MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

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BIPARTISAN COALITION OF ATTORNEYS GENERAL URGE DEA AND SAMSHA TO EXTEND TELEHEALTH CAPABILITIES FOR OPIOID USE DISORDER TREATMENT

45 of the 50 state attorney generals are calling on the DEA and SAMSHA to permanently extend telehealth flexibilities for prescribing buprenorphine, which is set to expire once the COVID-19 public health emergency ends. The letter highlights the importance of these flexibilities in assisting individuals with OUD. The attorneys general state: "The number of patients receiving buprenorphine as treatment for an OUD increased significantly when telehealth flexibilities were allowed... not only did this policy change led to an increase in buprenorphine initiation, but it also improved retention in care and reduced the odds of overdose for individuals prescribed buprenorphine via telehealth for OUD treatment." The current policy for telehealth services also expands access of buprenorphine to patients who may have previously struggled to receive the medication, including living more than 10 miles from a buprenorphine provider.

See SAMHSA press release for updates on this topic

WHAT'S INSIDE

UPCOMING EVENTS

12/20: 2023 Addiction Landscape

12/21: MAT Lunch Hour: Addiction in 2022 Year in Review

1/6: ECHO: Behavioral Counseling/Psychotherapy in OUD

1/19: OBAT Navigator Skills Lab

HEADLINES

Buprenorphine vs Methadone for OUD in Pregnancy

How to Make the Holidays Less Stressful

Digital Interventions for OUD

Envisioning Minimally Disruptive OUD Care

The White House Unveils a New System to Track & Better Prevent Opioid Overdoses

SAMHSA Proposes Update to Expand Access to OUD Treatment & Help Close Gap in Care

RESOURCES

24/7 NJ MAT Provider Hotline

Fentanyl Fast Facts for Providers

UPCOMING EVENTS



PCSS CLINICAL ROUNDTABLE - ADDICTION LANDSCAPE IN 2023

TUESDAY, DECEMBER 20TH FROM 12:00-1:00 PM

The Medical Director of the Northern NJ COE, Dr. Petros Levounis, will be presenting the topic of the addiction landscape in 2023 for this Clinical Roundtable. The goal is to support interactions among addiction experts and health professionals. Take advantage of these unique opportunities to engage your peers and get your questions answered.

SUD MAT PROJECT ECHO: BEHAVIORAL COUNSELING/PSYCHOTHERAPY IN OUD

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

Every live session explores active patient challenges from multiple perspectives. You'll meet practitioners from across the state through a simple video interface and become part of a collegial community.

MAT LUNCH HOUR: ADDICTION IN 2022 YEAR IN REVIEW

WEDNESDAY, DECEMBER 21ST FROM 12:00-1:00 PM

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. In this session, the Northern NJ COE Clinical Pharmacist/Academic Detailer, Clement Chen will be presenting an overview of the addiction world for this past year.

OBAT MONTHLY SUD NAVIGATION SUPPORT CALLS

THURSDAY, JANUARY 19TH FROM 12:00-1:00 PM

The Camden Coalition offers 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

RECENT NEWS

BUPRENORPHINE VERSUS METHADONE FOR OPIOID USE DISORDER IN PREGNANCY

It is well known that the agonist forms of MOUD are strongly recommended for pregnant persons with OUD. This cohort study examined whether buprenorphine may be associated with more favorable neonatal and maternal outcomes than methadone. It involved pregnant persons who were enrolled in public insurance programs in the US from 2000 through 2018, and assessed exposure to buprenorphine vs. methadone in early pregnancy, late pregnancy, and 30 days before delivery. Neonatal abstinence syndrome was significantly reduced in those who received buprenorphine. Fewer preterm births and low birth weights also occurred with buprenorphine. The use of buprenorphine in pregnancy was associated with a lower risk of adverse neonatal outcomes than methadone use although the risk of adverse maternal outcomes (delivery by cesarean section and severe maternal complications) were similar among persons who received buprenorphine and those who received methadone.

HOW TO MAKE THE HOLIDAYS LESS STRESSFUL

Typically, the holidays are seen to bring sparkle and delight to the cold, gray winter, yet the merry mood might be dampened by the stress of all the festivities. According to a new poll from the APA, 31% of Americans anticipate being more stressed this holiday season than last year. “Finances are a major component this year,” says Dr. Petros Levounis, the Medical Director of the Northern NJ COE, “People are worried about a possible recession and not being able to negotiate the increased expenses of the holidays the way they’ve been able to do it in the past.”

The APA surveyed more than 2,200 adults on a range of concerns related to the holiday season. Among the findings, researchers found:

- Affording gifts and meals
- Finding and securing gifts
- Spreading or contracting COVID-19
- Traveling for the holidays
- Discussing politics
- Discussing COVID-19
- High or unrealistic expectations
- Loss or change
- Mental illness



Several strategies suggested to help cope/prevent holiday stress include:

- Prepare early
- Maintain healthy lifestyle habits *“These habits are particularly vulnerable during the holidays when there are trays of desserts and late-night partying,” Levounis says. “Try to safeguard your routine.”*
- Practice radical acceptance
- Focus on what makes you happy
- Enjoy the moment

RECENT NEWS (CONT.)

