publications issued today will help ensure that individuals are aware of this important law and its protections," said U.S. Secretary of Labor Marty Walsh. SAMHSA is providing these resources to help inform Americans of their insurance benefits under law and to help state insurance regulators and behavioral health staff better understand parity laws:

1. "Know Your Rights: Parity for Mental Health and Substance Use Disorder Benefits," an updated trifold pamphlet explaining mental health parity, detailing what it means for patients, and listing the protections the parity law provides.
2. "Understanding Parity: A Guide to Resources for Families and Caregivers," which provides an overview of parity geared toward parents, family members or caregivers with information and tools to help them obtain behavioral health services for children or family members in their care.
3. "The Essential Aspects of Parity: A Training Tool for Policymakers," which provides state regulators and behavioral health staff an overview of mental health and substance use disorder parity and how to implement and comply with the federal parity law regarding employee-sponsored health plans and group and individual health insurance.

RECENT LITERATURE (CONT.)

NEW NATIONAL DRUG CONTROL STRATEGY PRIORITIZES MEDICATION TREATMENT FOR OPIOID USE DISORDER

The 2022 "National Drug Control Strategy" is a 112-page document detailing the Biden Administration's plan to tackle addiction and details evidence-based approaches for the treatment of SUD and prevention of overdose deaths. The strategy discuss policy changes making MOUD the gold standard of care and more accessible. The plan also focuses on getting treatment more equitable, reaching those individuals who are homeless or incarcerated. This is a collaborative approach with various government agencies to remove barriers to MOUD, supporting and expanding low-barrier buprenorphine treatment, and revising opioid treatment program regulations.

"JUST GIVE THEM A CHOICE": PATIENTS' PERSPECTIVES ON STARTING MEDICATIONS FOR OPIOID USE DISORDER IN THE ED

This study sought to explore patient perspectives on the initiation of buprenorphine and methadone in the ED with the goal of improving interactions between patients and healthcare providers to foster the shared-decision making needed to facilitate patient-centered care. Semi-structured interviews were conducted in patients who had been in an ED for an issue related to opioid use and reported social, pharmacological, and emotional factors that played into their decision-making. Most of the patients have tried both buprenorphine and methadone. Although participants were supportive of offering buprenorphine in the ED, many felt methadone should also be offered because "one person's pro is another person's con." They felt that treatment should be individualized, and provided factors for consideration in people with OUD.

RECENT LITERATURE (CONT.)

ASSOCIATION OF DURATION OF METHADONE OR BUPRENORPHINE USE DURING PREGNANCY WITH RISK OF NONFATAL DRUG OVERDOSE AMONG PREGNANT PERSONS WITH OPIOID USE DISORDER IN THE US

OUD is associated with morbidity and mortality during and after pregnancy, and overdose is a leading cause of mortality. Although patients who are pregnant with OUD are at high risk of drug overdose events, MOUD may reduce this risk by reducing illicit drug use and facilitating engagement with health care professionals to address co-occurring chronic conditions. This retrospective cohort study found a longer duration of MOUD use was associated with a meaningful reduction in overdose risk among pregnant persons with OUD. Specifically, those using MOUD for at least 10 weeks had a 57% relative risk reduction of nonfatal overdose (0.43; CI 0.19-0.94) and those with at least 30 weeks had a 92% reduced risk of nonfatal overdose (0.08 CI 0.01-0.84). Continued use even before pregnancy showed even greater reduction in risk. These results suggest that rates of nonfatal overdose in pregnant persons could be significantly lowered if MOUD access was available throughout the pregnancy.

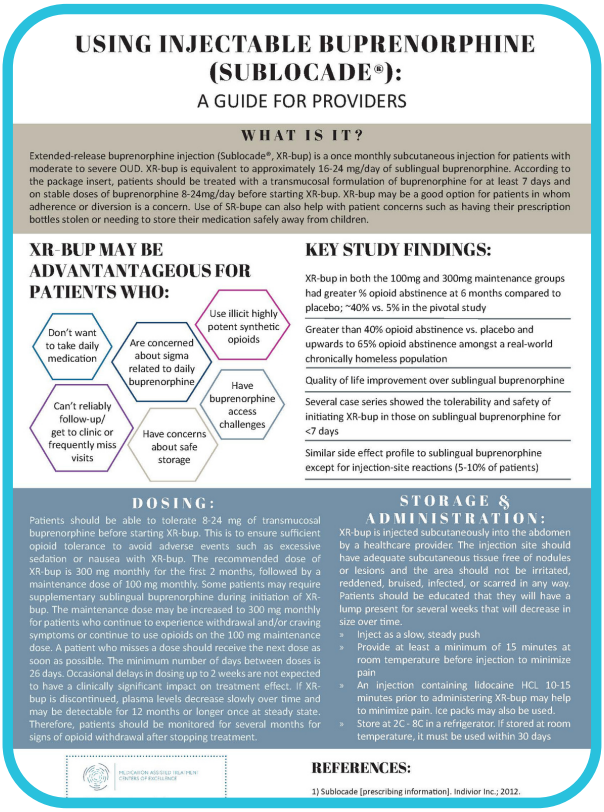
UNDERREPRESENTATION OF DIVERSE POPULATIONS AND CLINICAL CHARACTERIZATION IN OPIOID AGONIST TREATMENT RESEARCH: A SYSTEMATIC REVIEW OF THE NEUROCOGNITIVE EFFECTS OF BUPRENORPHINE AND METHADONE TREATMENT

