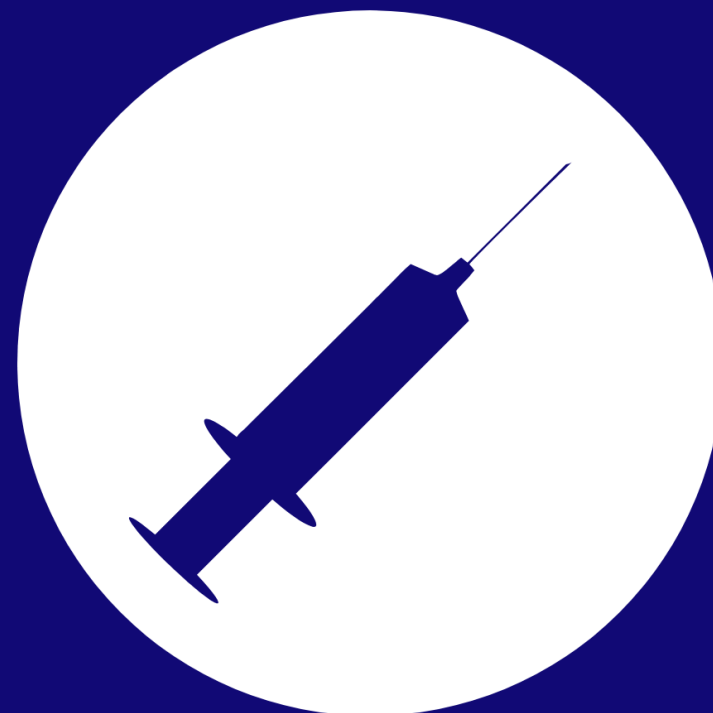


progressive responses to the opioid epidemic

**an Integrity House symposium
in collaboration with
Rutgers New Jersey Medical School
Seton Hall Law**

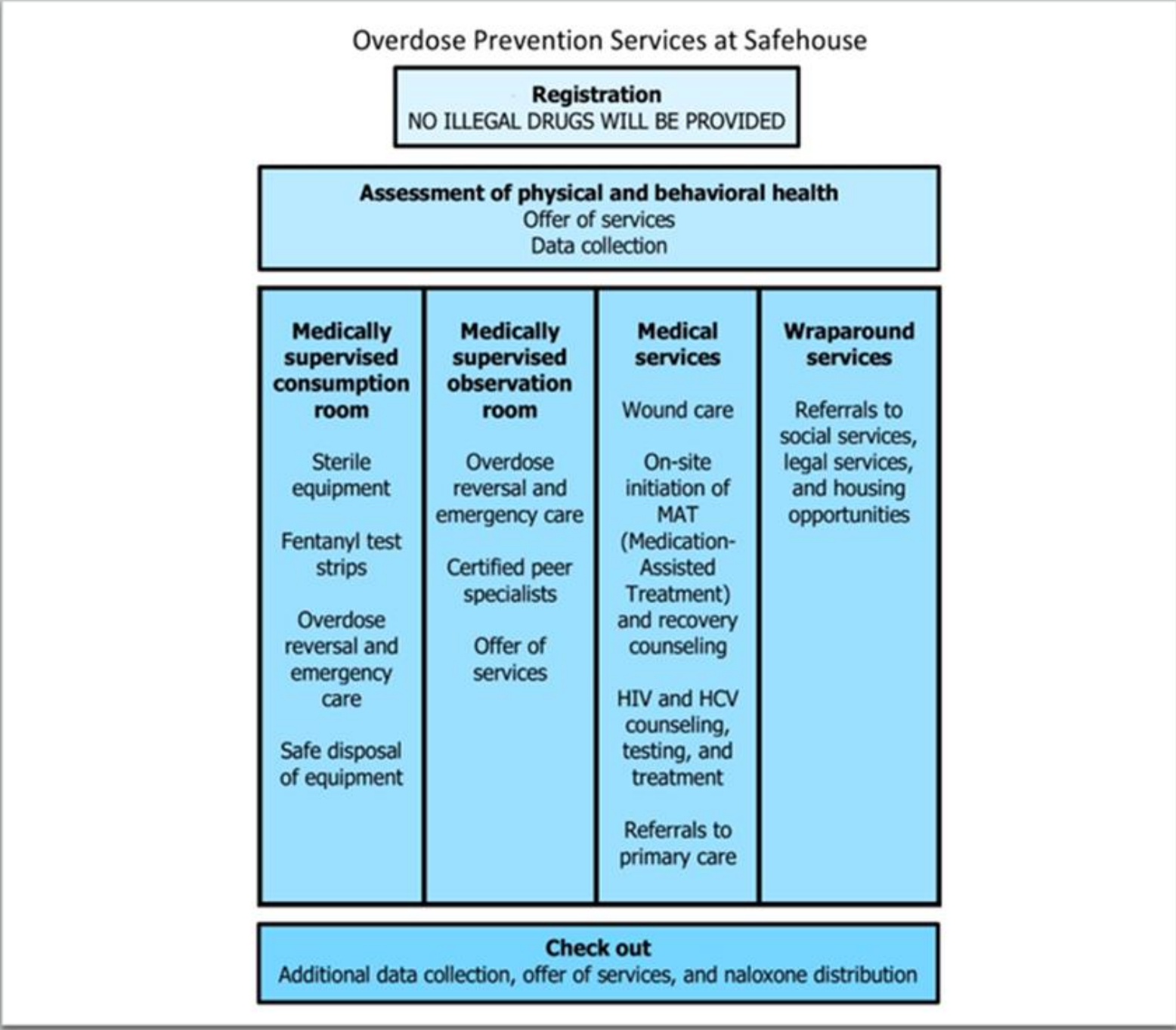
**11.19.2019
Seton Hall Law
Larson Auditorium**