DIGITAL INTERVENTIONS FOR OPIOID USE DISORDER TREATMENT: A SYSTEMATIC REVIEW OF RANDOMIZED CONTROLLED TRIALS

This is a systematic review of randomized clinical trials of digital interventions for OUD, aiming to assess its application and effectiveness of using psychotherapy to treat OUD globally. The study team searched 4 electronic databases and the inclusion criteria were: randomized controlled trials, assessment for opioid use before and at least once following intervention, and use of digital interventions. The digital interventions were based on community reinforcement approaches, CBT, relapse prevention, brief interventions, supportive counseling, and motivational interviewing and included web-based, computer-based, telephone calls, video conferencing, automated self-management system, mobile applications and text messaging. The use of digital interventions for psychotherapy OUD treatment was acceptable, with varying levels of effectiveness for improving outcomes. This was influenced by participant and intervention delivery factors. Further studies in different parts of the world should compare these findings, specifically in low- and middle-income countries.

ENVISIONING MINIMALLY DISRUPTIVE OPIOID USE DISORDER CARE

This is a perspective piece published in the Journal of Internal medicine, focusing on the many facets of our health systems and policies that create unwarranted, inflexible, and punitive practices leading to life-threatening barriers to care. It states that in the U.S., OUD care is maximally disruptive. Minimally disruptive medicine (MDM) is a framework that focuses on achieving patient goals while imposing the smallest possible burden on patients' lives. Using MDM framing, this article highlights how current medical practices and policies worsen the burden of treatment and illness, compound life demands, and strain resources. Suggestions are offered for programmatic and policy changes that would reduce disruption to the lives of those seeking care, improve health care quality and delivery, begin to address disparities and inequities, and save lives. These include practice and policy alternatives for enrollment, attendance, medication, treatment eligibility, urine drug testing, fragmentation, and limited rural access.



RECENT NEWS (CONT.)

THE WHITE HOUSE UNVEILS A NEW SYSTEM TO TRACK AND BETTER PREVENT OPIOID OVERDOSES

For decades, the U.S. struggled to create a national system for tracking opioid overdoses. Critics say the lack of accurate, real-time data has made it harder for health officials to respond as illicit pain pills, heroin and fentanyl flooded communities. The Biden administration moved to close the data gap with a new website that will track non-fatal opioid overdoses. The site will be updated every 2 weeks with reports collected at the county level by EMS first responders in all 50 states and the District of Columbia. The information should help shape the medical response when overdose clusters occur in different parts of the country, including information on quickly distributing naloxone in communities facing a rise in overdose incidents. Officials acknowledge this data collection and reporting system will provide a limited snapshot of drug overdoses as it focuses entirely on opioids — the leading cause of drug deaths and also won't include information from hospitals, schools, businesses non-profits and academic programs that collect non-fatal overdose information. However, the stakes for this initiative are high. A study released this year by the medical journal the Lancet predicted the U.S. will see another 1.2 million opioid overdose deaths by the end of this decade. The hope is with better, faster information, many of those lives can be saved.

SAMHSA PROPOSES UPDATE TO FEDERAL RULES TO EXPAND ACCESS TO OPIOID USE DISORDER TREATMENT AND HELP CLOSE GAP IN CARE

In this Press Release, SAMHSA is proposing to expand access to treatment for OUD at a time when more than 107,000 Americans lost their lives to an overdose last year. The proposal would update the federal regulations that oversee OUD treatment standards as part of HHS' Overdose Prevention Strategy that supports President Biden's National Drug Control Strategy - a whole-of-government approach to beat the overdose epidemic. Specifically, the proposed rule change would allow Americans to access the treatment by allowing take home doses of methadone and the use of telehealth in initiating buprenorphine at OTPs. SAMHSA proposes to update Part 8 by removing stigmatizing or outdated language; supporting a more patient-centered approach; and reducing barriers to receiving care. These flexibilities represented the first substantial change to OTP treatment standards in more than 20 years.

Public comment on the proposed regulatory changes may be made until February 14, 2023.

