

GREATER SOUTHERN CALIFORNIA NODE WINTER DIGEST

Winter 2023



GREATER SOUTHERN CALIFORNIA NODE UPDATES



Welcoming Dr. José Miguel Flores to the GSCN Team



José Miguel Flores, M.D., Ph.D.,
Research Fellow

Welcome to our new Research Fellow, Dr. José Miguel Flores, M.D., Ph.D. Dr. Flores completed medical school and obtained his PhD in epidemiology from Johns Hopkins University. He then completed psychiatry residency and addiction psychiatry fellowship at Yale University. At Yale, Dr. Flores was a T32 post-doctoral fellow in pediatric neuropsychiatric disorders at the Yale Child Study Center. Dr. Flores joined the UCLA Division of Child and Adolescent Psychiatry as a research track fellow in 2022 and is currently completing an integrated clinical/research fellowship. His career goals are to combine his expertise in addiction and his training in child and adolescent psychiatry to develop age-appropriate interventions for adolescents and young adults with psychiatric and substance use disorders. Dr. Flores is supported at UCLA through a T32 research training program.

Congratulations to Dr. Sarah Clingan!



Sarah Clingan, Ph.D.,
Research Scientist

Congratulations to Dr. Clingan for receiving the Friends of the Semel Institute Research Scholar Grant for 2023-2025. With the award, Dr. Clingan will be able to investigate the use of virtual reality (VR) recovery support for persons with substance use disorders. Dr. Clingan believes that her work will provide evidence that VR can be used to provide recovery support and that social connections with peers can be established and maintained through VR resulting in better outcomes and health for persons with opioid use disorder.

Publications

The GSCN research team and the CTN Telemedicine SIG collaboratively prepared a paper that was recently published in the journal *Drug and Alcohol Dependence* titled "Telemedicine along the cascade of care for substance use disorders during the COVID-19 pandemic in the United States" (accessible at <https://pubmed.ncbi.nlm.nih.gov/36462230/>).

CTN Protocols Currently Recruiting Sites

CTN-0131 Methadone or Enhanced Buprenorphine to Address Retention among patients not optimally benefitting from office-based buprenorphine - a hybrid effectiveness/implementation trial

CTN-0139 Collaborative Care for Polysubstance use in Primary Care Settings (Co-Care)

CTN-0102-XR Rural Expansion of Medication Treatment for Opioid Use Disorder (Rural MOUD): Randomized Controlled Pilot Trial of Extended-release Buprenorphine vs. Sublingual Buprenorphine-naloxone in Rural Settings

Please contact us at ruralmoud@mednet.ucla.edu if you are interested in learning more about or participating in any of the above studies.

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**WE WANT YOUR
FEEDBACK**

If you have clinical questions, feedback, or want to share ideas for research collaboration, please complete [this survey](#).

FENTANYL AND THE MOUD LANDSCAPE

According to the most recent report from the [Centers for Disease Control and Prevention](#), deaths from synthetic opioids continue to rise. In 2021, synthetic opioids accounted for 71,238 deaths, a 23% increase from 2020. It is estimated that the majority of synthetic opioid deaths involve fentanyl. Fentanyl is a synthetic opioid that is 50 to 100 times as potent as morphine and typically is prescribed for cancer-related pain. The continued increases in deaths underscore the need for improved and expanded treatment efforts. In response, the MOUD landscape is adapting to reduce harms associated with fentanyl.

The focus of this issue is to examine the impact of fentanyl on communities and the efforts to reduce fentanyl use and the harms from fentanyl. In this Digest we share resources, discuss research, and describe MOUD efforts to reduce fentanyl use and harms. Invited experts include Nurse Practitioner Annie Potter and Dr. Jeremy Martinez, Associate Medical Director at the Department of Mental Health, Los Angeles, who share their perspectives on the impacts of and responses to fentanyl. We also summarize three strategies to intervene using MOUD to reduce the harms of fentanyl.

THE MOUD LANDSCAPE IN THE CONTEXT OF FENTANYL

Given that a large proportion of OUD-related deaths involve fentanyl, the MOUD landscape is changing to address the rising concerns of fentanyl-related harms. For instance, emerging evidence ([Buresh et al 2022](#)) from practitioners in the field suggest that there is a need to improve care by using novel clinical guidelines like adapting methadone and buprenorphine induction protocols and using more aggressive methadone induction for people who use fentanyl. [Stone and colleagues \(2020\)](#) found that fentanyl exposure was common among people using methadone. Additionally, they found that methadone continued to be safe, protective against death, and that remission was possible among people who are exposed to fentanyl. As an example of innovative MOUD use, a case report ([Azar et al 2022](#)) recently described successful withdrawal management for an individual with severe OUD and daily injection of fentanyl use.