harm reduction

The Safehouse Model

Safehouse



US v. SAFEHOUSE

- On February 5, 2019, the U.S. Attorney for the Eastern District of Pennsylvania filed a civil lawsuit against Safehouse. This lawsuit is not seeking money, it is not seizing property, and no one is being prosecuted criminally. Instead, the lawsuit asks a federal court to declare that supervised consumption sites are illegal.
- On April 3, we filed our response to the civil lawsuit.
- On July 10, 13 amicus (friends of the court) briefs were filed in U.S. v. Safehouse in federal court in Philadelphia. 132 individuals and organizations, composed of 64 current and former prosecutors and law enforcement officials, 8 states, and 6 cities, filed 11 amicus briefs in support of Safehouse. 7 amici filed a brief in opposition and 4 law professors filed a brief in support of neither party.
- On August 19, we presented our proposed plan to the court in an evidentiary hearing.
- On September 5, we presented at oral argument.
- On October 2, a U.S. District Judge denied the government's motion and ruled that "the ultimate goal of Safehouse's proposed operation is to reduce drug use, not facilitate it, and accordingly § 856 (a) does not prohibit Safehouse's proposed conduct".

Safehouse



□ SUPERVISED INJECTION SITE



□ UNSUPERVISED INJECTION SITE (WHAT WE HAVE NOW)