View the proposal here

RESOURCES



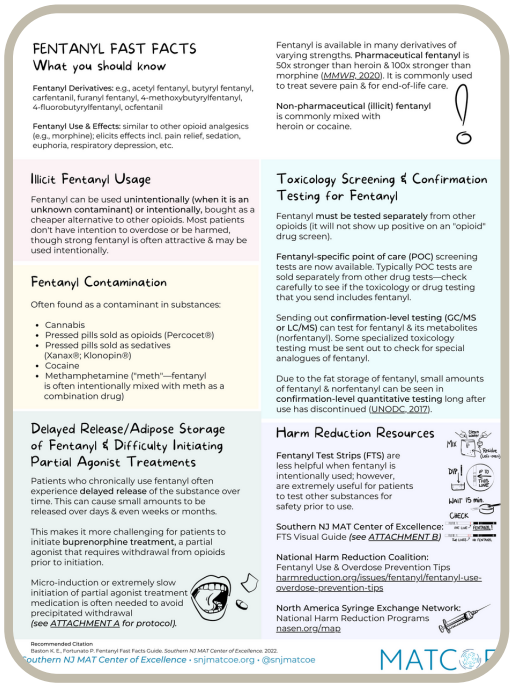
24/7 NJ MAT PROVIDER HOTLINE

844.HELP.OUD (844.425.7683)

Our MAT Provider Hotline is available 24/7 to call or text to provide in-the-moment advice from a multidisciplinary team of experts for providers who have clinical questions about using Medication for Addiction Treatment for patients.

FENTANYL FAST FACTS PRESCRIBER EDUCATION TIP SHEET

Understanding the **shared efforts** to raise awareness of fentanyl in our state, the Centers of Excellence are dedicated to raising awareness of low-barrier and lifesaving MAT and harm reduction strategies including naloxone, syringe services programs, and fentanyl test strips. This **fentanyl fast factsr prescriber education tip sheet** covers important information on fentanyl, initiation of partial agonist treatments and buprenorphine micro-induction patient health communication, toxicology screening and confirmation testing, and harm reduction resources. The Camden County Office of Mental Health and Addiction has also released a **toolkit and additional resources** for the public.


FENTANYL FAST FACTS
What you should know

Fentanyl Derivatives: e.g., acetyl fentanyl, butyryl fentanyl, carfentanil, furanyl fentanyl, 4-methoxybutyrylfentanyl, 4-fluorobutyrylfentanyl, ocfentanil

Fentanyl Use & Effects: similar to other opioid analgesics (e.g., morphine); elicits effects incl. pain relief, sedation, euphoria, respiratory depression, etc.

Fentanyl is available in many derivatives of varying strengths. Pharmaceutical fentanyl is 50x stronger than heroin & 100x stronger than morphine (MMWR, 2020). It is commonly used to treat severe pain & for end-of-life care.

Non-pharmaceutical (illicit) fentanyl is commonly mixed with heroin or cocaine.

Illicit Fentanyl Usage

Fentanyl can be used unintentionally (when it is an unknown contaminant) or intentionally, bought as a cheaper alternative to other opioids. Most patients don't have intention to overdose or be harmed, though strong fentanyl is often attractive & may be used intentionally.

Fentanyl Contamination

Often found as a contaminant in substances:

- Cannabis
- Pressed pills sold as opioids (Percocet®)
- Pressed pills sold as sedatives (Xanax®; Klonopin®)
- Cocaine
- Methamphetamine ("meth"—fentanyl is often intentionally mixed with meth as a combination drug)

Delayed Release/Adipose Storage of Fentanyl & Difficulty Initiating Partial Agonist Treatments

Patients who chronically use fentanyl often experience delayed release of the substance over time. This can cause small amounts to be released over days & even weeks or months.

This makes it more challenging for patients to initiate buprenorphine treatment, a partial agonist that requires withdrawal from opioids prior to initiation.

Micro-induction or extremely slow initiation of partial agonist treatment medication is often needed to avoid precipitated withdrawal (see ATTACHMENT A for protocol).

Toxicology Screening & Confirmation Testing for Fentanyl

Fentanyl must be tested separately from other opioids (it will not show up positive on an "opioid" drug screen).

Fentanyl-specific point of care (POC) screening tests are now available. Typically POC tests are sold separately from other drug tests—check carefully to see if the toxicology or drug testing that you send includes fentanyl.

Sending out confirmation-level testing (GC/MS or LC/MS) can test for fentanyl & its metabolites (norfentanyl). Some specialized toxicology testing must be sent out to check for special analogues of fentanyl.

Due to the fat storage of fentanyl, small amounts of fentanyl & norfentanyl can be seen in confirmation-level quantitative testing long after use has discontinued (UNODC, 2017).

Harm Reduction Resources

Fentanyl Test Strips (FTS) are less helpful when fentanyl is intentionally used; however, are extremely useful for patients to test other substances for safety prior to use.

Southern NJ MAT Center of Excellence: FTS Visual Guide (see ATTACHMENT B)

National Harm Reduction Coalition: Fentanyl Use & Overdose Prevention Tips harmreduction.org/issues/fentanyl/fentanyl-use-overdose-prevention-tips

North America Syringe Exchange Network: National Harm Reduction Programs nasen.org/map

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Southern NJ MAT Center of Excellence • snjmatcoe.org • @snjmatcoe

MATCOE

OUR NEXT NEWSLETTER PUBLICATION WILL BE ON FRIDAY, JANUARY 6, 2023. WISHING EVERYONE A HAPPY AND SAFE HOLIDAY SEASON!

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24/7 MAT Provider Hotline: 844-HELP OUD (844-435-7683)

Northern NJ MAT COE Website & Email
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