PAIN MANAGEMENT AND ADDICTION

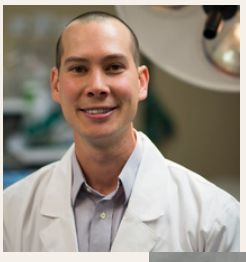
NEWSLETTER

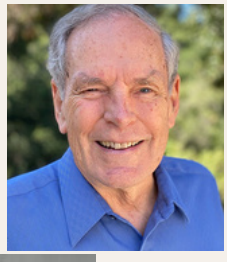
AND MINUTES OF THE ANNUAL MEETING

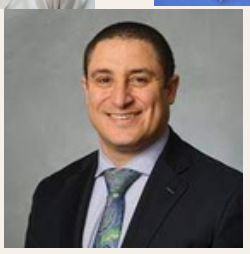
NOVEMBER 2023

ACEP Teamwork award won

The section won the ACEP Teamwork Award after passing several resolutions at the 2022 ACEP Scientific Assembly. Dr Don Stader, MD, FACEP accepted the award for the Section at the Council Meeting luncheon. He took the opportunity to urge emergency departments to have programs for initiating buprenorphine to eligible patients. Please see the article on resolutions pertinent to the section passed at the 2022 ACEP Scientific Assembly: https://www.acep.org/painmanagement/newsroom/march-2023/pmam-section-resolutions-at-the-2022-council-meeting







2023-2024 Officers

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Past-Chair: Dr. Don Stader donald.stader@gmail.com
Newsletter Editor: Dr. John Bibb jdbibb@aol.com
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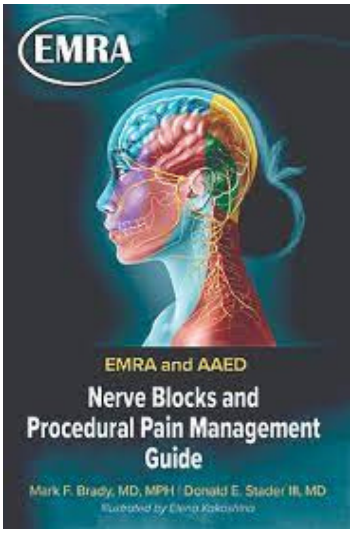
Dr. Gail D'Onofrio, MD, MS, FACEP elected this year to the National Academy of Medicine

Dr. D'Onofrio has extensive experience as a researcher, mentor, and educator. Dr. D'Onofrio is best known to this section for her pioneering work on substance use disorders. Dr. D'Onofrio was the inaugural winner of the Innovation & Excellence in Behavioral Health & Addiction Medicine Award.

Congratulations to Dr. Roneet Lev:

2023 Innovation & Excellence in Behavioral Health & Addiction Medicine Award

She has been a tireless innovator and leader in addiction medicine for over 15 years. Please see the article on the section website outlining her achievements: https://www.acep.org/painmanagement/newsroom/august-2023/acep-innovation-and-excellence-award



Looking for Council Resolutions for 2024

Ideas brought up in meeting:

- Should some form of decriminalization of substance use be considered?
- Should the ACEP support ACOG's position against mandatory reporting of substance use by pregnant patients?

CLICK HERE TO SUBMIT SUGGESTIONS

EMRA and AAED Nerve Blocks and Procedural Pain Management Guide

Copies of this excellent handbook were kindly distributed at the meeting. The book became available this year on Amazon. Senior Editors are Mark F. Brady, MD, MPH and Donald Stader, MD, FACEP

Buprenorphine

It was pointed out that prescriptions for buprenorphine are not rising substantially. There are many reasons for this disappointing outcome including stigma, federal regulation, and needed insurance reimbursements. Newly graduating residents are more likely to prescribe this drug we believe. Promoting buprenorphine use will be pursued by the section.