Signe Wilkinson, "Supervised Drug Injection Site" *Philadelphia Inquirer*

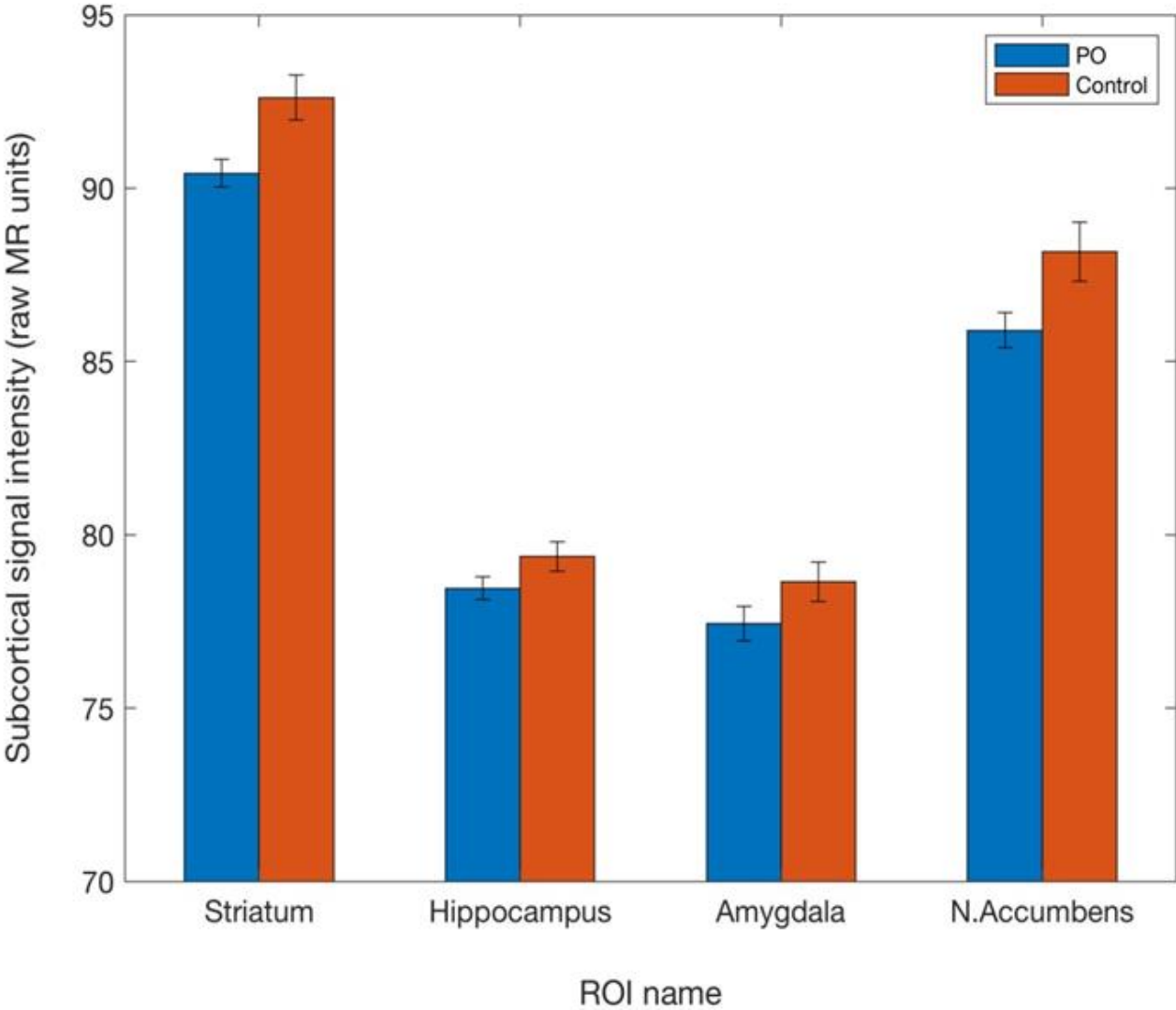
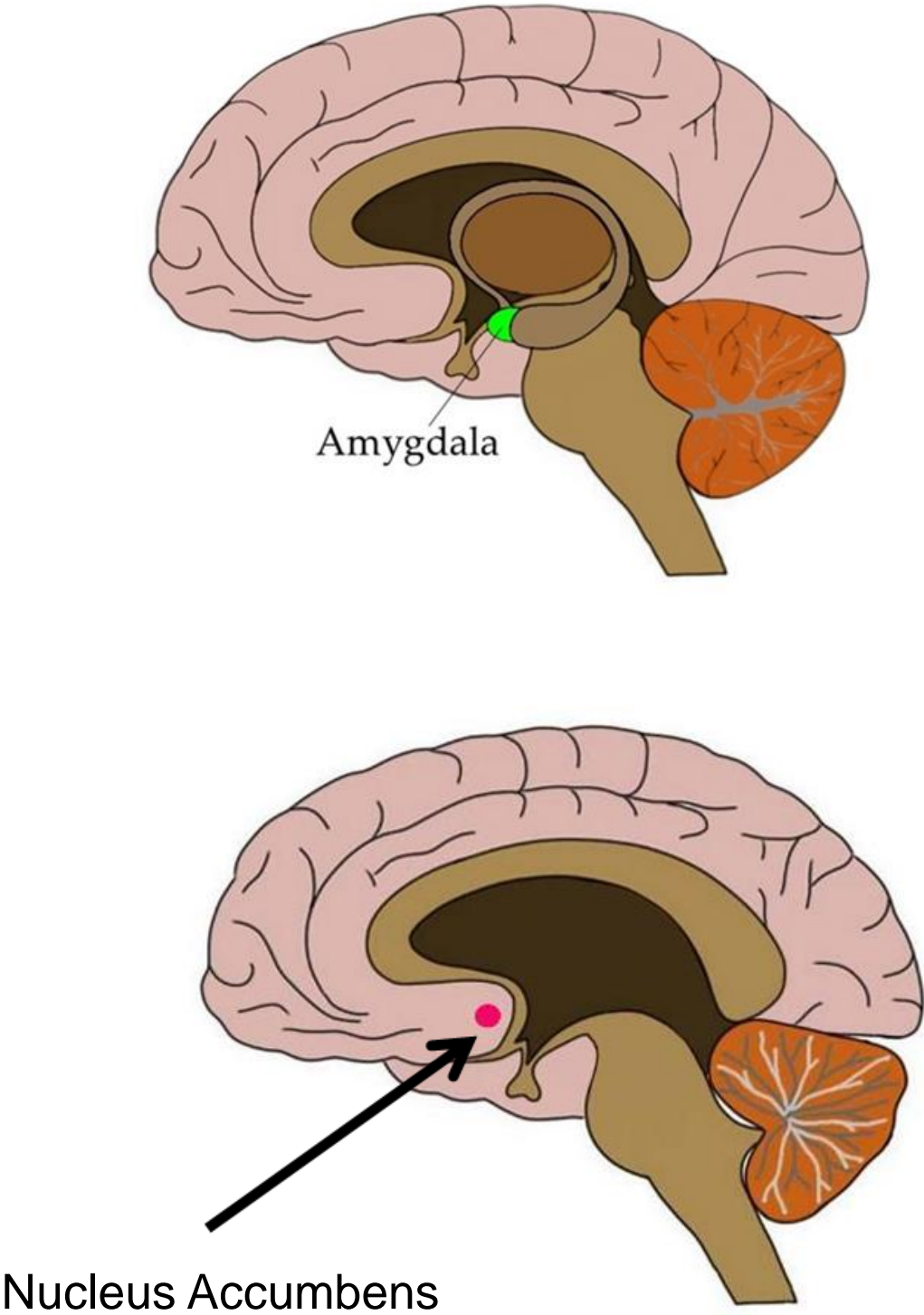


