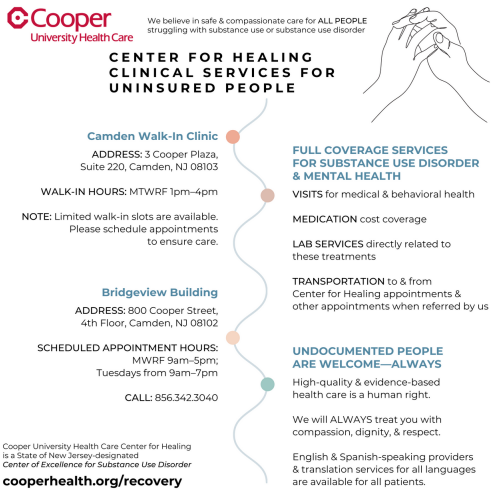
MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

December 17, 2021 **BIWEEKLY NEWSLETTER** Vol. 38

This is our last edition of 2021; our next newsletter will be released on January 3rd. Wishing all of you a happy and healthy new year!

MAT FOR ALL PROGRAM

We are excited to share the launch of the MAT FOR ALL program at our Southern NJ MAT Center of Excellence location, Cooper University Health Care Center for Healing. Led by the Center for Healing Medical Director and Southern NJ MAT Center of Excellence Co-Director, Kaitlan Baston, MD, DFASAM, the program provides full coverage substance use disorder and mental health services for uninsured people, including people experiencing undocumentation. English and Spanish-speaking providers, translation services for all languages, and health communication material are available for all patients.



An article outlining the program is available on the Rowan University website here, and posters are available for printing and social media sharing at bit.ly/MATforALL. To request the posters in varying size iterations, and to learn about health communication material, please contact Southern NJ MAT Center of Excellence Content Manager Patricia Fortunato at fortunato-patricia@cooperhealth.edu.

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IN THE NEWS

ADVOCATES PUSH FOR SAFE INJECTION SITES IN NJ

Watch this 4-minute video of community advocates supporting the effort to create safe injection sites in NJ, similar to what has been implemented in New York City. It features one of our Centers of Excellence physician leaders, Dr. Erin Zerbo. Senator Joe Vitale is planning to reintroduce a bill that would allow for these sites to set-up 4 centers across the state.

NEW PUBLIC EDUCATION CAMPAIGN FEATURES NEW JERSEY RESIDENT STORIES ABOUT THE BENEFITS OF SYRINGE ACCESS

Our co-director of the Northern COE, Dr. Amesika Nyaku, lends her voice, experience, and story to the "Essential, Effective, Human," a public education campaign promoting the public health and human benefits of syringe access. The campaign features the stories of seven NJ residents — people who have benefited from syringe access, faith leaders, physicians, and syringe service providers — who support syringe access in their communities.



When people have access to syringe services, they are:

- Less likely to die from an overdose
- Five times more likely to connect to drug treatment
- Three times more likely to stop substance use that causes problems in their lives
- 50 percent less likely to acquire HIV and Hepatitis C

UPCOMING EVENTS

STAY TUNED FOR UPCOMING 2022 EVENTS!

RECENT LITERATURE

PRIMARY CARE AND MEDICATION MANAGEMENT CHARACTERISTICS AMONG PATIENTS RECEIVING OFFICE-BASED OPIOID TREATMENT WITH BUPRENORPHINE

This is a retrospective review of medical records at an outpatient primary care clinic, seeking to identify medical conditions, medications, and treatment outcomes of those receiving buprenorphine for OUD in an office-based setting. It finds that of the over 350 patients, over 40% had another primary care provider. The medical conditions included many patients with chronic pain and a psychiatric diagnosis, and few with hepatitis C or HIV. Medications taken were cardiovascular, antidepressant, and non-opioid analgesics. There was also no statistically significant difference in changes with urine drug screening based on differences in the above characteristics and age. In conclusion, the article provides evidence that chronic management of OUD with buprenorphine in the office-based setting is a strategy to increase access and integrate treatment as part of primary care.

