MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

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NEW 'BACK ON TRACK' PROGRAM

With funding from the Division of Mental Health and Addiction Services, the Northern COE is excited to announce that we can now provide MOUD for uninsured patients with income below 350% of the federal poverty line. For counties in Northern NJ, download and share the flyer above.

Coming Soon: For counties in Southern NJ, check our Southern COE website for updates.

WHAT'S INSIDE

IN THE NEWS

First U.S. Supervised Consumption Site

New Highly Potent Synthetic Opioids: "Nitazenes"

"Safe Drug Supply" Movement

UPCOMING EVENTS

12/8: OBAT Support Event

12/9: OBAT MATRx Model Webinar

12/10: Project ECHO: Discussing Marijuana Use with Patients

RECENT LITERATURE

Neurocognitive Effects of Opioid Agonist Treatment

Buprenorphine-Precipitated Withdrawal & Fentanyl Use

Naloxone & Buprenorphine Prescribing Following ED Visits

Utilizing Telemedicine For OUD During the Pandemic

FEATURED POST/RESOURCES

Academic Detailing Blog

NJ Opioid Medical Education

IN THE NEWS

NYC ALLOWS THE NATION'S FIRST SUPERVISED CONSUMPTION SITES FOR ILLICIT DRUGS

NYC (and the nation's) first supervised drug consumption site began providing services to those suffering from substance use disorders on Tuesday, November 30th. Per city data, more than 2,000 overdose deaths occurred in 2020, many of which are preventable. Harm reduction efforts to allow for individuals who use drugs a safe place to do so have the benefit of saving lives, as these individuals are not only closely monitored, but also provide services to connect people to treatment in one place.



NEW OPIOIDS, MORE POWERFUL THAN FENTANYL, ARE DISCOVERED IN D.C. AMID DEADLY WAVE OF OVERDOSES

This article describes the dangers and the presence of other highly potent synthetic opioids in the drug supply. These opioids were identified as "nitazenes" and included both protonitazene and isotonitazene. They are more potent than fentanyl and if more pervasive, may further contribute to overdose deaths. Because our available medications for opioid use disorder (MOUD) are not studied with highly potent synthetic opioids, let alone the "nitazenes," there is the risk that they may be less effective in preventing overdose deaths with these opioids. This emphasizes the importance of access to and maintenance on treatment for opioid use disorder amongst the most vulnerable before more potent opioids and analogs of fentanyl become more present.

THE 'SAFE SUPPLY' MOVEMENT AIMS TO CURB DRUG DEATHS LINKED TO THE OPIOID CRISIS

This article suggests that giving people a safe drug supply to use would be one way to curb overdose deaths, in addition to increasing access to treatment. This would allow those who use drugs the knowledge of exactly what they are injecting, since overdose deaths are not necessarily due to more people who use drugs, but rather due to the unknown and deadly illicit drug supply containing fentanyl and analogs. Those who have already been using drugs chronically are dying because of these unknowns. Continued harm reduction efforts, further reducing barriers to MOUD, and reducing stigma towards this disease are evidence-based in reducing the morbidity and mortality of people who use drugs.

UPCOMING EVENTS

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 WITH FREE CE CREDITS

THURSDAY, DECEMBER 9TH FROM 10:30AM - 12:00PM

Join this webinar to learn about New Jersey's efforts to increase access to medications for addiction treatment (MAT) in primary care through the NJ MATrx Model. Learn about the model, supports available for primary care providers looking offer MAT, and the benefits of the approach from providers on the ground. Speakers include representatives from the NJ Division of Medical Assistance, the New Jersey MAT Centers of Excellence, the Camden Coalition of Healthcare Providers, the Cooper Center for Healing, and Jefferson Health of New Jersey.



PROJECT ECHO: CASE-BASED APPLICATION: HOW TO TALK TO PATIENTS ABOUT MARIJUANA USE

FRIDAY,
DECEMBER 10TH FROM 12:00 – 1:00 PM

With the legalization of cannabis in NJ, there are bound to be questions on how to discuss the use of cannabis and its risks with our patients with SUD. This ECHO will focus on how the clinican can help to address cannabis use with their patients and will be presented by Dr. Lynda Bascelli, MD.

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.

RECENT LITERATURE

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

This article highlights the positive neurocognitive effects of methadone and buprenorphine for opioid use disorder as well as the clinical and sociodemographic characteristics of patients, reviewing 32 studies. It finds that compared to those who have uncontrolled OUD, those being treated on these therapies had better neurocognition and benefits in other domains.