harm reduction audience questions



innovative approaches

- **Goal**: The effects of long term prescription opioid (PO) use on brain reward network.
- Drug-Cue Processing Network (**DCPN**; Ray et al. 2015).
- **DCPN**: Consists of 10 structures including prefrontal, amygdala, hippocampus, nucleus accumbens, dorsal striatum, and insula implicated in reward and craving.



Brain Structures: POs < Controls

- **Brain function**-impaired communication in POs between brain regions: Nucleus Accumbens and Dorsal Striatum
- **PO Craving:** POs > Controls
- **Biobehavioral Intervention:** Heart Rate Variability Biofeedback
- **Behavioral Intervention:** Mindfulness Meditation



**innovative approaches
audience questions**

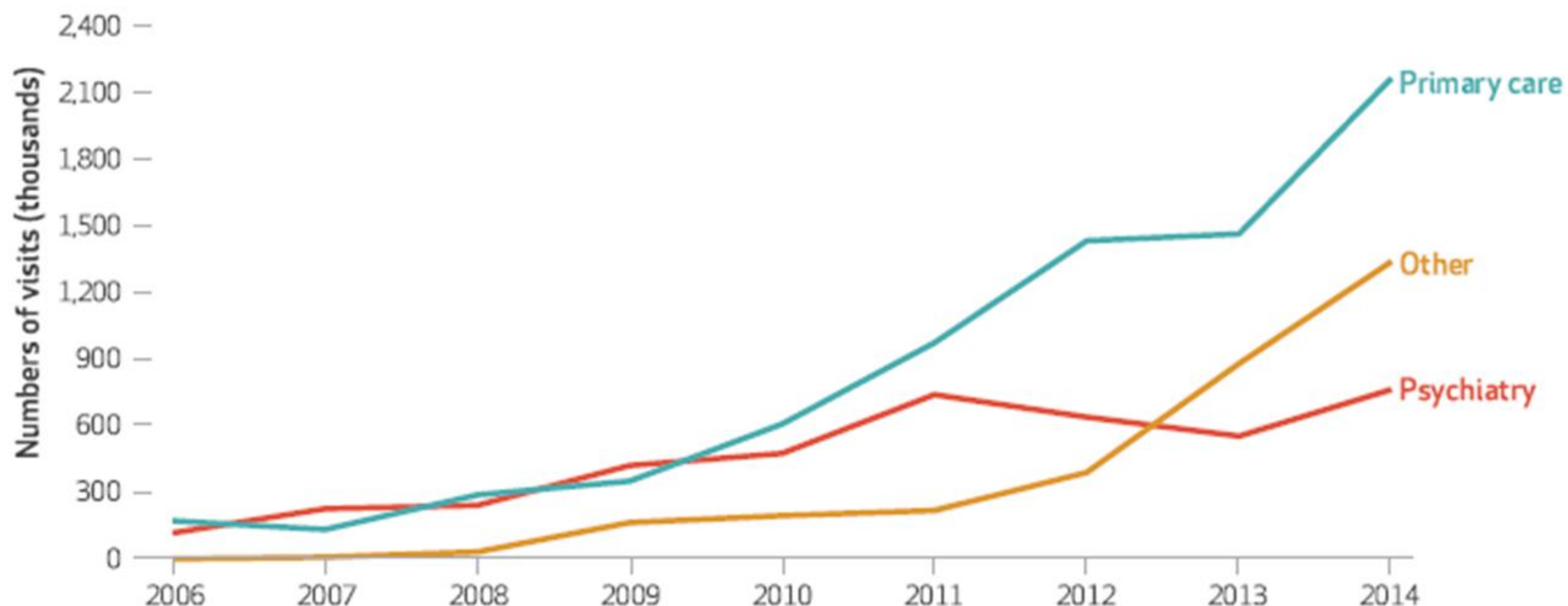


making addiction treatment mainstream

BARRIERS TO MEDICATIONS FOR OUD

EXHIBIT 1

Trends in ambulatory visits involving the prescribing of buprenorphine, by physician specialty, 2006-14



SOURCE Authors' analysis of data for 2006-14 from the National Ambulatory Medical Care Survey. **NOTES** "Psychiatry" includes psychiatrists and addiction medicine specialists. "Other" is other nonpsychiatry specialties.

Andrilla 2017; Rosenblatt 2015; Wen 2019

MENTAL HEALTH/ROLE OF PSYCHIATRISTS

- 17% of all drug related deaths are suicide
- Opioids
 - Prescription users linked to chronic pain and depression
 - Prescriptions users: more ideation, plan and attempts
 - Suicide by opioid overdoses doubled between 1999 and 2014;
 - highest people 45 to 64 years of age
 - Under-reporting suicide deaths as OD
 - Probably 20-30% of OD deaths (estimate)

Oquendo & Volkow, 2018



Rutgers Interdisciplinary Opioid Trainers

WWW.RURIOT.ORG

The goal of this project is to educate, support, and mentor graduate students to give free educational talks to the community through the use of PowerPoint presentations.

We are Graduate Students at Rutgers University from these schools:

Robert Wood Johnson Medical School

School of Public Health

Ernest Mario School of Pharmacy

School of Social Work

Graduate School of Applied and Professional Psychology

School of Health Professions

Graduate School in Biomedical Science

18 hour course and supervision

4 community presentations during academic year

jill.williams@rutgers.edu

Sponsored by a grant from the NJ Department of Human Services, Division of Mental Health & Services



SETON HALL | LAW

MISSION OF THE NEW JERSEY CENTERS OF EXCELLENCE (COE)

