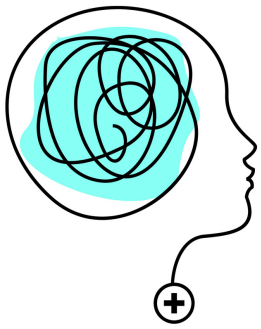
MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

March 11, 2022 **BIWEEKLY NEWSLETTER** Vol. 44



PRESIDENT BIDEN ANNOUNCES STRATEGY TO ADDRESS OUR NATIONAL MENTAL HEALTH CRISIS, AS PART OF UNITY AGENDA IN HIS FIRST STATE OF THE UNION

In his first State of the Union, the President outlined a bipartisan unity agenda. As part of this, he announced a strategy to address our national mental health crisis, among people of all ages. At the forefront are anxiety and depression affecting a large number of adults, especially after the last 2 years of grief, trauma, and physical isolation from the pandemic. Youth have been particularly impacted as losses from COVID and disruptions in routines and relationships have led to increased social isolation, anxiety, and learning loss. President Biden laid out a vision to transform how mental health is understood, perceived, accessed, treated, and integrated – in and out of health care settings. Some key takeaways of the mental health strategy are through:

- Strengthening system capacity
- Connecting Americans to care
- Creating a continuum of support – transforming our health and social services infrastructure to address mental health holistically and equitably

WHAT'S INSIDE

UPCOMING EVENTS

3/17: OBAT Navigator Skills Lab

3/23: MAT Lunch Hour: Wound Care

4/1: ECHO: Buprenorphine Dosing Strategies in the Age of Fentanyl

4/8: ECHO: Overcoming Addiction Through Empathy

HEADLINES

Satisfaction with Group-Based Appointments Among Patients with OUD in Urban Buprenorphine Clinic

Once-Daily vs. Multiple-Daily Dosing of Buprenorphine/Naloxone

Association Between Increased Dispensing of OAT Take-Home Doses & Overdose & Treatment Interruption/Discontinuation

Investigating Claims Made on Cannabis Companies' Websites

RESOURCES

NIDA MOUD Infographic

Buprenorphine/Naloxone Access for OUD in Correctional Facilities Tool

NJ Opioid Medical Education

UPCOMING EVENTS



OBAT NAVIGATOR MONTHLY RESOURCE CALLS & SKILLS LAB

THURSDAY, MARCH 17TH 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: WOUND CARE

WEDNESDAY, MARCH 23RD 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. The South Jersey Aids Alliance & Camden AHEC will be discussing wound care in this forum.

APRIL'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: DOSING STRATEGIES FOR BUPRENORPHINE IN THE AGE OF FENTANYL

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

This session will discuss the different dosing strategies for buprenorphine given today's fentanyl outbreak.

SUD CQI PROJECT ECHO: OVERCOMING STIGMA: LANGUAGE MATTERS

FRIDAY, APRIL 8TH FROM 12:00-1:00 PM

This SUD continuous quality improvement session will discuss overcoming stigma in the healthcare system, with a focus on the importance of language used.

RECENT LITERATURE

NJ MAT CENTER OF EXCELLENCE ARTICLE: SATISFACTION WITH GROUP-BASED APPOINTMENTS AMONG PATIENTS WITH OUD IN AN URBAN BUPRENORPHINE CLINIC

Check out a published study that surveyed patients who participated in group-based appointments in our low-barrier, OUD clinic! These groups of participants all share the common diagnosis of OUD and interact with each other and the provider. Of 39 respondents, almost 70% of participants agreed that their medical needs were met during these appointments. In addition, the majority reported better adherence to treatment plans and agreed that the information received were valuable in their own care. This study shows that innovative delivery models to increase the capacity and access to treatment may be helpful in improving outcomes in those with OUD.



