



Wondering how to incorporate drug testing in your practice, whether in-person or telehealth?

The COEs are leading biweekly, interactive virtual educational sessions on MAT and continuous quality improvement topics through December. To register for the ECHO series and to receive free CE credits, click [here!](#)

Next Session: Friday, November 20th, 12pm-1pm

Topic: Implementing and Utilizing Drug Testing Methods



Next MAT Lunch Hour Postponed to November 18th: Opioid Overdose Review Teams

Join us for our next MAT Lunch Hour to network and collaborate. Kim Reilly, the Ocean County Drug and Alcohol Director, will introduce providers to the Opioid Overdose Review Teams for each NJ county to determine the cause of each overdose case, looking for patterns important in identifying resources needed in the community. You will learn the important role that treatment providers have on the team. All are welcome!

Next Forum: Wednesday, November 18th, 12pm-1pm

[Click Here to Register](#)



Introducing the Navigator Support Event

Similar to the general MAT Lunch hours, Camden Coalition will be hosting monthly Navigator Support Events open to those in the navigator role to discuss monthly case reviews, navigator referral challenges, community resource mapping, and other topics of interest. To register, click below.

TODAY: Friday, November 6th, 12pm-1:15pm

Next Session: Wednesday, December 8th, 12pm-1:15pm

[Navigator Support Series](#)

What are the key motivators for treatment with diverted buprenorphine?



A qualitative study looking to understand motivations for those who self-treat their OUD with non-prescribed buprenorphine found that the 4 key motivators include:

- 1) Perceived demands of formal treatment
- 2) Desire to utilize non-prescribed buprenorphine away from home to avoid drug use triggers, known as the "geographic cure"
- 3) Self-initiate treatment while preparing for formal services
- 4) Strengthen self-determination and autonomy in their recovery journey

[Click Here for the Abstract](#)

Lessons learned from engaging an unstably housed population with low-barrier buprenorphine treatment at a syringe services program



Clinic-imposed barriers can prevent access to MOUD. This article showed that among 80% of 146 patients unstably housed in a syringe services program who were initiated on buprenorphine, the % of toxicology tests positive for buprenorphine significantly increased and % for other opioids significantly decreased, while other substances including benzodiazepines did not significantly change. This study shows that utilizing a low-barrier approach to buprenorphine even amongst those with unstable housing and polysubstance use demonstrated consistent treatment retention and reductions in opioid use.

[Click Here for the Abstract](#)

Systematic Review: The relationship between cannabis use and patient outcomes in medication-based treatment of OUD



Highlights of this systematic review find that cannabis use is common among patients with OUD treated with medications. Amongst 41 studies that documented cannabis use during MOUD (methadone, buprenorphine, or naltrexone), cannabis did not significantly predict treatment outcomes, suggesting that cannabis use is unlikely to affect MOUD progress. Therefore, providers and programs should not label patients using cannabis as "non-compliant" and should reconsider punitive policies on cannabis that restrict access to MOUD.

[Free Access through December](#)

What are the structural vulnerabilities linked

to abusive policing among people who inject drugs?



This is a mixed methods study that assessed self-reported experiences of abusive policing in California's Central Valley, a rural/suburban area with high levels of IV drug use and overdose mortality. It found that abusive policing is not random or isolated, but mediated by many forms of social disadvantage connected to race, class, gender, and occupation. These policing forms include physical violence, verbal abuse, sexual violence, and the confiscation of new/unused syringes. This article suggests that reform is necessary to reduce social and health harms due to injection drug use and this begins with eradicating these abusive law enforcement practices.

Free Access through December

Opioid agonist therapy reduces fatal overdose by 60% in a population of justice-involved adults



Justice-involved individuals have high rates of OUD. In a Maryland state-wide sample of individuals, this study looked at predictors of OUD treatment usage and risk of fatal overdose. Nearly 44,000 individuals were matched to records and only 20% utilized OUD treatment. Amongst those treated with MOUD, there was a 60% reduction. Those with polysubstance use or referred to treatment directly by criminal justice sources were least likely to receive medications. The article emphasizes the importance of continued expansion of MOUD in the justice system and subsequent referrals to community settings.

[Click Here for the Article](#)

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



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