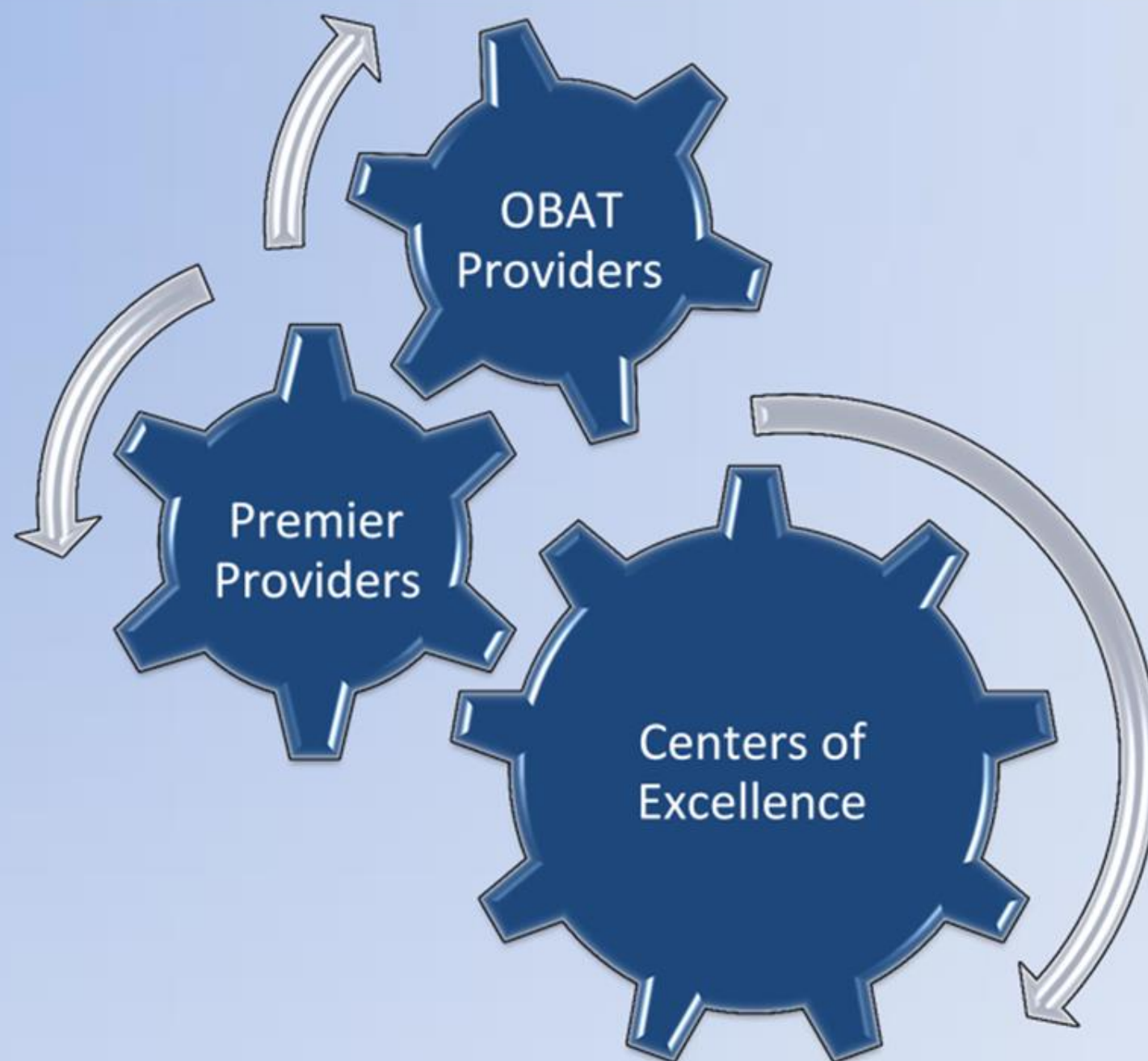
To increase statewide capacity to provide evidence-based care for patients with substance use disorders (SUD) through:

- Mentoring and education
- Developing novel and innovative models of service delivery
- Building working collaborations
- Research and quality improvement

VISION

To end the stigma of addiction to ensure patients with SUD have access to high quality care

The New Jersey MATrx





NORTHERN NEW JERSEY MEDICATION-ASSISTED TREATMENT CENTER OF EXCELLENCE

MISSION

The Northern New Jersey Medication-Assisted Treatment Center of Excellence is operated through Rutgers New Jersey Medical School. Our mission is to increase statewide capacity to provide standard of care treatment for patients with substance use disorders.



GOALS

1 INCREASE ACCESS TO MAT AND RECOVERY SUPPORT SERVICES

- Mentor providers on becoming an Office-Based Addiction Treatment (OBAT) provider.
- Provide technical assistance to practices who are starting to prescribe MAT for the first time.
- Triage and evaluate complex cases from the community at our Comprehensive Addiction Resources & Education (CARE) Center.

2 PROVIDE EDUCATION AND MENTORING TO TREATMENT PROVIDERS

- Provide twice-monthly learning collaborative to facilitate and support MAT providers.
- Maintain an MAT Provider Hotline to provide "in the moment" advice for clinicians with questions related to MAT (866-221-2611, Monday - Friday from 8am - 8pm).
- Maintain an ACGME-accredited addiction medicine fellowship program to provide postgraduate training for physicians of all specialties.