Next Midyear Section Meeting:

Thursday April 11, 2024
5:00-6:30 PM

This will be a 90 minute meeting. There are many possible educational items including: buprenorphine initiatives, subjective and objective COWS, treatment of precipitated withdrawal, alcohol use disorder, semaglutide for alcohol use disorder, Chantix in the ED, stimulant use disorder, and food addiction.

LEGISLATIVE AND REGULATORY UPDATES

Erin Grossman ACEP Regulatory & External Affairs Manager, Advocacy / Practice Affairs Division

This past year saw several regulatory changes regarding medications for the use of opioid disorder (MOUD), including the 42 CFR Part 2: Confidentiality of SUD Patient Records proposed rule, Medications for the Treatment of Opioid Use Disorder Proposed Rule, Expansion of induction of buprenorphine via telemedicine encounter proposed and temporary final rule, and Requirements Related to the Mental Health Parity and Addiction Equity Act proposed rule.
Key updates from these rules include the proposal to permanently extend for OTPs to allow for the initiation of buprenorphine or methadone via audio-only or audio-visual telehealth, a 30-day prescription limit on buprenorphine initiated via telemedicine in cases where patients have never been treated in-person by the prescribing clinician, and a proposal to implement the rules ensuring insurance coverage parity between medical/surgical benefits and mental health/SUD benefits. Additionally, this year, ACEP submitted a request to add buprenorphine to the Food and Drug Administration (FDA) List of Essential Medicines, which would encourage ED and community pharmacies to stock buprenorphine.

Fred Essis, MA, MBA ACEP Congressional Lobbyist, Advocacy/ Practice Affairs Division

In the last Congress, significant strides were made in addressing the opioid crisis through the passage of the Mainstreaming Addiction Treatment (MAT) Act. The MAT Act made a pivotal change by repealing the X-waiver, simplifying access to life-saving addiction treatment. However, despite this progress, challenges persist in its implementation, primarily due to concerns from pharmacies and emergency department (ED) pharmacies regarding the stocking of buprenorphine under DEA regulations. Congressman Paul Tonko, the driving force behind the MAT Act, is actively working on follow-up legislation and has engaged with the DEA to address supply chain issues. In the last Congress, the MATE Act also passed, which requires physicians who prescribe controlled substances, to complete a one-time-only eight hours of training on the treatment and management of patients with substance use disorders. Furthermore, there is growing interest on Capitol Hill in exploring additional solutions, such as adding buprenorphine to the essential drug list and increasing access to buprenorphine within ED pharmacies. ACEP supports the recently introduced Hospitals as Naloxone Distribution Sites (HANDS) Act, introduced by Brittany Pettersen (CO-07), Nikki Budzinski (IL-13), and Kim Schrier, M.D. (WA-08), which requires Medicare, Medicaid, and TRICARE to cover the cost of naloxone to at-risk patients before discharge, without burdening the patient. These ongoing efforts reflect a comprehensive approach to combatting the epidemic.

NALOXONE PROJECT

Notes from Dr. Anderson

The Naloxone Project is a 501c3 organization based on the success of a Colorado's state initiative. Its purpose is to aid the highest risk populations with SUD by decreasing stigma and increasing access to naloxone. Its current focus is to encourage hospitals to dispense naloxone to those at risk, at the time of discharge, from any hospital department (ED, OB, Inpatient, etc.), and to assure hospitals are reimbursed for this service. Presently we have a bill before Congress, HR#5506, to enact this. This bill will still need State by State programs directed at Medicaid & private insurance. The ACEP State Leg Committee has made this bill an objective for the coming year. We ask you for your support by contacting your Representative. Your support and engagement would be greatly appreciated.
Steve Anderson MD, FACEP

This organization was discussed briefly at the meeting. Leadership from our section in the Naloxone Project includes, but is not limited to, Dr. Don Stader, MD, FACEP, Stephen Anderson, MD, FACEP and Dr. Gail D'Onofrio MD, MS, FACEP.
The mission of the Naloxone Project is to create a medical system and society that has no stigma, provides naloxone, and saves lives – One that is equitable and sustainable.