OUTCOMES ASSOCIATED WITH ONCE-DAILY VERSUS MULTIPLE-DAILY DOSING OF BUPRENORPHINE/NALOXONE FOR OUD

There are limited clinical studies examining once-daily versus multiple-daily dosing of buprenorphine/naloxone in patients with opioid use disorder (OUD). Furthermore, the package insert recommends that sublingual buprenorphine be taken as a single daily dose. This retrospective chart review compared 100 patients, half of which were prescribed single-daily and multiple-daily buprenorphine/naloxone each. It finds that once-daily dosing was associated with more negative urine drug screens and fewer opioid relapses compared with multiple-daily dosing, with no significant differences between time to relapse, adherence to treatment, or treatment retention. Although the study is subjected to several confounders given some methodological limitations, it informs providers to think about the frequency of dosing in their practices and that additional studies evaluating optimal dosing schedules for relapse prevention are warranted.

RECENT LITERATURE (CONT).



ASSOCIATION BETWEEN INCREASED DISPENSING OF OPIOID AGONIST THERAPY TAKE-HOME DOSES AND OPIOID OVERDOSE AND TREATMENT INTERRUPTION AND DISCONTINUATION

During the COVID-19 pandemic, relaxed regulations for opioid agonist therapy (OAT) allowed prescribers to increase the number of take-home doses to promote treatment retention. This was a retrospective cohort study of over 21,000 people to evaluate whether increased take-home doses of OAT early in the pandemic was associated with treatment retention and opioid-related harm. Patients were observed for up to 180 days to assess outcomes with the primary outcome being opioid overdose, interruption in OAT, and OAT discontinuation. Among the nearly 17,000 patients on methadone and 4,400 buprenorphine patients, those who had increased take-home doses of OAT had significantly lower rates of overdose, treatment interruption and discontinuation. There were no statistically significant increases in opioid-related overdoses over 6 months of follow-up. Dispensing of increased take-home doses may have some benefit in improving patient outcomes, but these findings should be interpreted cautiously.

UNPROVEN, UNSAFE: SPOTLIGHT PA INVESTIGATED CLAIMS MADE ON PENNSYLVANIA CANNABIS COMPANIES' WEBSITES

This Spotlight PA article highlights that we must be careful in how we approach cannabis for patients who request it. It finds that some cannabis dispensaries in Pennsylvania make misleading, inaccurate, and even dangerous statements online about the potential for cannabis to treat opioid use disorder. Health policy experts worry the messages could steer patients away from treatments that are evidence-based and widely supported, such as buprenorphine and methadone. If patients rely on cannabis to treat OUD and does not work as planned, they could relapse, overdose, and die. In conclusion, more government oversight is needed on this issue with significant implications on patient outcomes.

This recent paper analyzed the association of state policies on dispensary advertising, stating that state-level policies designating OUD as a qualifying condition for medical cannabis were associated with more dispensaries claiming cannabis can treat OUD.

