



## Policies Should Promote Access to Buprenorphine for Opioid Use Disorder

This is a comprehensive piece written by Pew that justifies the need to reduce barriers to care for OUD. It focuses on the crucial role of low-threshold prescribing of buprenorphine.

[Click for the Article](#)



## CME Event: Do You Need More Guidance in Buprenorphine Prescribing and Practice Implementation?

Join the NJ MAT Centers of Excellence for a free two-hour CME training focused on the how and why of buprenorphine prescribing and practice implementation. The live session will be held on Zoom on **Thursday, June 10, 2021 from 5–7pm.** Given the recent release of HHS' new practice guidelines regarding buprenorphine treatment for opioid use disorder, the course content now reviews all information needed to prescribe in the ED, and faculty will walk attendees through the SAMHSA waiver application and submission process to treat up to 30 patients.

**Please note that this webinar does NOT satisfy the training required to receive a buprenorphine waiver to treat more than 30 patients.**

[Click to Register](#)

## DHS and DMHAS Sponsored CME Event: Best Practices for Drug Screening for Individuals with Substance Use Disorder

This is a free one-hour CME event sponsored by both the DHS and DMHAS Central Office CME Committee on Best Practices for Drug Screening for Individuals with SUD. At the end of this session, patients will be able to:

- 1) Understand the recommendations for use of drug testing as a clinical tool in treating those with SUD
- 2) Recognize the methodology for drug testing and the differences between qualitative and quantitative urine drug testing, while understanding the pros and cons of each.
- 3) Show competence in responding to positive substance use screening results with appropriate evidence-based clinical interventions and brief counseling strategies.

**Date of Event: Monday, June 14th, 12 - 1pm**



[Click for the Flyer](#)

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### **Next Navigator Support Event: June 16th 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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### **OBAT Navigator Skills Lab: Medical-Legal Partnerships**



The OBAT Navigator Skills lab is a new series hosted by the Camden Coalition to further support OBAT navigators in their work. These topics come from the Navigator Support Events and allow for further review and discussion of a particular topic.

The first skills lab will be on medical-legal partnerships and will help navigators hone the skills to help their patients who frequently face legal issues that can hinder their recovery.

**Date of Event: Tuesday, June 22nd, 12 - 1pm**

[Click for the Flyer](#)

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### **MAT Lunch Hour: OUD in the Pregnant and Perinatal Population**

Join us for the next MAT Lunch Hour to network, collaborate, and discuss, which are now occurring monthly!

The next forum will feature **Dr. Kaitlan Baston** from Cooper University Healthcare, who will be speaking about managing OUD in the pregnant and perinatal population.

Next Forum: Wednesday, June 23rd, 12 - 1pm

[Register Here](#)



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## ECHO: Case-Based Application - Alternative Buprenorphine Induction Strategies in Complex Patients

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, June 11th  
12 - 1pm**

**Topic:** Case-Based Application - Alternative Buprenorphine Induction Strategies in Complex Patients

This ECHO program will provide apply information on recent strategies to induct patients on buprenorphine during the age of fentanyl to patient cases.

**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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## Treatment of Opioid Use Disorder in Primary Care

This is a recent peer-reviewed article published in the BMJ that provides a good summary for the treatment of opioid use disorder in the primary care setting. It reviews the epidemiology, screening, diagnosis, and treatment for OUD. Integrating OUD care in this setting is paramount to increase access to MOUD. The article also mentions the importance of reducing barriers to receiving methadone in this setting.



[Click for the Article](#)



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## **National Trends in Substance Use Treatment Admissions for Opioid Use Disorder Among Adults Experiencing Homelessness**



This is a study published in the Journal of Substance Abuse Treatment, looking at data for first-time treatment admissions in the U.S. to review characteristics and trends of those experiencing homelessness entering licensed SUD programs for OUD from 2013-2017. Compared to those who were not homeless, homeless individuals were less likely to enter outpatient treatment or receive MOUD. They also were more likely to be male, inject opioids, use cocaine or methamphetamine, and enter into detoxification/residential treatment. Also during this time period, significantly more people experiencing homelessness had co-occurring psychiatric conditions and used methamphetamines. The paper concludes there is a significant increase in heroin, which is often laced with fentanyl, as the primary opioid used, concomitant use of methamphetamines among those who are homeless and entering SUD treatment, and an increase in non-intensive outpatient treatment and MOUD treatment. Expanding MOUD treatment and improving access to housing should be a priority.

[Click for the Abstract](#)

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## **"I'm a Survivor": Perceptions of Chronic Disease and Survivorship Among Individuals in Long-Term Remission from Opioid Use Disorder**

This is a study looking at a cross-sectional cohort of patients who completed semi-structured individual interviews, examining their perceptions of opioid use disorder as a chronic disease and uses an explanatory model framework to identify how these perceptions inform how providers treat



patients. It finds that some patients described an OUD disease "identity" (those living with OUD) and that those who maintain this "identity" they say are better able to remain abstinent. Others described this identity (post-OUD/survivorship) where they no longer felt they had OUD because they say they otherwise would continue to experience stigmatization. Understanding these perspectives will help providers address the issue of continuing MOUD with their patients, and better inform patient-centered care.

[Click for the Abstract](#)

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## Linking Criminal Justice-Involved Individuals to HIV, Hepatitis C, and Opioid Use Disorder Prevention and Treatment Services Upon Release to the Community: Progress, Gaps, and Future Directions



This is a manuscript published in the International Journal of Drug Policy that reviews the literature to identify gaps in HIV, Hepatitis C, and OUD prevention, treatment, and deliver of care for people involved in the criminal justice system. It looks at 2 models to link patients to care:

- 1) Peer/Patient Navigation
- 2) Mobile Health Units

The paper states that there are very few or no comparisons of models linking patients from the criminal justice system to integrated HIV, hepatitis C, OUD prevention and treatment, and other harm reduction services. It also states there are few studies addressing any geographical differences that may affect these linkages.

[Click for the Abstract](#)

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## Characterizing Initiation, Use, and Discontinuation of Extended-Release Buprenorphine in a Nationally Representative U.S. Commercially Insured Cohort

This is a retrospective cohort of **commercially insured** patients prescribed the depot buprenorphine formulation that sought to assess the discontinuation rate in the real-world setting. It defines discontinuation as a gap of more than 14 days between the end of one prescription/administration and the subsequent dose. It finds that across all treatment groups of the over 14,000 participants identified that were on depot buprenorphine, depot naltrexone, mucosal buprenorphine, and methadone, medication discontinuation, by the definition

provided, was high amongst all groups and that there was no evidence that extended-release buprenorphine offered a treatment retention advantage. Efforts to retain patients in treatment continue to be a challenge.



[Click for the Abstract](#)

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

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