The goal is for all hospitals, labor and delivery units and emergency departments to distribute naloxone to at-risk patients, placing naloxone in patients' hands prior to their departure from the hospital.

In fall of 2022, The Naloxone Project announced Colorado as its first state chapter for the MOMs (Maternal Overdose Matters) Initiative. Recognizing that overdose and suicide continue to drive maternal death to startling heights in both Colorado and the nation, MOMs is focused on providing hospital-based overdose education and naloxone directly into the hands of pregnant and parenting patients and families.

The naloxone project has resulted in the distribution of thousands of naloxone kits in Colorado and other states.
Please go to the Naloxone Project website for more information: https://www.naloxoneproject.com

UPDATES FROM DR. HAROZ AND DR. SALZMANN

Not just bupe: Methadone

Medication for addiction treatment should be first-line in treating patients with substance use disorder. While buprenorphine initiation is becoming more prevalent, methadone is evidence-based and effective, and it is often under-utilized. This is likely due to regulation, stigma, and provider comfort. Methadone can be crucial in forming a treatment plan for those who have failed outpatient buprenorphine treatment, those who are at higher risk for being lost to follow up, or for those who prefer it over suboxone. There is a way to initiate methadone in the ED using similar strategies that are used for buprenorphine. At Cooper University Hospital in Camden NJ, physician's utilize the "72 hour rule" in which physicians are able to provide up to 3 days of treatment while arranging referral to outpatient methadone clinics. It is essential to decrease barriers for using methadone as another intervention to treat our patients with substance use disorder from the emergency department.

Xylazine updates

Xylazine, also known as "tranq" has been contributing to an increasing number of deaths in the United States. Xylazine has changed the clinical landscape of opioid withdrawal because it is increasingly used as a drug adjuvant. It is a non-opioid veterinary sedative that is a full alpha-2 agonist, and its toxic effects as well as withdrawal symptoms mimic that of drugs such as clonidine.

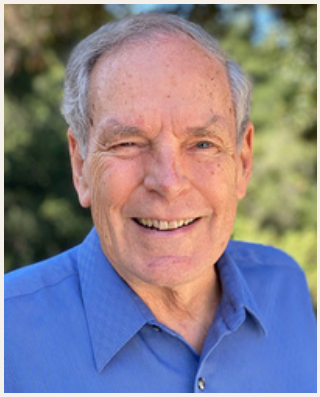
In terms of withdrawal symptoms from xylazine, at Cooper – we have seen autonomic instability, hypertension, anxiety, restlessness, headache, and generalized malaise. This has been reported by patients as feeling worse than opioid withdrawal. However, these symptoms may be conflated with the symptoms of concurrent illness, severe opioid withdrawal, and mental health problems.

How can we best prevent the withdrawal and provide high quality and compassionate care? At Cooper, we have used multimodal therapy including hydromorphone PCA, phenobarbital, dexmedetomidine, clonidine, buprenorphine, gabapentin, and ketamine for wound dressing changes. We have subsequently had success in transitioning these patients to outpatient methadone.

However, given the modernity of xylazine use disorder, clinical information on using these medications including drips are limited. This is an opportunity to explore additional pharmacotherapy for our patients including the potential for sublingual or intranasal medications like dexmedetomidine, ketamine, barbiturates, and dopamine agonists.

A PERSONAL NOTE FROM THE EDITORS OF THE NEWSLETTER:

We take immense pride in the dedication of emergency physicians committed to assisting those with substance use disorders, and who are actively working to mitigate addiction risk by creating pain management initiatives. Substance use has long been a challenge for both patients and physicians, and the current rise in mortality rates amplifies the urgency of addressing it. This section is now intensifying efforts to proactively address this. Kudos for the unwavering commitment to delivering exceptional care to all patients, with a special emphasis on the most vulnerable population of patients with substance use disorder.



JOHN BIBB, MD, FACEP

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