

## New Jersey Patient Notification Law Enacted in 2017 Introduced by Congress for Implementation Nationally



This NJ law requires prescribers to counsel patients, their parents and/or guardians about the risks of opioid addiction, and to discuss non-opioid alternatives, prior to prescribing an opioid. According to a study commissioned by the [Partnership for a Drug-Free New Jersey](#), 95% of participants were routinely warned of the risk for opioid addiction vs. only 18% of participants before its enactment. 18 states have adopted this law, which is being introduced nationally as the Opioid Patients' Right to Know Act.

[Click for the Article](#)

[Click for the National Bill Summary](#)

## MAT Lunch Hour: A Treatment Strategy for Stimulant Use Disorders



Join us for the next MAT Lunch Hour to network, collaborate, and discuss.

The next MAT lunch hour will feature Richard Rawson, PhD, Professor Emeritus at UCLA Dept. of Psychiatry and Biobehavioral Sciences and Research Professor at the University of Vermont. Dr. Rawson will share his experiences on stimulant use disorder and discuss a model of care and applicability in patients with MOUD. Dr. Rawson has published many papers in the addiction medicine space so this is an opportunity you will not want to miss! All are welcome!

**Next Forum: Wednesday, March 3rd, 12pm-1pm**

[Register Here](#)

## REMINDER: ECHO Session on March 5th

If you missed any of the previous MAT or continuous quality improvement ECHO sessions, they are posted on our [Northern COE Website webinar archive](#). Please note that you are only able to receive CE credits by attending LIVE ECHO sessions.

**The next ECHO session is on Friday, March 5th, 12pm-1pm**



## Topic: Managing MOUD in Patients at Varying Stages of Change

Gaining comfort in discussing MOUD for patients at these different stages of change will be an important objective of this session. This ECHO program will provide guidance for providers to help patients on their unique road to recovery.

**Do you have a patient or client you would like to present to the panel to receive recommendations and suggestions for management? Please click [here](#) to email your question(s) or scenario(s).**

[Register Here](#)

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## REMINDER: OBAT Navigator Training Series Begins Tuesday, March 16th



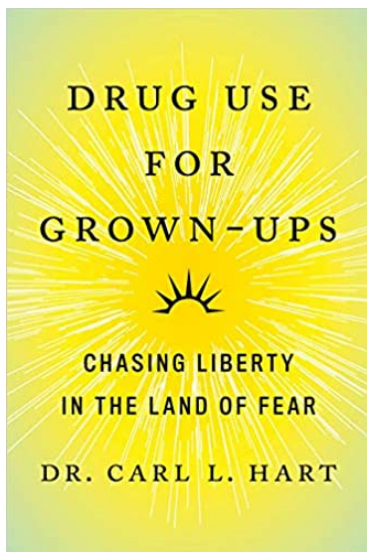
This training series of four webinars focuses on actionable information for OBAT navigators on how to support patients' goals and priorities as well as best practices in connecting patients to behavioral health and social service resources.

**4-Part Series:** March 16th, 23rd, 30th, and April 6th  
1:00pm-4:00pm

[Register Here](#)

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## Drug Use for Grown-Ups: Chasing Liberty in the Land of Fear



Dr. Carl L. Hart is a neuroscientist and an expert on drug use, who depicts in this book how broken our approach to drug use is. Coming from a personal approach, he discusses how racism and our punitive approach has shaped our drug policy, lead to the rise of the overdose crisis, and the need for a different approach, namely one that is patient-centered because not all drug use is harmful.

[Click for the Publisher's Site](#)

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## Recommended Use of Terminology in Addiction Medicine

This article provides a summary of recommendations for non-stigmatizing, more clinically accurate language when



talking to patients who use drugs. It makes clear that these are not recommendations for the terms patients themselves should use, as patients may find some benefit in calling themselves by stigmatizing terms in group-based settings. These recommendations are for clinicians to identify terms that are preferred and avoided. One term often used by clinicians is 'relapse' and more appropriate terms include, use, return to use, or recurrence. Another term is "detoxification" which we should instead use "withdrawal management."

[Click for the Abstract](#)

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## **A Harm Reduction Approach to Treating OUD in an Independent Primary Care Practice: A Qualitative Study**



Harm reduction approaches have not been consistently applied in primary care treatment settings. This article is a qualitative study that interviews leadership, staff, and other stakeholders in a freestanding medical practice in Ithaca, NY that provides buprenorphine treatment for OUD since 2018. It finds that the organization provides buprenorphine, primary care, and mental health services using a low-barrier approach and concludes that a harm reduction model can help reduce stigma for those who use drugs and are on buprenorphine treatment. For more information on the low-barrier approach, click the button below to view our recent ECHO program on this topic.

[Click for the Article](#)

[Low-Barrier MOUD ECHO Program](#)

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## **Retention Strategies for MOUD in Adults: A Rapid Evidence Review**

Despite the overwhelming evidence that MOUD reduces morbidity and mortality, retaining patients in treatment continues to be a challenge. We can attest to this difficulty during the current COVID-19 pandemic. This review article looked at 2 systematic reviews and 39 primary studies to identify interventions to improve MOUD retention that is of interest to policymakers and researchers. It finds that many did not focus on retention as the primary outcome. Not surprisingly, initiating MOUD in incarcerated people improved retention following release but contingency management may improve retention using XR-naltrexone but not for buprenorphine. Interventions that integrate medical, psychiatric, and social services also did not differ from usual

in-person approaches. It concludes that more studies looking into the causes of low retention would help to inform future development of interventions.



[Click for the Article](#)

## What is Associated with Adherence to Buprenorphine?



This article published in the Journal of Drug and Alcohol Dependence was the first to use prescription drug monitoring data to assess buprenorphine adherence. In the 180 days after initiation, only 26.6% were adherent. Factors such as age category (25-44), zip code poverty level (lower levels), not filling a non-buprenorphine opioid prescription, buprenorphine formulation (film), and the total daily dose (16mg or greater) were all significantly associated with greater adherence. It concludes that programs and policies need to not only prioritize these factors, but also increase treatment retention.

[Click for the Abstract](#)

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

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