



MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

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BIWEEKLY NEWSLETTER

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DEA'S COMMITMENT TO EXPANDING ACCESS TO MEDICATION-ASSISTED TREATMENT

The DEA, in collaboration with federal, state, and local partners, has been championing a number of initiatives to expand access to MAT for people suffering from OUD, in hopes it will help people across the country gain access to lifesaving medicines. Some ways they are continuing their commitment to expanding access to MAT include the below:

- Practitioners working in hospitals, clinics, and emergency rooms will be able to request an exception allowing them to dispense a three-day supply of MAT, including buprenorphine and methadone, to treat patients experiencing acute opioid withdrawal symptoms. Information to request this exception can be found [here](#).
- DEA, in partnership with the Department of Health and Human Services, is engaging in regular outreach with pharmacists and practitioners to express support for the use of MAT for those suffering from SUD.
- In July 2021, DEA implemented a new regulation increasing the number of mobile methadone treatment facilities in an effort to expand access to treatment in remote and underserved communities.
- In response to COVID-19, DEA implemented temporary regulations allowing MAT to be prescribed by telemedicine and is working to make those regulations permanent.

WHAT'S INSIDE

UPCOMING EVENTS

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

4/8: ECHO: Overcoming Addiction Through Empathy

4/21: OBAT Navigator Skills Lab

4/27: MAT Lunch Hour

HEADLINES

The Rising Rate of Overdoses Among African Americans in NJ

The Role of PCP in Initiation of OUD Treatment

Utilization of MOUD Across the U.S.

Mobile Van for MOUD and Primary Care

The Cures Act of 2016 & SUD

Alternative Use of Buprenorphine Among People Who Use Opioids

RESOURCES

Buprenorphine Micro-Induction Home Instructions

UPCOMING EVENTS



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: BUPRENORPHINE DOSING STRATEGIES 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.

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.

RECENT LITERATURE

THE CHANGING FACE OF OPIOID ADDICTION: OVERDOSES AMONG BLACKS IN NEW JERSEY HAVE SKYROCKETED

More than 3,000 people in NJ died last year of drug overdoses. In NJ, people who are black are now more likely to die of overdoses than those who are white. Addiction experts and community activists say there is not one single factor that caused this shift but attribute the changes to continued inequities in access to healthcare, along with the deadly rise of fentanyl. Some disparities include hurdles in accessing treatment or securing MOUD, poverty, lack of insurance, transportation, or safe housing. NJ continues to build up its treatment system, expand access to naloxone, and promote medications for opioid use disorder. During COVID-19, NJ ramped up those efforts and removed barriers to telemedicine, making it easier for people to reach their counselors and doctors virtually.

THE ROLE OF PRIMARY CARE IN THE INITIATION OF OPIOID USE DISORDER TREATMENT IN STATEWIDE PUBLIC AND PRIVATE INSURANCE

This observational study sought to determine if individuals newly diagnosed with OUD in 2014–2017 who saw a primary care provider on or before the date of diagnosis had higher rates of medication treatment for OUD. It found that seeing a PCP at diagnosis was associated with a higher probability of receiving MOUD than seeing an emergency provider, but a lower probability than seeing a behavioral health specialist or other provider type. This supports the importance of PCPs in diagnosing OUD and connecting people to MOUD. Continued efforts to increase office-based addiction treatment providers, especially among primary care providers, may be key.



UTILIZATION OF MEDICATIONS FOR OPIOID USE DISORDER ACROSS U.S. STATES: RELATIONSHIP TO TREATMENT AVAILABILITY AND OVERDOSE MORTALITY

There is a lack of national, state-by-state comparison of patient MOUD utilization in terms of treatment availability and its relationship with overdose deaths. This spatial analysis aimed to quantify, for each state, the number of MOUD patients relative to (1) office-based buprenorphine providers and opioid treatment programs and (2) overdose deaths in March 2017. Patient to OTP ratio was highest in West Virginia, Delaware, Washington, DC, New Jersey, New Hampshire, Connecticut and Ohio, while patient to buprenorphine provider ratio was highest in Kentucky and West Virginia. It also found that the median number of MOUD patients per overdose death was 21 (IQR:14.9–28.2) and that high overdose states, including NJ, had the fewest number of patients on MOUD relative to deaths. High patient volume relative to treatment availability in overdose-burdened areas indicates the potential overcapacity of these treatment providers, emphasizing the continued need to promote greater utilization of MOUD and increase the number of MOUD providers and programs.

RECENT LITERATURE (CONT).

MOBILE VAN MAT FOR OUD AND COLLABORATION WITH PRIMARY CARE

Primary care services are important in the identification and continued treatment of chronic illnesses, including OUD. Effective treatment of OUD requires ease of access to health care teams during induction to facilitate stabilization and transition to long-term maintenance treatment. Receiving medications through providers who have integrated OUD care as part of their general medical practice has shown greater treatment retention vs. receiving them from other entities. NJ has continued to invest in the Medicaid office-based addiction treatment program to support primary care integration of OUD care.

Although mobile MAT van services uniquely provide a low-barrier access to medications, these efforts should ensure that primary care is involved, without the unintended consequence of diminishing primary care's role in the treatment of OUD as a chronic illness. As one PCP reported: "(Mobile) providers are handing out buprenorphine without requiring patients to see a local PCP for follow-up or go through mental health...most of these patients are in a perpetual induction phase, never following through with stabilization and maintenance." Mobile van MAT services have a vital role in the initiation of life-saving medications but continued investment in local primary care will ensure patients have access to the broad scope of needs, including SUD or other important acute and chronic health and mental health needs that may arise.



SOAPS AND SUDS: PATIENTS WITH SUBSTANCE USE DISORDERS AND WHAT CLINICIANS SHOULD KNOW ABOUT THE CURES ACT

The 21st Century Cures Act of 2016 mandates that patients have access to their clinical notes, labs, and imaging through electronic portals, requiring information sharing among healthcare entities. This article provides practical tips for healthcare professionals on best practices in documenting substance use in the era of transparent electronic medical records, and guidance on applying the Cures Act information blocking exceptions for their patients.

RECENT LITERATURE (CONT).

ALTERNATIVE USE OF BUPRENORPHINE AMONG PEOPLE WHO USE OPIOIDS IN 3 U.S. CITIES

Buprenorphine is an effective treatment for OUD, yet there is concern with its non-prescribed use. Evidence on the factors associated with these alternative uses of buprenorphine is lacking. This is a cross-sectional study examining the correlates of recent alternative use of buprenorphine across multiple sites in Baltimore, Boston, and Rhode Island. It finds that 20% of the sample reported recent alternative use. After adjusted analysis significant negative correlates of alternative use were female gender, recent emergency room visit, and recent injection drug use. Significant positive correlates included use of other prescription opioids, three or more overdoses in the past year, recent buprenorphine use as prescribed, and recent residential rehab treatment. The article states that these correlates of alternative use may help identify patients at high risk of overdose with additional unmet medical need.



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

Northern NJ MAT COE [Website](#) & [Email](#)

Southern NJ MAT COE [Website](#) & [Email](#)