The goal of this systematic review is to examine how buprenorphine or methadone influences neurocognitive changes. It finds that compared to active opioid use, both buprenorphine and methadone treatment are associated with better neurocognitive functioning, but buprenorphine is associated with better executive functioning, attention/working memory, and learning/memory. These findings should be interpreted with caution given the heterogeneity of study samples, and limited representation of ethnically diverse adults and women.

RESOURCES

USING INJECTABLE BUPRENORPHINE (SUBLOCADE) BOOKLET & INFOGRAPHIC

We are excited to share our new resource for providers, a one-page infographic and printable booklet that answers frequently asked questions about Injectable Buprenorphine and Sublocade.



USING INJECTABLE BUPRENORPHINE (SUBLOCADE®):

A GUIDE FOR PROVIDERS

WHAT IS IT?

Extended-release buprenorphine injection (Sublocade®, XR-bup) is a once monthly subcutaneous injection for patients with moderate to severe OUD. XR-bup is equivalent to approximately 16-24 mg/day of sublingual buprenorphine. According to the package insert, patients should be treated with a transmucosal formulation of buprenorphine for at least 7 days and on stable doses of buprenorphine 8-24mg/day before starting XR-bup. XR-bup may be a good option for patients in whom adherence or diversion is a concern. Use of SR-bupe can also help with patient concerns such as having their prescription bottles stolen or needing to store their medication safely away from children.

XR-BUP MAY BE ADVANTANTAGEOUS FOR PATIENTS WHO:

- Don't want to take daily medication
- Are concerned about sigma related to daily buprenorphine
- Use illicit highly potent synthetic opioids
- Have buprenorphine access challenges
- Can't reliably follow-up/ get to clinic or frequently miss visits
- Have concerns about safe storage

KEY STUDY FINDINGS:

- XR-bup in both the 100mg and 300mg maintenance groups had greater % opioid abstinence at 6 months compared to placebo; ~40% vs. 5% in the pivotal study
- Greater than 40% opioid abstinence vs. placebo and upwards to 65% opioid abstinence amongst a real-world chronically homeless population
- Quality of life improvement over sublingual buprenorphine
- Several case series showed the tolerability and safety of initiating XR-bup in those on sublingual buprenorphine for <7 days
- Similar side effect profile to sublingual buprenorphine except for injection-site reactions (5-10% of patients)

DOSING:

Patients should be able to tolerate 8-24 mg of transmucosal buprenorphine before starting XR-bup. This is to ensure sufficient opioid tolerance to avoid adverse events such as excessive sedation or nausea with XR-bup. The recommended dose of XR-bup is 300 mg monthly for the first 2 months, followed by a maintenance dose of 100 mg monthly. Some patients may require supplementary sublingual buprenorphine during initiation of XR-bup. The maintenance dose may be increased to 300 mg monthly for patients who continue to experience withdrawal and/or craving symptoms or continue to use opioids on the 100 mg maintenance dose. A patient who misses a dose should receive the next dose as soon as possible. The minimum number of days between doses is 26 days. Occasional delays in dosing up to 2 weeks are not expected to have a clinically significant impact on treatment effect. If XR-bup is discontinued, plasma levels decrease slowly over time and may be detectable for 12 months or longer once at steady state. Therefore, patients should be monitored for several months for signs of opioid withdrawal after stopping treatment.

STORAGE & ADMINISTRATION:

XR-bup is injected subcutaneously into the abdomen by a healthcare provider. The injection site should have adequate subcutaneous tissue free of nodules or lesions and the area should not be irritated, reddened, bruised, infected, or scarred in any way. Patients should be educated that they will have a lump present for several weeks that will decrease in size over time.

- Inject as a slow, steady push
- Provide at least a minimum of 15 minutes at room temperature before injection to minimize pain
- An injection containing lidocaine HCL 10-15 minutes prior to administering XR-bup may help to minimize pain. Ice packs may also be used.
- Store at 2C - 8C in a refrigerator. If stored at room temperature, it must be used within 30 days

REFERENCES:

1) Sublocade [prescribing information]. Indivior Inc.; 2012.

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