3 DEVELOP AND MAINTAIN A NETWORK OF MAT PROVIDERS

- Develop Affiliate Agreements for Premier and OBAT providers in each county in order to create and maintain a referral network across Northern New Jersey.
- Assist in the development of a publicly available statewide directory of MAT prescribers.

- **MAT Provider:** Physicians with DATA 2000 waiver that solely prescribes medications for Substance Use Disorders
- **Office-Based Addiction Treatment (OBAT) Provider:** Office-based addiction practices with a DATA 2000 waiver who meet established standards
- **Premier Provider:** Certified Community Behavioral Health Clinics (CCBHCs), Federally Qualified Health Centers (FQHCs), Opioid Treatment Providers (OTPs), licensed ambulatory withdrawal management clinics, or independent clinics who qualify for excellence through a certification process and provide integrated care onsite or through affiliation.

coe@njms.rutgers.edu



CENTER OF EXCELLENCE FLYER

Call the MAT Provider Hotline

866-221-2611

Monday through Friday
8am - 8pm

- Medication-Assisted Treatment (MAT) is the use of buprenorphine, methadone, or naltrexone to treat patients with opioid use disorders. It is the gold standard and reduces risk of death by more than 60%.
- The state-designated MAT Centers of Excellence host this hotline to provide "in the moment" advice for clinicians who have any questions about using MAT.
- The hotline is staffed by a multi-disciplinary medical team.



coe@njms.rutgers.edu

If my patient is actively using heroin, how do I induct them onto buprenorphine?

How do I transition a patient from methadone to buprenorphine?

Are there any initial side effects from injectable buprenorphine?

HOTLINE FLYER

CENTERS OF EXCELLENCE: CONTACT INFORMATION

Northern: COE@njms.rutgers.edu

Southern: SouthernNJCOE@rowan.edu

MAT Provider Hotline
866-221-2611
(Monday - Friday, 8am - 8pm)

BRIDGE PROGRAM

Original Investigation

Emergency Department-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence A Randomized Clinical Trial

Gail D'Onofrio, MD, MS; Patrick G. O'Connor, MD, MPH; Michael V. Pantalon, PhD; Marek C. Chawarski, PhD;
Susan H. Busch, PhD; Patricia H. Owens, MS; Steven L. Bernstein, MD; David A. Fiellin, MD

Primary Care and the Opioid-Overdose Crisis — Buprenorphine Myths and Realities

Sarah E. Wakeman, M.D., and Michael L. Barnett, M.D.

NEJM July 5, 2018

<https://www.aaem.org/UserFiles/file/AAEMOUDWhitePaperManuscript.pdf>



ACMT Position Statement Buprenorphine Administration in the Emergency Department

The position of the American College of Medical Toxicology (ACMT), endorsed by the American College of Emergency Physicians (ACEP), is as follows:

ACMT supports the administration of buprenorphine in the emergency department (ED) as a bridge to long-term addiction treatment.

Furthermore, ACMT supports the administration of buprenorphine to appropriate patients in the ED to treat opioid withdrawal and to reduce the risk of opioid overdose and death following discharge.

<https://www.acep.org/patient-care/bupe/>

NOT READY FOR PRIME TIME???



Annals of Emergency Medicine
Volume 74, Issue 3, September 2019, Pages 430-432



Toxicology/case report

Elective Naloxone-Induced Opioid Withdrawal for Rapid Initiation of Medication-Assisted Treatment of Opioid Use Disorder

Reid H. Phillips MD , Matthew Salzman MD, Rachel Haroz MD, Rachel Rafeq PharmD, Anthony J. Mazzaelli MD, JD, Alexis Pelletier-Bui MD

