



MATCOE EXPANDING CARE AND PROMOTING EXCELLENCE ENDING STIGMA AND SAVING LIVES

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REFLECTION AND A CALL TO ACTION

***PRESCRIBER EDUCATION
AND HEALTH COMMUNICATION
RESOURCES AVAILABLE***

ORIGINS OF THE OVERDOSE CRISIS



STRUGGLING TO COPE

with substance use,
misuse, and SUD

2013

Misuse of Rx opioids declared
AN EPIDEMIC

2017

**NATIONAL PUBLIC HEALTH
EMERGENCY**

**>500,000 of these
deaths involved
opioids (incl. Rx,
heroin, and fentanyl)**

>932,000
U.S. overdose deaths

1999

2021

Rx: prescription
SUD: substance use disorder

Reference(s): 1–9 (See Bibliography)

Preliminary provisional overdose death counts indicate that in the 12mo period ending in August 2022, predicted overdose deaths were >107,000. There was a 2.57% decrease from >110,000 fatal overdoses provisionally estimated for the 12mo period ending in March 2022.



Data shows

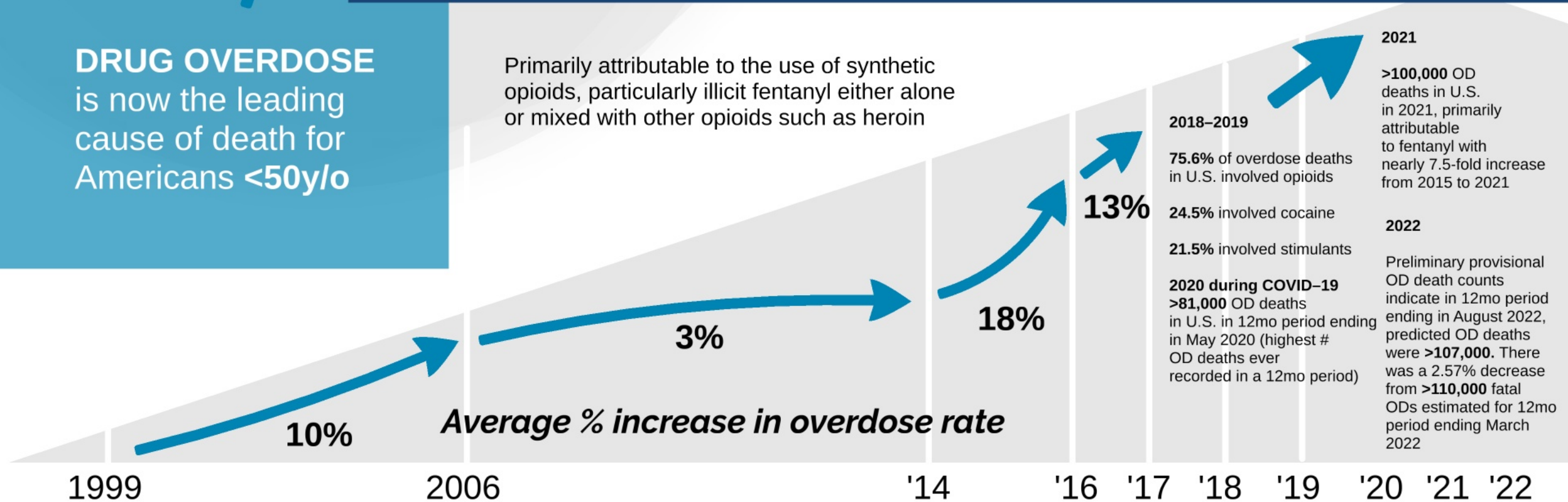
America consumes **80%** of the world's opioid supply, **99%** of the world's hydrocodone supply, and **two-thirds** of the world's illicit drugs

Additional data shows

Although America has around **4%** of the world's population, it experiences **27%** of the world's drug overdose deaths

DRUG OVERDOSE
is now the leading
cause of death for
Americans **<50y/o**

Primarily attributable to the use of synthetic
opioids, particularly illicit fentanyl either alone
or mixed with other opioids such as heroin



