MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

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XYLAZINE SPREADS ACROSS THE US: A GROWING COMPONENT OF THE INCREASINGLY SYNTHETIC AND POLYSUBSTANCE OVERDOSE CRISIS

Xylazine has become more common in the illicit opioid supply, used to cut opioids such as heroin and fentanyl. Xylazine is a veterinary tranquilizer common in the street opioid supply of Puerto Rico, but now has become increasingly prevalent in Philadelphia. It acts as a CNS depressant, leading to profound sedation. Despite this knowledge, its national trends, geographic distribution, and health risks are poorly characterized. This sequential mixed-methods study concluded that xylazine is increasingly present in overdose deaths and is linked to the increase of illicitly-manufactured-fentanyl. Ethnographic accounts associate it with profound risks for those who inject drugs. Nevertheless, many jurisdictions do not routinely test for xylazine as it is not available as a point-of-care test or in a typical immunoassay. Further efforts that include harm reduction education on xylazine are needed to help minimize additional risks associated with an unpredictable drug supply.

WHAT'S INSIDE

UPCOMING EVENTS

4/11 & 4/12: NIH HEAL Initiative Investigator Meeting

4/21: OBAT Navigator Skills Lab

4/27: MAT Lunch Hour

5/6: ECHO: Embracing Long-Term MOUD

5/13: ECHO: Measuring Treatment Goals

HEADLINES

Non-Prescribed Buprenorphine Preceding Tx Intake & Clinical Outcomes

New Mexico Passes Harm Reduction Legislations

Association of MOUD with Suicide Mortality

Extending a Lifeline to People with HIV & OUD in Ukraine

UPCOMING EVENTS

3RD ANNUAL NIH HEAL INITIATIVE INVESTIGATOR MEETING

MONDAY, APRIL 11TH AT 10:00 AM OR 4:00 PM & TUESDAY, APRIL 12TH AT 10:00 AM OR 3:10 PM

More than 600 NIH HEAL Initiative awardees, federal officials, people with lived experience, and other stakeholders will share research findings, explore trends and shared interests, and identify opportunities to advance the goals of the initiative. This meeting brings together researchers from around the country taking on the pain and opioid crises from all angles. These researchers study a broad range of topics, such as innovative technology-based therapies for pain management; community-based integrated solutions for prevention, overdose, and MOUD; and a variety of new approaches for managing pain.

OBAT NAVIGATOR MONTHLY RESOURCE CALLS & SKILLS LAB

THURSDAY, APRIL 21ST 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: CITY OF PATERSON'S RAPID ACCESS TO BUPRENORPHINE PROGRAM

WEDNESDAY, APRIL 27TH 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.

MAY'S 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: EMBRACING THE LONG-TERM USE OF MOUD

FRIDAY, MAY 6TH FROM 12:00-1:00 PM

This session will discuss the rationale for supporting the long-term use of MOUD.

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.

RECENT LITERATURE

NON-PRESCRIBED BUPRENORPHINE PRECEDING TREATMENT INTAKE AND CLINICAL OUTCOMES FOR OPIOID USE DISORDER

Treatment retention on buprenorphine improves outcomes for OUD, but little is known about the impact of non-prescribed buprenorphine preceding formal treatment intake and clinical outcomes. This study conducted an observational retrospective analysis of abstracted electronic health record data from a multi-state nationwide office-based opioid treatment program. The study observed a random sample of 1000 newly admitted patients with OUD for buprenorphine maintenance (2015-2018) for up to 12 months following intake. It found that those who used non-prescribed buprenorphine prior to formal treatment had decreased hazards of treatment discontinuation and lower opioid use. These findings suggest use of NPB may be a marker of treatment readiness, suggesting that preparing for formal treatment is a potential motivator, and that buprenorphine testing at intake may have predictive value for clinical assessments on the risk of early treatment discontinuation.



TO REDUCE OVERDOSE DEATHS, NEW MEXICO PASSES EXPANSIVE HARM REDUCTION LEGISLATION

This is a blog from Vital Strategies, detailing the expansive harm reduction legislation passed in February that expanded legal access to harm reduction interventions. Similarly, as you may recall, governor Murphy also signed a legislative package to expand harm reduction efforts in New Jersey beyond the seven centers in the state. Specifically in New Mexico, that legislation amends the Harm Reduction Act by expanding access to drug checking supplies such as fentanyl test strips while also allowing harm reduction programs to provide items used to consume and prepare substances, such as sterile smoking supplies, as approved by the New Mexico Department of Health. It also expands the definition of a "participant" to include those who receive harm reduction supplies and may not necessarily be those who inject drugs themselves. Access to fentanyl test strips is critical, given that it was previously considered as drug paraphernalia and research shows that knowing what drugs people are consuming informs them of the potential dangers; they may use less of the drug or consume them more slowly, or perhaps not use them at all, or only with others, all strategies that can prevent overdose. This is a crucial step in providing people who use drugs with resources and support, regardless of whether they smoke, snort, inject or otherwise consume drugs. Legislation such as this paves the way for the future bills that support the use of best practices and evidence-based harm reduction strategies to reduce overdose.

RECENT LITERATURE (CONT.)

ASSOCIATION OF MEDICATION TREATMENT FOR OPIOID USE DISORDER WITH SUICIDE MORTALITY

Further understanding the effectiveness of MOUD to not only decrease overdose deaths, but also of suicide mortality may inform clinical and policy decisions. This retrospective cohort study from 2003-2017 in patients from the Dept. of Veterans Affairs patients found the main outcomes of treatment with MOUD were associated with a substantial reduction in suicide mortality as well external causes of mortality and all-cause mortality (HR 0.45, 0.35, and 0.34, respectively) in the 5 years following initiation of MOUD.

EXTENDING A LIFELINE TO PEOPLE WITH HIV & OUD DURING THE WAR IN UKRAINE: A PERSPECTIVE PIECE

This article published in Lancet details the story of a patient with HIV and OUD and the potential challenges and implications of receiving methadone and treatment during the current war in Ukraine. Treatment programs and their staff are currently struggling to navigate the needs of patients with some prescribers reducing dosages to ensure medications for other patients due to uncertainty of when new medications will arrive. Some prescribers are also resorting to tapering, which may result in a prolonged period of physically and emotionally uncomfortable withdrawal symptoms. Relapse risk may be much higher as the stress and anxiety of war will likely amplify withdrawal symptoms, leading to possible overdose, infections, and transmission of viruses. Half of the patients on methadone are also being treated for HIV and lack of access to methadone may lead to discontinuation from HIV medications, which could lead to uncontrolled HIV and disease progression. Steps to alleviate this situation include:

1) Creation of an effective real-time strategy for patients to be able to track down supplies of methadone within the country
2) Crowd sourcing to improve access and delivery of medical services
3) Ensuring a sustainable supply chain

Clearly, implementing strategies to ensure continuity of treatment for patients and for refugees fleeing to other countries will be challenging. However, collaboration among the many stakeholders, according to the article, will be paramount in how this crisis can be mitigated.