

Opioid, Pain & Addictions Committee
Minutes – July 19, 2023 6pm via Zoom

In attendance:

Dr. Joe Adams	Lorraine Milio	Dr. Blair Eig
Dr. Christopher Welsh	Dr. Drew Fuller	Dr. James Taylor
Dr. Keya Sau	Dr. Michael Abrams	Dr. Sarah Merritt
Stephanie Streb, NP	Dr. Terry Fitzgerald	Dr. Lee Gresser
Colleen George – MedChi staff		

Meeting called to order by Dr. Joe Adams at 6:10pm

- I. Welcome by new chairperson, Dr. Joe Adams
- II. Introductions
Dr. Adams is interested in committee activities but is concerned that having quarterly meetings causes activities to falter and lose focus.
He also would like to move the focus to Opioid Use Disorder Prevention.
- III. Presentation by Dr. Adams on the intersection of pain and addiction. Attached
- IV. Possible committee activities related to pain and addiction:
 - Monitoring of MMEs post-surgical by hospitals – CF as a funding source?
 - BHA certification of Maryland recovery residences regardless of whether they restrict access to medications for opioid use disorder – should we investigate writing a bill?
 - Dr. Adams will continue to research courses available for prescribers.
 - What behaviors are consistent with all opioid use disorder patients?
 - PDMP searches
 - Urine drug screens - low dose fentanyl showing up in many screens due to most cannabis containing fentanyl.
- V. Open Discussion
 - Dr. Abrams recommended the resource: Physicians for Responsible Prescribing of Opioids <https://www.supportprop.org/board-of-directors/>
 - Article written by Dr. Adams: STIGMA: THE GREATEST BARRIER TO EFFECTIVE TREATMENT OF OPIOID USE DISORDER <https://www.stopstigma.org/wp-content/uploads/2023/03/article-MMJ-Adams-stigma-3-2023.pdf>
 - Update the list of where unused opioids may be disposed of ie: state police barracks, county police stations, etc.
 - The committee agreed to move the meetings to every other month as opposed to quarterly.

Meeting adjourned at 7:30pm

ADDENDUM to MINUTES of the meeting of 7-19-2023:

The attached slide deck is a more readable version, but otherwise the same as the one sent out yesterday (except title).

I'm excited about the MedChi Opioid, Pain and Addiction Committee. Please look out for the invitation to the next meeting when it is sent by Colleen George. We will be moving from quarterly to every other month. Please consider forwarding this message to colleagues. I'm looking forward to working with committee members between meetings; I may contact some of you. Feel free to contact me by e-mail or mobile: 410-812-1447 with ideas, and to help keep up the momentum. Going forward, minutes will be more detailed than they have been in the past.

Possible committee activities discussed:

Consider working toward reducing average post-operative opioid prescribing. Inadequate attention to OUD *prevention* may be one of the reasons that "what we're doing isn't working" in terms of the overdose epidemic. We could emulate the Michigan Opioid Prescribing Engagement Network and others, as described in the presentation. *New* onset of long-term opioid use post-op occurs after 6-10% of surgeries. No doubt that many Maryland surgeons and academic physicians are already interested and aware. Would involve engaging with the MD Hospital Association, MD College of Surgeons, etc. Note that committee member Blair Eig is a former hospital CMO and the current President and CEO of the MD Patient Safety Center. He noted that the Anne Arundel Medical Ctr was the first MD hospital to collect information on medication orders of hospital prescribers.

Sarah: **Consider exploring peri-operative pain clinics.**

Identify appropriate opioid education webinars, (in addition to those mentioned in the presentation) instead of REMS courses which appear to be influenced by Pharma. Joe, and maybe others, will continue reviewing available courses.

Drew: **Consider disseminating information on buprenorphine for pain.**

Consider supporting legislation on discrimination in recovery residences. The MD-DC Society of Addiction Medicine and a small coalition will likely introduce legislation in 2024 requiring that Recovery Residences in Maryland that limit or prohibit access to medications for OUD no longer receive state certification.

Consider promoting legislation to significantly expand drug disposal locations, now very limited.

Incomplete sample of comments:

Lorraine: consider advocating for insurance coverage of non-pharmacological pain treatments.

Michael: Consider pursuing settlement funds. [[interested in harm reduction; maybe check with HSCRC re: global hospital budgeting]]

James: Discussed opioid over-prescribing for sickle cell patients.

Keya: Interested in racial bias and diversity, equity & inclusion in prescribing.

My heartfelt thanks,

- Joe