Reference(s): 10-16 (See Bibliography)

y/o: years of age
OD: overdose

BRIEF HISTORY AND POLICIES FORMING THE OVERDOSE CRISIS

1914

Harrison Narcotic Act
(federal regulation
of opioid prescribing)

1960s–1970s

Physicians instructed to
reserve opioid therapy for
cancer or terminal care



1997–2002

OXYCONTIN® Rx for
non-cancer related pain went
from about 670,000 to about
6.2 million

1999

After review by Joint
Commission on Accreditation of
Healthcare Organizations,
pain management standards
were approved



1999–2014

Opioid Rx increased by
threefold; reservoir distributed
among Rx cabinets

Vietnam war

Easy availability of heroin,
poor morale, and increasing
acceptability of drug use led to
large numbers of soldiers
using opioids. Nearly 1 in 5 soldiers
were using heroin



1986

"Chronic Use of Opioid
Analgesics in Non-
Malignant Pain: Report
of 38 Cases" published



1995

The American Pain Society
promoted establishment of pain
as "the fifth vital sign"

The next year, Purdue Pharma
debuted OXYCONTIN® with a
marketing campaign downplaying
its addictiveness



2009

Joint Commission
removed requirement to
assess all patients for pain












2018

Hydrocodone/Acetaminophen
(NORCO®, VICODIN®) opioid
is most prescribed Rx in 10
states

Rx: prescription

Reference(s): 17–33 (See Bibliography)

OVERVIEW, BENEFITS, COMPARISONS OF MOUD MEDICATIONS

FDA-Approved Medications for OUD	Brand Names		Use and Effects		Advantages		Disadvantages
METHADONE agonist	DOLOPHINE® METHADOSE®		Blunts opioid effects Reduce cravings Reduce withdrawal		Required structure may be helpful		OTP with daily visits
BUPRENORPHINE partial agonist	SUBUTEX® SUBOXONE® ZUBSOLV®		Blunts opioid effects Reduce cravings Reduce withdrawal		Can be prescribed in OBAT setting		Slight potential for misuse
NALTREXONE antagonist	DEPADE® ReVia® VIVITROL®		Blunts opioid effects Reduce cravings		No physiologic dependence		Early drop out during abstinence

Oral



Sublingual



Injection



MOUD: medication for opioid use disorder
 FDA: Food and Drug Administration
 OUD: opioid use disorder
 OTP: opioid treatment program
 OBAT: office-based addiction treatment



MOUD REQUIREMENTS AND REGULATIONS



OPIOID TREATMENT PROGRAMS (OTPs)

Must be federally certified and accredited to dispense methadone for the Tx of OUD

PRESCRIBERS

Can prescribe buprenorphine in any medical setting



No longer required to apply for and receive "X-waivers" as of January 12, 2023



BUPRENORPHINE IMPLANTS

Prescribing requires PROBUPHINE® REMS Program training and certification

Prescribers who wish to insert or remove implants must also obtain live training and certification



BUPRENORPHINE EXTENDED-RELEASE INJECTION

Health care settings and pharmacies must receive SUBLOCADE® REMS Program certification to dispense it and can only dispense it directly to prescribers for subcutaneous administration



NALTREXONE

No specific regulations

May prescribe oral formulation and administer its long-acting intra-muscular injection

MOUD: medication for opioid use disorder

Tx: treatment

OUD: opioid use disorder

REMS: Risk Evaluation and Mitigation Strategy





SETTINGS FOR MOUD

Almost all health care settings are appropriate for screening/assessing for OUD and offering MOUD onsite or by referral

EXPANSION of settings that offer MOUD from exclusively...

- certified OTPs
- residential facilities
- outpatient addiction Tx programs
- addiction medicine specialty offices

to now include...

- EDs
- general PCPs
- health centers
- inpatient medical and psychiatric units
- carceral systems
- and more

MOUD should be made available to pts struggling with OUD in **all health care settings, at all levels of care**

MOUD: medication for opioid use disorder

OUD: opioid use disorder

OTPs: opioid treatment programs

Tx: treatment

EDs: emergency departments

PCPs: primary care providers



EFFECTIVENESS OF MOUD



In Randomized Clinical Trials...