TOXICOLOGY/EDITORIAL

Balancing Benefits and Harms on the Frontier of Buprenorphine Initiation



Reuben J. Strayer, MD*; Andrew A. Herring, MD; Lewis S. Nelson, MD

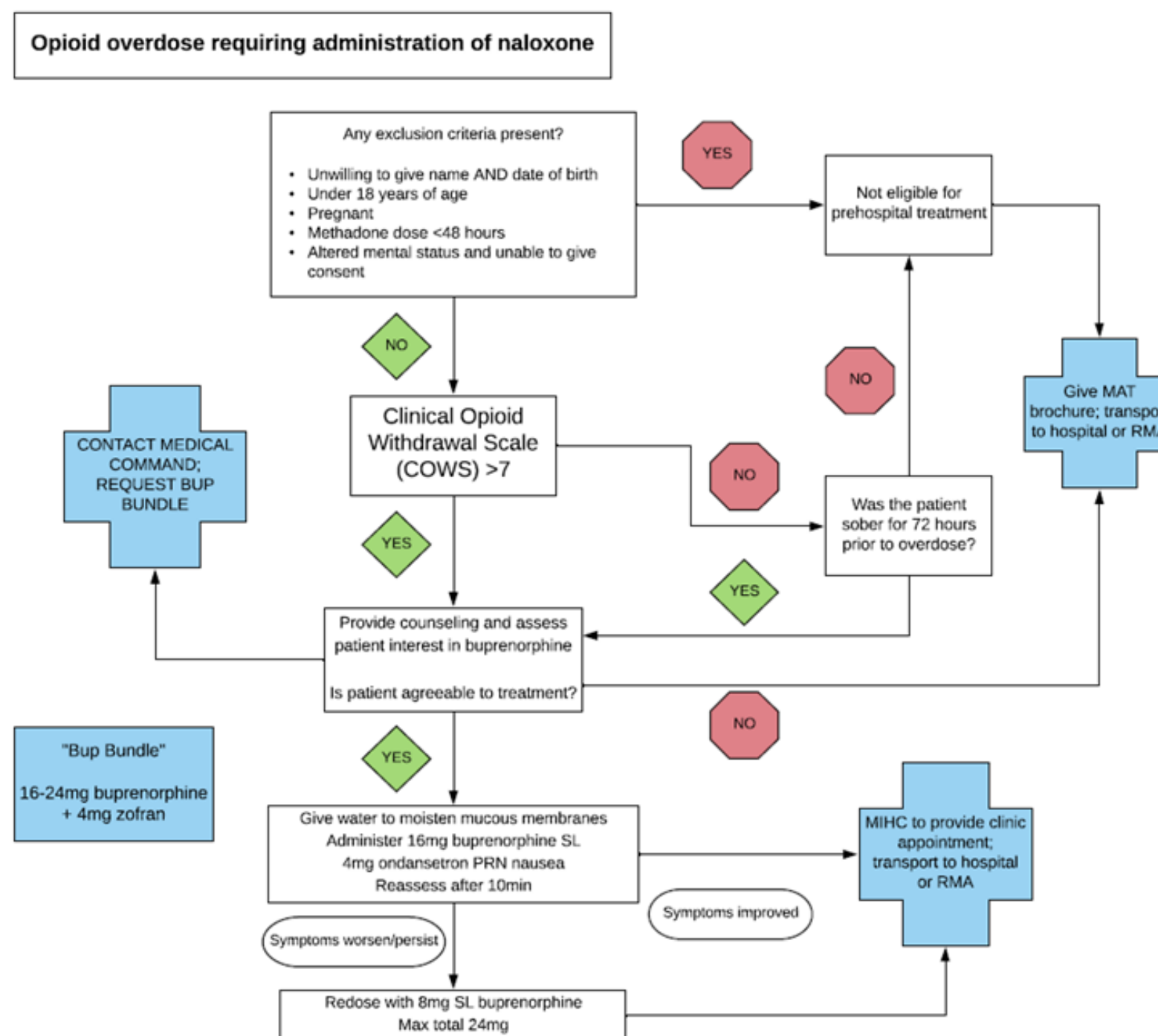
*Corresponding Author. E-mail: RStrayer@maimonidesmed.org, Twitter: @emupdates.

0196-0644/\$ see front matter

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<https://doi.org/10.1016/j.annemergmed.2019.04.024>

PREHOSPITAL LOW-THRESHOLD TREATMENT



HOPE ONE NEWARK

- Mobile recovery access center that brings resources to Newark “hotspots” on Mondays
- Partnership between City of Newark – Department of Public Safety, Mental Health Association of Essex & Morris, and Integrity House
- OUTCOMES (since November, 2018)
 - 1201 visitors
 - 21 immediate detox placements
 - 172 referrals to various levels of addiction treatment
 - 242 mental health screenings
 - 137 referrals to mental health care
 - 400 HIV screenings
 - 142 individuals trained on how to administer NARCAN





making addiction treatment mainstream audience questions

progressive responses to the opioid epidemic

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