The growing availability of fentanyl across the nation has prompted practitioners and researchers to explore if fentanyl use reduces the likelihood of initiating MOUD and/or staying on MOUD. The research is inconclusive. A study by [Cook and colleagues \(2021\)](#) found that among people living with uncontrolled HIV disease, fentanyl use reduced the likelihood of initiating MOUD with extended-release naltrexone by monthly injection but had no effect on buprenorphine or methadone initiation. Likewise, once starting MOUD, people who used fentanyl at baseline persisted and were on the medication at similar rates to those who did not use fentanyl. However, another study in Canada ([Socias et al 2022](#)) found that differences in MOUD initiation disappeared once socio-demographic or clinical characteristics were accounted for within their analyses.

The growing availability of fentanyl has also resulted in the expanded use of naloxone to reduce the risk of overdose deaths. For instance, the [National Association of School Nurses](#) has advocated that in response to fentanyl harms, school nurses have access to naloxone to respond to opioid-related overdoses in school settings. Although implementation models vary, across the country ([Evie Blad, 2022](#)) K-12 schools have begun to keep naloxone on site to intervene. By 2020, 27 states had laws permitting schools to carry naloxone. Six states (Arizona, Maryland, Oregon, Rhode Island, Tennessee, and Washington) require schools to carry naloxone. Even when states do not require such action, school districts are taking action to reduce risk of overdose deaths among their students. For instance, [Los Angeles Unified School District](#) will soon provide naloxone in every K-12 school.

For more information on induction and medication treatment for opioid use disorder with consideration of fentanyl see

- 1) [Overview of MOUD](#)
- 2) [MOUD Quick Start Guide](#)
- 3) [PCSS Buprenorphine Training](#)





ACCESS THE RURAL MOUD TRAINING SERIES



Informed by the CTN-0102 Feasibility Study, the Greater Southern California Node (GSCN) developed a four-part training series to support a science-to-practice/practice-to-science endeavor and address implementation and sustainability of MOUD in rural and frontier areas in partnership with Pacific Southwest Addiction Technology Transfer Center (ATTC) Network. The series shared knowledge and skills that prescribers and clinical teams can use to provide quality care to patients with OUD in rural settings. Individuals who attended these sessions earned free CMEs and CEUs. To access presentation materials and view session recordings, visit the links below.

1. Increased Access to Opioid Treatment in the Rural United States: <https://vimeo.com/773914171>
2. Telemedicine and Increasing Access to MOUD Care: <https://vimeo.com/787040066>
3. Caring for Complex Patients in Resource-Limited Communities: <https://vimeo.com/795698326>
4. The Substance Use Disorder Workforce: <https://vimeo.com/803644590>

ASK AN EXPERT: FENTANYL AND THE MOUD LANDSCAPE



Annie Potter, MSN, MPH, NP,
CARN-AP

Question: *As a provider, have any of your practices changed because of fentanyl? Changes in treatment strategies for different medications?*

Answer: Illicitly manufactured fentanyl that has become ubiquitous in our communities has presented a challenge in buprenorphine initiations. In the past, we advised waiting up to 12 hours after last use of long acting opioids to initiate buprenorphine. Now, we are waiting up to 24+ hours for initiation and supporting patients with higher COWS scores of 13-15. With the potency of fentanyl that is driving overdose deaths, addiction medicine is utilizing evidence-based harm reduction strategies of enhancing treatment for patients experiencing recurrence of use.

- Annie Potter, Nurse Practitioner at Boston Medical Center (outpatient provider of MOUD)



Jeremy D. Martinez, M.D.

Question: *What impacts of fentanyl are you seeing in the community? What has been the response?*

Answer: Opioid users who overdose are requiring more naloxone to reverse overdoses. In the Skid Row area, six to eight administrations of naloxone were required for some of the reversals in the last month. Methamphetamine users are often not aware that fentanyl is being found in the product purchased on the street. We have been educating them about naloxone and fentanyl test strips.

- Jeremy D. Martinez, Associate Medical Director at Los Angeles County Department of Mental Health