Methadone, buprenorphine, and extended-release naltrexone injection MOUD were each more effective in **reducing illicit opioid use** than no medication

Methadone and buprenorphine MOUD have also been associated with **reduced risk of overdose death**

MOUD: medication for opioid use disorder

Tx: treatment



Reference(s): 37–41 (See Bibliography)

In a study, buprenorphine MOUD was proven to reduce opioid overdose fatalities by 80% compared with individuals in Tx without MOUD; however, remains underutilized due to barriers limiting widespread utilization

HARM REDUCTION STRATEGIES

overdose prevention programs (naloxone) •
fentanyl test strips (FTS) •
syringe services programs (SSPs)

STIGMA

PRINCIPLES

NALOXONE

OTHER
STRATEGIES

Interventions to reduce negative effects of health behaviors without necessarily extinguishing the problematic health behaviors completely or permanently



HARM REDUCTION PRINCIPLES FOR ALL HEALTH CARE SETTINGS

HUMANISM

- Moral judgments against pts do not produce positive health outcomes
- Don't hold grudges
- Services responsive to pts' needs
- Accept pts' choices

INDIVIDUALISM

- Strengths and needs assessed for each pt
- No universal application of protocol/messaging
- Tailor messages and interventions for each pt
- Maximize Tx options

INCREMENTALISM

- Help patients celebrate positive movement
- Recognize that all humans experience plateaus or negative trajectories
- Provide positive reinforcement



PRAGMATISM

- Abstinence is not prioritized
- A range of supportive approaches is provided
- Care messages should be about actual harms to pts

AUTONOMY

- Health care professional-pt partnerships are important, and exemplified by pt-driven care, shared decision-making, and reciprocal learning
- Care negotiations based on current state of pt

ACCOUNTABILITY

- While helping pts to understand that impact of their behaviors is valuable, backwards movement is not penalized

NALOXONE LEGISLATION

IMMUNITY: only 28 states offer wide-spread immunity from civil liability, criminal liability, and professional disciplinary actions

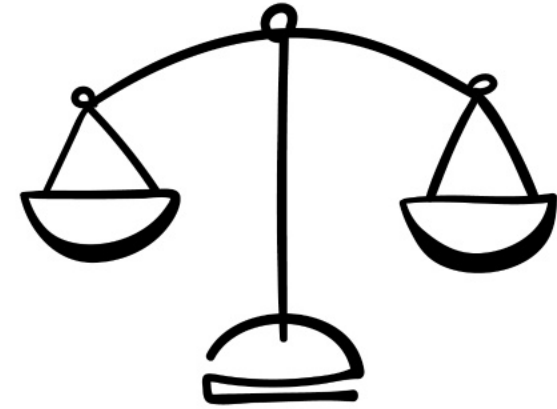
ACCESS: pharmacy vs. distribution programs

STANDING ORDERS


3RD PARTY RX

CO-RX

NALOXONE 365 IN NJ



Rx: prescription

 Rx: co-prescribe

Reference(s): 45-46

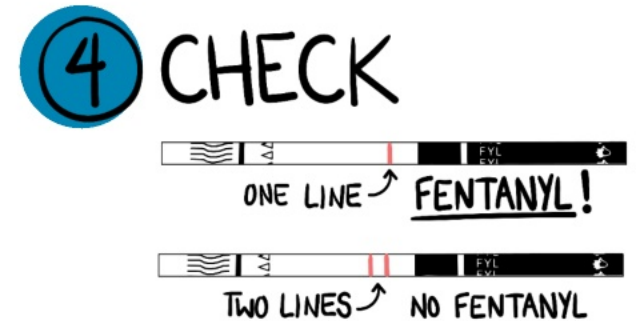
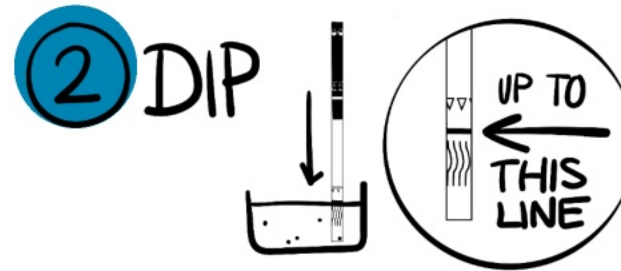
FENTANYL TEST STRIPS