"WE'LL BE ABLE TO TAKE CARE OF OURSELVES" A QUALITATIVE STUDY OF CLIENT ATTITUDES TOWARD BUPRENORPHINE TREATMENT IN HARM REDUCTION PROGRAMS



This is a qualitative study that recruited 34 participants in a New York City-based syringe service program to participate in seven focus group sessions and evaluate their attitudes about integrating buprenorphine treatment in this type of harm reduction program. Participants shared their attitudes in several domains, including their attitude towards medical clinics, harm reduction, buprenorphine in a syringe service program, challenges of treatment in this setting, and logistical considerations. It finds that among the group, the participants felt that this program is integral towards providing support for those who use drugs by feeling less stigma than in general medical settings. They also felt that providing buprenorphine in this setting could also help with changing culture and suggested ways to reduce diversion by providing structured appointments, training providers in harm reduction, and evaluating specific inclusion criteria. This study provides evidence that those who use drugs would embrace this type of integration and that further research should look into buprenorphine integration in the syringe service program compared with treatment outcomes in other settings.

RECENT LITERATURE (CONT.)

EMERGENCY DEPARTMENT-INITIATED BUPRENORPHINE PROTOCOLS: A NATIONAL EVALUATION

This study looked to characterize protocols for buprenorphine induction among a sample of emergency departments participating in ED-INNOVATION. These departments were located in sites across 22 states, with 31 protocols that were analyzed. It found that nearly 75% of the EDs relied on clinician judgment to determine appropriateness of buprenorphine therapy, while only about 25% required the use of diagnostic support tools. Just under 90% required the use of the Clinical Opiate Withdrawal Scale (COWS) score prior to buprenorphine initiation, with a similar amount of departments requiring a minimum score of 8 to initiate buprenorphine within the ED. The starting dose of buprenorphine ranged from 2-16mg (most at 4mg) and for continued withdrawal, about 90% also recommended up to an hour before the first and 2nd dose. The total dose of buprenorphine given in the ED ranged from 8-32mg. In addition, 90% of the protocols recommend providing a buprenorphine prescription of 16mg daily at discharge, with nearly 75% suggesting that a naloxone prescription also be provided. The study shows the variation of buprenorphine induction in the ED setting and comparing these variations amongst the different studies to determine differences in patient outcomes can inform what the evidence-based care using buprenorphine in the ED should be in the future.

PATTERNS OF WITHDRAWAL IN PATIENTS WITH OUD TRANSITIONING FROM UNTREATED OUD OR BUPRENORPHINE TREATMENT TO EXTENDED-RELEASE NALTREXONE

This is a study that compared opioid withdrawal amongst those withdrawing from untreated OUD and those withdrawing from buprenorphine to understand if there is a pattern of opioid withdrawal during a 1-week induction onto extended-release naltrexone. It finds that those with untreated OUD were more likely to experience opioid withdrawal earlier before a gradual decline, while those on buprenorphine treatment experienced a peak, albeit milder, at a later time. It also finds that cravings were higher amongst those with untreated OUD. The results can help providers to anticipate when their patients are more likely to experience withdrawal, depending on if they were already on buprenorphine or untreated.



RECENT LITERATURE (CONT.)

BEYOND HARM-PRODUCING VS. HARM-REDUCING: A QUALITATIVE META-SYNTHESIS OF PEOPLE WHO USE DRUGS' PERSPECTIVES AND EXPERIENCES WITH THE "EXTRAMEDICAL" USE AND DIVERSION OF BUPRENORPHINE

This is a review of qualitative and mixed-methods studies evaluating the perspectives and experiences of those who use drugs on "extramedical" buprenorphine use. It included 21 studies and organized results based on the experiences of those who use drugs and their motivations to engage in "extramedical" use of buprenorphine, the relationship between this use and formal programs, and the established financial economy of "extramedical" buprenorphine. It finds that there are many perspectives and experiences with using buprenorphine in this way, with self-medicating and achieving "stability" as the primary reason for engaging. Another reason included strategic management of continued use of illicit opioids, such as to take "heroin breaks" to help with stabilization of their lives. Some used buprenorphine to "get high" when their illicit drug of choice was not available and others reported negative experiences with diverted buprenorphine. They also talked about the barriers to accessing treatment as a reason for using "extramedical" buprenorphine. Lastly, participants reported a "dynamic" market with buprenorphine, with other substances influencing buprenorphine's pricing on the street. Understanding the drivers for utilizing diverted buprenorphine can help to inform future SUD practice focusing on the needs, perspectives, and the priorities of those who use drugs.

