

## Murphy Administration Seeks to Expand Program to Get Emergency Rooms to Use Fewer Opioids



On April 16th, The Murphy Administration announced the expansion of the Opioid Reduction Option Program (ORO), with the aim to reduce the amount of opioids provided and prescribed to patients in the emergency room when discharged. \$1,125,000 in grants funded through the SAMHSA State Opioid response grant program will be available to 12 health care facilities to develop and implement practices to reduce unnecessary opioid use. ORO will focus on evidence-based practices to reduce the prescribing of opioids and implementing protocols that use alternative therapies to address acute and/or chronic pain.

[Click for the Press Release](#)

## MAT Lunch Hour: Hepatitis Management In Patients with Co-Morbid SUD



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

The next forum will feature **Dr. Amesika Nyaku**, an infectious disease physician and co-director of the Northern NJ MAT Center of Excellence, will be talking about **hepatitis management in patients with co-morbid substance use disorders**. This is an area of focus for the goal of reducing the harmful consequences of those who use drugs. We hope you are able to attend!

**Next Forum: Wednesday, April 28th, 12 - 1pm**

[Register Here](#)

## ECHO: Clinical Updates on the Use of Injectable MOUD

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, May 7th 12 - 1pm**

**Topic: Clinical Updates on the Use of Injectable MOUD**



Substance Use Disorders  
**ECHO**

This ECHO program will provide you an update on the literature available regarding MOUD and its current place in OUD treatment.

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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### Next Navigator Support Event: June 4th from 12 - 1pm



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.

[Register Here](#)

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### "I Felt Like I Had a Scarlet Letter": Experiences with Structural Stigma Surrounding Opioid Tapers Among Patients with Chronic, Non-Cancer Pain



Efforts to curb the prescribing of opioids have had a stigmatizing effect on those with chronic, non-cancer related pain who depend on opioids to help them functionally and maintain a good quality of life. This is an article that recruited these patients who had undergone a reduction of their opioid daily dose by at least 50% for a semi-structured interview to identify emergent themes of structural stigma. These themes included:

- 1) Being overlooked as subjects of the U.S. opioid crisis**
- 2) Stigmatization and invalidation by cultural norms linking chronic pain to stereotypes of "drug-seeking" behavior**
- 3) Institutional policies and programs that further increased their feelings of marginalization, leading to unintended consequences of reduced access to medical care and the feeling of being "orphaned by the system."**

Adhering to an individualized, patient-centered approach that balances the risks vs. benefits of opioid use are important and necessary to reduce stigma in this patient population, in addition to those already suffering with opioid use disorder.

[Click for the Abstract](#)

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**Association Between Benzodiazepine or Z-**

## Drug Prescriptions and Drug-Related Poisonings Among Patients Receiving Buprenorphine Maintenance: A Case-Crossover Analysis



This article sought to evaluate the association between benzodiazepines (BZD) and Z-drugs (zolpidem, zaleplon, and eszopiclone) with overdoses among patients on buprenorphine. It uses a case-crossover design which allows for each patient to serve as their own control, looking at pharmaceutical claims data on over 300,000 individuals. It finds that buprenorphine treatment days were associated with a 37% lower odds of drug-related poisoning compared to non-treatment days whereas BZD or Z-drug treatment days were associated with an 88% increase in poisonings. As it relates to buprenorphine, the results demonstrate that buprenorphine's protective effect was not eliminated by concurrent use of BZD or Z-drug treatment, suggesting that patients taking both buprenorphine and the BZD and Z-drugs may have the advantage of decreasing overdoses with both BZD and the BZD-buprenorphine interaction. Therefore, rather than stopping BZD use or Z-drugs in these patients, a dose reduction of a BZD or a long-acting agent may be preferable.

[Click for the Abstract](#)

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## Upcoming Randomized Clinical Trials in the Use of Injectable Long-Acting Buprenorphine

There are 2 multi-site randomized clinical trials on the horizon examining the use of injectable MOUD in specific populations of opioid use disorder:

**1) D'Onofrio and colleagues are looking to compare the effectiveness of sublingual buprenorphine and a 7-day extended-release injectable buprenorphine (CAM2038) of 2000 patients with the primary outcome of engagement in formal addiction treatment at 7 days. This trial will hope to inform the implementation of ED-initiated buprenorphine even with injectable XR-buprenorphine, which may become a major option in the future treatment of OUD in ensuring treatment retention from the ED setting.**

**2) Seval and colleagues are looking at hospitalizations of co-occurring opioid use disorder and infections, which have traditionally been managed separately. This is a randomized multi-site trial that tests a new model of care in which OUD and infections are managed by both ID specialists and hospitalists, using long-acting injectable buprenorphine with referrals to community resources for long-term MOUD. The goal is to provide evidence of how integrated treatment of both infections and OUD have the potential of reducing morbidity and mortality in this population.**



[Click for the ED-Study Abstract](#)

[Click for the Infections and OUD Abstract](#)



## Telehealth Shouldn't Mean "Videohealth" for Opioid Treatment

This is an article written by Drs. Utsha Khatri and Elizabeth Samuels, both addiction medicine experts, that provides the rationale of why the relaxed regulations made possible by the COVID-19 pandemic should remain permanent, specifically allowing for prescribers to prescribe SUD treatment over the phone.

[Click for the Article](#)

## Video: Overdoses Rising, Vaping, Fentanyl and Stimulants Trending, Addiction Expert Says



This is a video sponsored by the American Society of Addiction Medicine and notes trends related to the treatment of opioid use disorder in 2021 with 5 key takeaways:

- 1) Overdoses accelerated during COVID-19, while vaping, fentanyl, and stimulant abuse are on the rise
- 2) Fentanyl is cheap, potent, and surging
- 3) The reduction in opioid prescribing is leading to additional problems
- 4) Focusing initiatives on adolescents and middle-schoolers can help prevent later substance use disorders
- 5) Vaping is an emerging public health threat

[Click for the Video and Summary](#)

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

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