Risks of Fentanyl

- Recent increases in overdose deaths are driven by the synthetic opioid fentanyl, introduced into the heroin supply
- Many polysubstance users are not seeking fentanyl (stimulants, benzodiazepines)
- **Fentanyl test strips**, originally designed for UDTs, are now being used to test for the presence or absence of fentanyl
- Unfortunately, FTS are still considered drug paraphernalia in vast majority states


FTS Efficacy


UDTs: urine drug tests
FTS: fentanyl tests strips
Reference(s): 47-48



**Easy to use and valuable
for testing drugs from
sources they did not trust**

FIRSTHAND ACCOUNTS INDICATE FENTANYL TEST STRIPS ARE **EFFECTIVE IN REDUCING OVERDOSE**

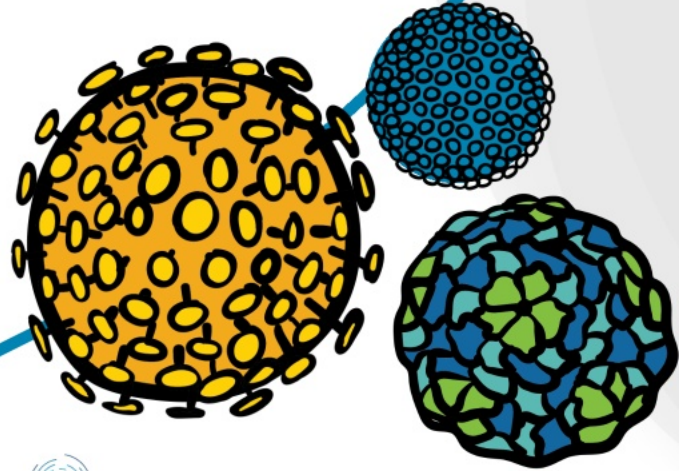
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- 1** Participants used the fentanyl test strips as a tool to test suspicious drug supplies. Participants found the test strips easy to use and said they were valuable for testing drugs from sources they did not trust
 - 2** Testing drug residues = more convenient than testing urine
 - 3** Participants gave test strips to loved ones and acquaintances they perceived as having high overdose risk
 - 4** Participants preferred testing their drugs in private, due to perceived stigma or legal concerns
 - 5** The presence of fentanyl led to self-reported behavior changes



45% of participants who detected fentanyl using test strips reported using smaller amounts
42% proceeded more slowly
39% used with someone else

SYRINGE SERVICES PROGRAMS (SSPs)

Exponential rise
in opioid addiction means
more individuals are at
risk for contracting
HIV/AIDS and HCV



A harm reduction approach: minimize risk of infection and damage to the individual and community by

non-judgmentally meeting individuals where they are

and providing them with tools to keep themselves and their communities safe

Provide venues to reach a unique population at high risk of addiction, infection, mental health issues, poverty, and homelessness



