

## Governor Phil Murphy Reaffirms Commitment to End the Opioid Epidemic, Releases Final 2020 Year-End Overdose Death Data



This is a press release that affirms Governor Murphy's commitment to the opioid epidemic in NJ, supporting a "comprehensive, data-driven collaboration" across several state departments. His administration is working to expand low-barrier access to naloxone by "codifying widespread authorization for obtaining, administering, and distributing naloxone for EMS professionals and others." The FY2022 budget increases funding (\$6.8 million) to end the prohibition on income assistance for those with drug convictions, \$1 million to expand harm reduction services across the state, \$1 million to expand Overdose Fatality Review Teams, and \$1.3 million to implement a single license for integrated primary and SUD treatment. From the period from 1/1/20 to 12/31/20, there were 3,046 suspected overdose deaths, compared to 3,021 in 2019, which can be attributed to the challenges of the COVID-19 pandemic.

[Click for the Article](#)

[Click for the Latest 2020 Opioid-Related Data](#)



## MAT Lunch Hour: Topic to be Announced

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

**Next Forum: Wednesday, March 17th, 12pm-1pm**

[Register Here](#)

## REMINDER: OBAT Navigator Training Series Begins Next 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

---

## Next ECHO: Case-Based Application - Managing MOUD in Patients in the Contemplation and Relapse Stages of Change

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, April 9th, 12pm-1pm

### Topic: Case-Based Application - Managing MOUD in Patients in the Contemplation and Relapse Stages of Change

\*Note: The "Providing MOUD Via Telehealth: Experiences and Challenges" will now be a combined ECHO session with Case-Based Application: Integrating Tele-visits with In-Person Visits on Friday, April 23rd from 12-1pm.

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

---

## Systematic Evaluation of State Policy Interventions Targeting the U.S. Opioid Epidemic, 2007-2018



This cross-sectional study recently published in JAMA looking at drug overdose mortality and claims data from 23 million **commercially** insured patients provides additional evidence on how punitive policies to discourage drug use have done more harm than good. That is, they may motivate more people to access the illicit drug market, leading to an increase in deaths due to synthetic opioids like fentanyl vs. those due to prescription opioids. These policies include prescription drug monitoring program access, mandatory PDMPs, pain clinic laws, prescription limit laws, naloxone access laws, and Good Samaritan Laws. It may be surprising that naloxone access laws and Good Samaritan Laws showed modest increases in proportion of patients with overdose and opioid use disorder, but that could be due to increased reporting and differences related to patient

[Click for the Article](#)



## Understanding the Barriers to Opioid Use Disorder As it Relates to the Failed HHS Guidance

This article in JAMA provides a good overview of the perspective from the recent enacted but then repealed HHS guidance that removed the X-waiver and the next steps for implementing changes to finally increase access to life-saving buprenorphine to all prescribers.

[Click for the Article](#)

## Assessment of Annual Cost of Substance Use Disorder in US Hospitals



This is an economic evaluation of 124,573,175 hospital ED encounters and 33,648,910 hospital inpatient encounters from the 2017 Healthcare Cost and Utilization Project Nationwide ED Sample and National Inpatient Sample. The total annual cost was \$13.2 billion, with costs of over \$2 billion for opioid use disorder. This study suggests that these costs can be greatly offset by a reduction in the direct medical costs of SUD hospital care. Particularly for opioid use disorder, providing MOUD especially for those at high risk of overdose (and all patients for opioid use disorder) is incredibly important. As the paper suggests, aligning incentives that focus on prevention investment, such as providing value-based care that measure outcomes, are key.

[Click for the Article](#)

## Association Between Mortality Rates and Medication and Residential Treatment After Inpatient Medically Managed Opioid Withdrawal: A Cohort Analysis

This is a cohort study generated from individually linked public health sets, looking at 30,681 opioid withdrawal management patients who cumulatively have had 61,810 episodes requiring said management. It finds that in-treatment analyses for all-cause mortality compared with no treatment were: 66% reduction for MOUD, 37% reduction for residential treatment, and 89% reduction for both MOUD and residential treatment. The article concludes that patients treated with inpatient withdrawal management should NOT be "detoxed" but should be started on an MOUD they are

likely to continue and connected with further residential treatment.



[Click for the Abstract](#)

---

## **Policies to Improve SUD Treatment with Telehealth During the COVID-19 Pandemic and Beyond**



This is a commentary that describes the urgency of expanding access to SUD treatment through telehealth, and how a permanent adoption of the SUD treatment options made possible during the COVID-19 pandemic is of utmost importance. Four steps to ensure a broader transition to telehealth are discussed.

- 1) Investing in telehealth infrastructure to enable health care providers and patients to use telehealth
- 2) Training and equipping providers to provide SUD treatment through telehealth
- 3) Providing patients with the financial and social support, hardware, and training necessary to use telehealth
- 4) Making temporary changes to telehealth law and regulation permanent

[Click for the Abstract](#)

---

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

Northern COE Website and Email: [bit.ly/mat-coe](https://bit.ly/mat-coe); [coe@njms.rutgers.edu](mailto:coe@njms.rutgers.edu)  
Southern COE Website and Email: [snjmatcoe.org](https://snjmatcoe.org); [southernnjcoe@rowan.edu](mailto:southernnjcoe@rowan.edu)



MEDICATION-ASSISTED TREATMENT  
CENTERS OF EXCELLENCE