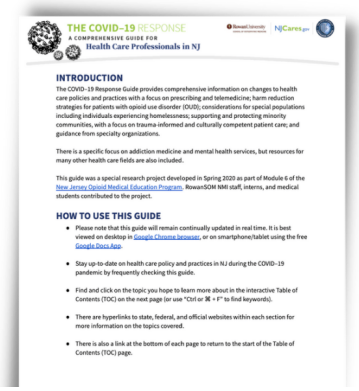


ADDICTION IS AN EMERGENCY: END WAIT TIMES FOR SERVICES AND EXPAND ACCESS TO LIFE-SAVING MEDICATIONS

This is a Health Affairs blog that sought to provide the rationale and the implications of beginning SUD treatment in the emergency department. It provides the perspective of untreated addiction as an emergency, and that it must be managed to reduce death similar to patients who come into the ED for a myocardial infarction. It also provides a breakdown of commonly held myths of starting treatment within the hospital setting by debunking them. These myths include:

1) Emergency departments don't have the bandwidth
2) Feasibility depends on hospital type
3) Patients won't be amenable to MAT
4) MAT is unrelated to equity

RESOURCES


THE COVID-19 RESPONSE
A COMPREHENSIVE GUIDE FOR
Health Care Professionals in NJ

INTRODUCTION

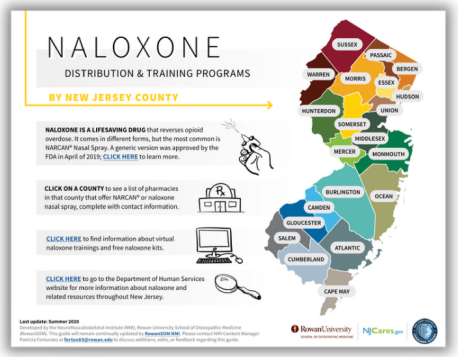
The COVID-19 Response Guide provides comprehensive information on changes to health care policies and practices with a focus on prescribing and telemedicine; harm reduction strategies for patients with opioid use disorder (OUD); considerations for special populations including individuals experiencing homelessness; supporting and protecting minority communities, with a focus on trauma-informed and culturally competent patient care; and guidance from specialty organizations.

There is a specific focus on addiction medicine and mental health services, but resources for many other health care fields are also included.

This guide was a special research project developed in Spring 2020 as part of Module 6 of the New Jersey Opioid Medical Education Program. RowanSOM NMI staff, interns, and medical students contributed to the project.

HOW TO USE THIS GUIDE

- Please note that this guide will remain continually updated in real time. It is best viewed on desktop in Google Chrome browser, or on smartphone/tablet using the free Google Docs App.
- Stay up-to-date on health care policy and practices in NJ during the COVID-19 pandemic by frequently checking this guide.
- Find and click on the topic you hope to learn more about in the interactive Table of Contents (TOC) on the next page (or use "Ctrl or ⌘ + F" to find keywords).
- There are hyperlinks to state, federal, and official websites within each section for more information on the topics covered.
- There is also a link at the bottom of each page to return to the start of the Table of Contents (TOC) page.



NJ 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 material 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.

Preview the program material here, and join us at bit.ly/njcaresmodules

NATIONAL INSTITUTES OF HEALTH

Listen to Dr. Richard Bottner from The University of Texas At Austin describe the first time his hospital treated a patient with opioid use disorder with buprenorphine!



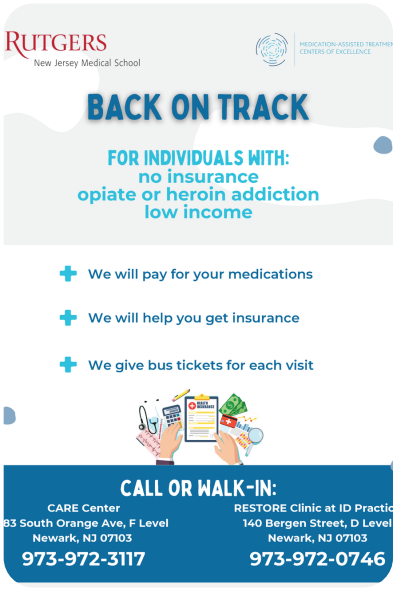
RESOURCES (CONT.)

HOME INDUCTION HANDOUT

This handout was created by MATCOE with the intention to be shared and distributed to providers who are interested in treating patients with buprenorphine, but may be hesitant or have questions. This 3-step guide goes into detail about what can be expected from opioid withdrawal to buprenorphine maintenance.

Disclaimer: This handout serves as a guideline and for informational purposes only. It is not intended to be rigid. There is an understanding that depending on the patient, setting, circumstances or other factors, guidelines can and should be tailored to fit individual needs. Consult a provider or have the patient seek immediate medical care in an emergency.





BACK ON TRACK PROGRAM

As a reminder, information for our 'MAT for ALL' sister program for Northern NJ counties can be found here. This was published in our previous newsletter.

MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

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