**Trade in
dangerous,
used needles**

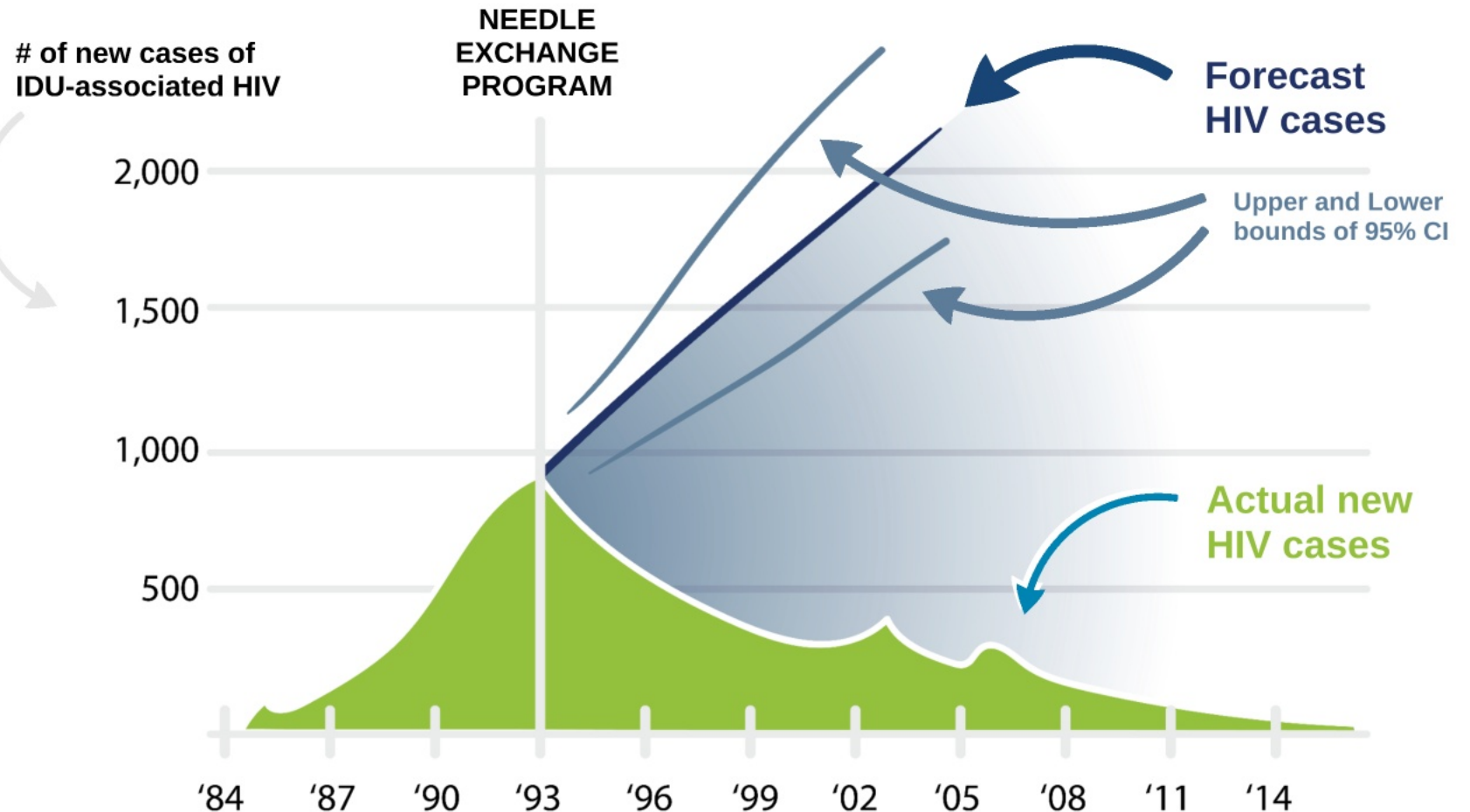
**for sterile
needles**



STUDY: NEEDLE EXCHANGES HELPED THOUSANDS AVOID HIV

HIV: human immunodeficiency virus
IDU: injection drug user
CI: confidence interval

Forecasted vs. actual
diagnoses of IDU-
associated HIV in
Philadelphia during the
10 years post-change in
syringe exchange policy




Self-Stigma of Pts with OUD

- Pts with OUD are struggling with a disease. **Empathy—not judgment—is part of the Tx**
- For pts with OUD, stigma is a barrier to MOUD with devastating effects
- The most common misconception amongst all health care professionals, pts, and the public is that people with OUD consciously choose to continue substance use. Individuals struggling with OUD may also be ostracized from loved ones and the public
- Stigma is especially damaging when it comes from health care professionals
- **To seek care is to allow oneself to be vulnerable**, and to admit "I have a problem" is courageous