These domains included:
1)Executive functioning
2)Attention/working memory
3)Language
4)Learning/memory
5)Visuospatial functioning
6)Processing Speed
7)Motor skills

Buprenorphine, however, was associated with even better neurocognition than methadone across domains 1,2, and 4 above. The studies did underrepresent Black, Latinx adults, and women, in addition to several clinical characteristics such as acute vs. long-term neurocognitive effects and dosing time relative to neurocognitive evaluation. Although additional research validating these findings are warranted, the review provides more evidence for the use of opioid agonists in patients with uncontrolled OUD.

EVIDENCE OF BUPRENORPHINE-PRECIPITATED WITHDRAWAL IN PERSONS WHO USE FENTANYL

This study collected self-reported data on opioid withdrawal signs and symptoms after buprenorphine vs. methadone initiation in over 1,600 individuals who use fentanyl and seeking treatment for opioid use disorder. It finds that the odds of developing severe withdrawal symptoms were significantly increased after both 24 hours of fentanyl use and within 24-48 hours of use amongst those initiating buprenorphine. 37% of 685 individuals who used buprenorphine after fentanyl experienced severe opioid withdrawal. There was no increase in withdrawal with methadone initiation, an expected result. The results of this study emphasize the need for more research on innovative buprenorphine induction strategies to reduce withdrawal or alternatively, lower barriers to treatment with methadone to ensure that more patients are easily transitioned to medication therapy.

If you need immediate support or clinical consultation in using alternative buprenorphine strategies for your patient, please contact our 24/7 hotline at 1-844-HELP-OUD, available via TEXT or CALL. If your request is not immediate and if you have questions, comments, or want to discuss further, please email the Northern COE at coe@njms.rutgers.edu or the Southern COE at southernnjcoe@rowan.edu. Please also view our resources and webinar archives to learn more about these strategies on our COE websites.

RECENT LITERATURE (CONT.)

NALOXONE AND BUPRENORPHINE PRESCRIBING FOLLOWING U.S. EMERGENCY DEPARTMENT VISITS FOR SUSPECTED OPIOID OVERDOSE: AUGUST 2019 TO APRIL 2021

This is a retrospective cohort analysis that included data from nearly 6,000 hospitals and 70,000 pharmacies, looking to assess the rate of prescribing of naloxone and buprenorphine from August 2019-April 2021, during which the COVID-19 pandemic was in full force and overdose deaths reached record levels. The analysis included about 149,000 ED visits for opioid overdoses, which increased by almost 25% during the period between April-October 2020 compared to the period from August 2020-April 2020. It finds that of the total visits, naloxone and buprenorphine were prescribed within 30 days at 7.4% and 8.5%, respectively. Comparatively, prescriptions for epinephrine for anaphylaxis were nearly 50%. Therefore, this evidence shows that during the pandemic, naloxone and buprenorphine continued to be underutilized. More utilization may have had a role in preventing overdose deaths from reaching record levels at that time.



UTILIZING TELEMEDICINE DURING COVID-19 PANDEMIC FOR A LOW-THRESHOLD, STREET-BASED BUPRENORPHINE PROGRAM



This is a study evaluating a mobile street medicine program in Baltimore, looking to describe the transition from this program to telemedicine, and the associated one-year retention. From March 2020-March 2021, their program provided voice-only buprenorphine treatment services to 150 patients, of which 70% were male and 80% were black. 131 were transitioned from in-peron services and 19 were new patients engaged directly with telemedicine. It found that over 80% of individuals were retained in treatment at one year, 16% lost to follow-up, and just over 3% died. This study provides additional evidence of the growing role of the use of telemedicine in treating opioid use disorder and provides more support of the role of low-barrier buprenorphine in increasing access to treatment.

FEATURED POST AND OTHER RESOURCES

ACADEMIC DETAILING TO ADDRESS SUBSTANCE USE IN NEW JERSEY: AN "ALL-HANDS-ON-DECK" APPROACH

Our Northern MAT COE was featured in this blog post from the National Resource Center for Academic Detailing (NaRCAD), which summarizes the academic detailing services that the NJ MAT Centers of Excellence offer. As NaRCAD states, academic detailing is "interactive educational outreach to [prescribers] to provide unbiased, noncommercial, evidence-based information about medications and other therapeutic decisions, with the goal of improving patient care. It is usually provided to clinicians one-on-one in their own [practices]." For academic detailing services in your practice, please contact your respective COEs at coe@njms.rutgers.edu (Northern) or southernnjcoe@rowan.edu (Southern).



NJ OPIOID MEDICAL EDUCATION PROGRAM

Our Southern MAT COE offers a live webinar and enduring recorded course series consisting of modules that will use a standardized, evidence-based opioid addiction prevention curriculum to train and inform NJ health care professionals on best practices in opioid prescribing and patient care in compliance with federal and state statutory and regulatory guidelines. These courses are presented by the Rowan SOM physician leader, Richard Jermyn, DO, FAAPMR.

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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