RESOURCES

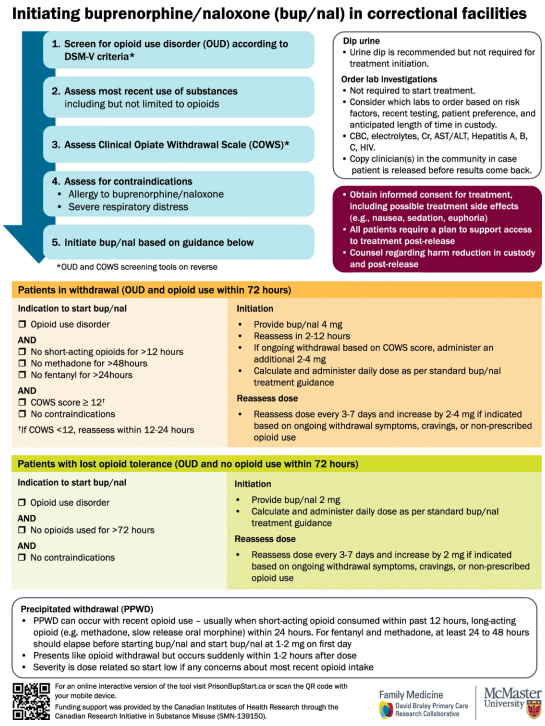
NIDA MEDICATIONS FOR OPIOID OVERDOSE, WITHDRAWAL & ADDICTION INFOGRAPHIC

This infographic shows the different types of medications prescribed for opioid overdose, withdrawal, and addiction, which are safe, effective and save lives. The National Institute on Drug Abuse supports research to develop new medicines and delivery systems to treat opioid use disorder and other substance use disorders, as well as other complications of substance use (including withdrawal and overdose), to help people choose treatments that are right for them.

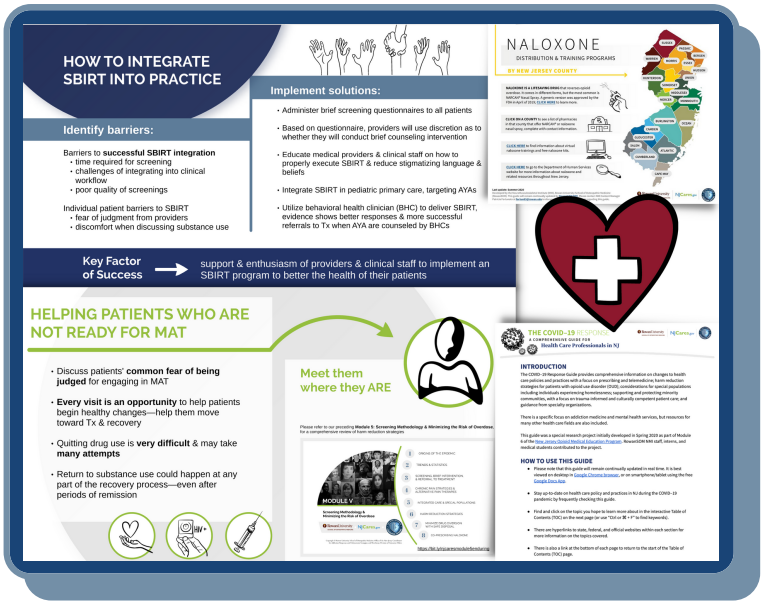


AVAILABLE TOOL: BUPRENORPHINE/NALOXONE ACCESS FOR PEOPLE WITH OUD IN CORRECTIONAL FACILITIES: TAKING STEPS TO SUPPORT KNOWLEDGE TRANSLATION

People with opioid use disorders are overrepresented in correctional facilities and have significant overdose risk. Despite buprenorphine/naloxone being the first line treatment, barriers too often exist for its initiation in correctional facilities. Guided by the knowledge-to-action framework, this project focused on synthesizing knowledge and developing a tool for buprenorphine/naloxone initiation that was tailored to correctional facilities, including jails. The purpose is to use this tool to support buprenorphine/naloxone access for people in correctional facilities with other efforts to address barriers to treatment initiation in correctional facilities.



RESOURCES



NEW JERSEY OPIOID MEDICAL EDUCATION PROGRAM

Register for our continuing medical education series, the New Jersey Opioid Medical Education Program, developed in partnership with NJ CARES, the New Jersey Division of Consumer Affairs, and the New Jersey Attorney General, presented by NeuroMusculoskeletal Institute Medical Director and Southern NJ MAT Center of Excellence Co-Director Richard Jermyn, DO, FAAPMR. The courses are designed to educate New Jersey health care professionals with prescribing authority as well as pharmacists, mental health professionals, registered nurses, and athletic trainers. Training curriculum and materials are focused on opioid prescribing guidelines, harm reduction strategies, and MAT in various settings. Courses are available in live and enduring formats at a cost of $7. Upon successful completion of a course, physicians will receive CME credits, and other participants will receive certificates of completion to retain in accordance with their relevant licensing board regulations.

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