SOLUTION

pts: patients
OUD: opioid use disorder
MOUD: medication for opioid use disorder
Tx: treatment

 Reference(s): 61–62

EDUCATION

PROFESSIONAL

One solution to address the unnecessary and harmful stigma prevalent amongst health care professionals is to **incorporate and improve SUD curriculum for medical students and residents**

Direct interactions with pts struggling with OUD on rotations helps **build empathy**

Student training in motivational interviewing helps students and all health care professionals drive change

Empathy between pts struggling with OUD and the health care community **breaks through** the isolation and devastating effects of **stigma**

COMMUNITY

In addition to students, members of the wider community should take steps to **understand OUD as a disease**

Language has a profound impact on stigma

Boston Medical Center released a pledge to use non-stigmatizing language and replace words such as "junkie" and "addict" with "substance use disorder"

A paradigm shift is needed to reinforce that people with OUD are struggling with a disease



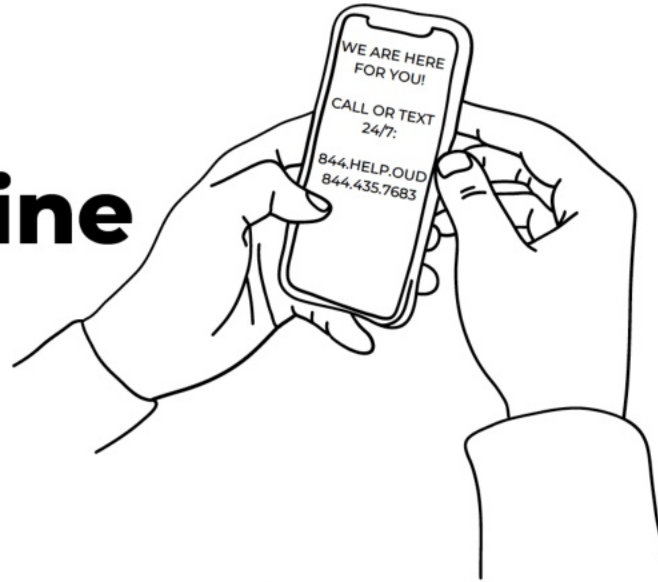
SUD: substance use disorder
pts: patients
OUD: opioid use disorder



24/7 NJ MAT Provider Hotline

"In the moment" advice from multidisciplinary NJMATCOE experts for providers who have any clinical questions about using Medication for Addiction Treatment (MAT) for specific patients

CALL or use our new TEXT function:
844.HELP.ODD (844.435.7683)



MAT for Opioid Use Disorder is evidence-based and includes methadone, buprenorphine, and injectable naltrexone.

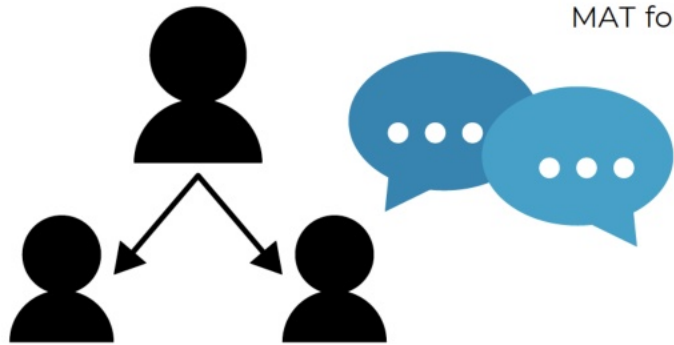
MAT for Alcohol Use Disorder is evidence-based and includes acamprosate calcium, and oral and injectable naltrexone.

MAT may be used as part of a harm reduction strategy proven to reduce illicit opioid use and mortality, and improve overall quality of life.

It is safe and compassionate care.

Together we train and mentor health care providers on high-quality and evidence-based care.

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Mentorship



SOUTHERN NEW JERSEY
MEDICATION FOR ADDICTION TREATMENT
CENTER OF EXCELLENCE

Y3Q4 REPORT

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ENDING STIGMA AND SAVING LIVES

2022