

## Syringe Distribution Programs May Help Reduce Opioid Overdose Deaths



This is an article from the PEW Charitable Trusts' Substance Use Prevention and Treatment Initiative that highlights the importance of expansion of syringe service programs. It cites New Jersey's two-year pilot program of using funds from the SAMHSA State Opioid Response Grant to fund a mobile advanced practice nurse and case manager to provide buprenorphine to syringe service program participants.

[Click for the Article](#)

## MAT Lunch Hour: Jail-Based MOUD and Transitioning Care Upon Release



Photo Credit: AP Photo/Elise Amendola

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

The next forum will feature **Sharon Bean and Victoria Daggan from Camden County Jail, Rebekah Nielson from Delaware Valley Medical, and Jordan Warner from Cooper University Hospital** to discuss the provision of MOUD in the jail-based setting and facilitating transitions of care from the jail to the community setting.

**Next Forum: Wednesday, March 31st, 12pm-1pm**

[Register Here](#)

## REMINDER: Next OBAT Navigator Support Event on April 2nd!



Similar to MAT Lunch hours, Navigator Support Events are ongoing opportunities that occur every two months for OBAT navigators to continue learning through de-identified patient cases, discussion of patient engagement strategies, and sharing of updated resources about relevant topics.

**Next Event: Friday, April 2nd, 12pm-1pm**

[Register Here](#)

## 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**

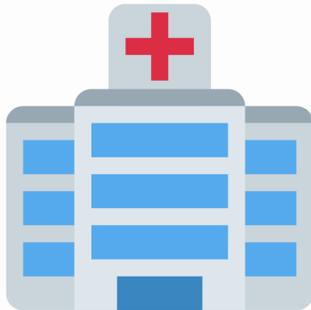
Gaining comfort in discussing MOUD for patients at these different stages of change will be an important objective of this session. This ECHO program will provide guidance for providers to help patients on their unique road to recovery.

**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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## **Five Things to Know: Caring for People Who Inject Drugs (PWID) When They are Admitted to the Hospital**



This is a summary from the Canadian Medical Association Journal of 5 things to know when caring for hospital admissions of PWIDs:

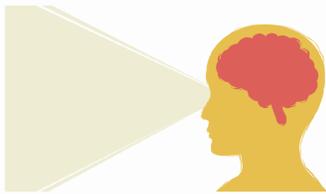
- 1) Injection drug use and associated hospital admissions are increasingly common
- 2) PWIDs may not be comfortable disclosing substance use
- 3) Starting treatment for SUD in hospital improves outcomes
- 4) Effectively treating opioid withdrawal reduces premature patient-initiated discharges against medical advice
- 5) Hospitals should offer harm reduction services

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## **Illicit Drug Use While Admitted to Hospital: Patient and Health Care Provider Perspectives**

This article focuses on illicit drug use while admitted to a hospital and how patients who use drugs (PWUD) and health care providers respond to and manage its use. The study



recruited 24 PWUD and 26 health care providers (HCPs). Amongst PWUDs, attempts to avoid negative experiences were major reasons for illicit drug use, describing that their self-reported levels of pain were not always believed, tolerance to opioids were ignored, and requests for higher doses of pain medications denied. Many tried concealing their illicit drug use from the HCPs. Some HCPs were unaware of the on-site illicit drug use and few could identify a hospital policy specific to illicit drug use, using their own personal beliefs to guide their responses, which could include ignoring or increasing the surveillance of patients. This highlights the inconsistencies of patient-centered care and reflected stigmatizing beliefs about illicit drug use, while emphasizing the need for harm reduction approaches and interventions in hospitals.

[Click for the Article](#)

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## Take-Home Dosing Experiences Among Persons Receiving Methadone Maintenance Treatment During COVID-19



This article details the experiences of the expansion of methadone take-home doses, as provided by SAMHSA guidance at the start of the COVID-19 pandemic. It conducted an in-person survey among 104 patients receiving methadone from three clinics in central North Carolina in June and July 2020. It finds that the percent of participants receiving any amount of days' supply of take-home doses increased from 56-82% pre-COVID to 78%-100% during COVID. Among the 87 patients who received take-homes since COVID-19, only 4 reported selling their take-home doses. **As the article suggests, focusing on diversion as a major rationale for restricting take-home doses may further increase stigma and marginalization of those prescribed methadone for OUD treatment.** Efforts to review the benefits and the impact of take-home doses on not only immediate treatment, but also recovery and general well-being of patients receiving methadone should also be undertaken.

[Click for the Article](#)

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## Real-World Outcomes with Extended-Release Buprenorphine (XR-BUP) in a Low-Threshold Bridge Clinic: A Retrospective Case Series

Given that clinical trial settings have shown that XR-BUP have some advantages vs. sublingual buprenorphine, this retrospective case series sought to identify outcomes in a real-world, low-barrier clinic of patients who were primarily using opioids by injection, experiencing homelessness, and



using other substances. Its main finding was that 65% of patients in the case series were negative for opioid use in toxicology screening, which is a notable and positive finding, given the needs of these patients. It also finds that some patients initiated XR-BUP faster and remained on the higher dosing regimen of 300mg monthly compared to the package insert recommendations of needing stability on sublingual buprenorphine for at least 7 days and a maintenance dose of 100mg monthly. Continued research is necessary to help guide best practices for inducing, dosing, and supplemental sublingual buprenorphine use when starting patients on XR-BUP.

[Click for the Article](#)

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### **Navigating Post-Eviction Drug Use Amidst a Changing Drug Supply: A Spatially-Oriented Qualitative Study of Overlapping Housing and Overdose Crises in Vancouver, Canada**



This is a study looking at the impact of evictions on people who use drugs in Vancouver, Canada. It finds that post-evictions:

- 1) Caused challenges to navigating drug supply changes
- 2) Interrupted access to trusted dealers especially with widespread fentanyl
- 3) Led to public drug use and related harms

Therefore, there is a strong need for "structural interventions" and harm reduction responses to address these impacts associated with evictions.

[Click for the Article](#)

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

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Southern COE Website and Email: [snjmatcoe.org](http://snjmatcoe.org); [southernnjcoe@rowan.edu](mailto:southernnjcoe@rowan.edu)



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