

**Opioid, Pain & Addictions Committee (virtual)
Draft Minutes – 10-17-2023**

MedChi Staff: Colleen George, Alyssa Mills

Present: Dr. Joe Adams, Dr. Marcia Wolf, Dr. Michael Abrams, Dr. Bethany Dipaula, Dr. Dan Morhaim, Dr. Drew Fuller, Dr. James Taylor, Dr. Lorraine Milio, Dr. Sarah Merritt.

Minutes of 7-19-2023 meeting approved.

We are forming a Planning Subcommittee for this committee.

CONSIDER PROMOTING OPIOID STEWARDSHIP (in hospitals)

Joe noted that the new onset of long-term opioid use is now the most common complication of routine surgery affecting millions of Americans each year, occurs after 6-8% of both minor and major surgery, and some published interventions have dramatically reduced post-op opioid over-prescribing.

MedChi could collaborate with the MD Patient Safety Center (MPSC) on a Maryland hospital survey or collaborative on opioid stewardship. The Baltimore City Health Department's 'Level of Care' program did something similar, as did a program in Rhode Island.

Lorraine suggested that this should include better patient education at the time of discharge about alternatives to opioids, etc.

Bethany noted that opioid stewardship in some form is a Joint Commission accreditation standard.

Joe is in touch with Bonnie DiPietro of the MPSC who is interested.

CONSIDER PROMOTING IMPROVED OUD TREATMENT AND REFERRAL IN EMERGENCY DEPARTMENTS

This could be included in a hospital survey.

Drew noted that when he was the chief safety officer with EMA, the largest emergency medicine group in the Mid-Atlantic, they rolled out opioid stewardship in 23 hospitals (in 3 states, and 12 hospital systems); very well received by the prescribers; excess opioids prescribed were markedly reduced.

Dan noted that as recently as 2008 - 2002, hospitals were encouraged by Bd of Physicians etc. to prescribe more opioids. Hospitals and EDs should do much more in effective referrals to continuing care using counselors and peers, in addition to initiating OUD treatment.

ONLINE TRAINING ON THE TREATMENT OF PAIN:

Joe noted that the dominant training on opioid prescribing, the Opioid REMS program, is likely counter-productive and is funded and influenced by opioid manufacturers. The only appropriate training on pain that **Joe** has seen is on the ASAM website behind a paywall given by Donald Teater M.D. Dr. Teater is willing to re-record his training free of charge if MedChi can put it online. His talk is 'Pain & Addiction: Essentials' at www.ASAM.org - 'education' - 'e-learning center' Module 4 (of 6): Pharmacological Treatment Approaches (1 hr.)

CONSIDER ADVOCATING FOR MANDATORY DRUG TAKE-BACKS AT PHARMACIES

Three other states and various counties have enacted this. **Marcia** noted the existence of DisposeRX bags and mail-back bags for unused opioids. Some senior apartments distribute bags.

Take Backs are done at some pharmacies and police headquarters. **Bethany** noted the costs to pharmacies could be prohibitive. **Joe** noted that the programs in other states are funded by manufacturers.

PROHIBIT MDH FROM CERTIFYING RECOVERY RESIDENCES THAT LIMIT, PROHIBIT, OR DISCRIMINATE AGAINST THE USE OF MEDICATIONS FOR OUD (MOUD).

(Possible legislation for 2025). Currently the MD Dept of Health (MDH) gives a quality certification to some recovery residences regardless of whether they limit access or discriminate in this way. MOUD is the primary treatment for most people with OUD, and overdose rates are very high without it. This lack of access makes it difficult for those on MOUD for them to find supportive housing, and contributes to "[medication stigma](#)," a major barrier to OUD treatment. This practice [likely violates federal law](#). We are not aware of published studies quantifying the problem in recovery residences, but "secret shopper" surveys have revealed that most U.S. inpatient drug Rehab Programs do not provide maintenance MOUD. (i.e., ineffective inpatient rehab treatment for OUD is the norm).

Addressing disruptions in long-term opioid therapy for pain

The **CDC Opioid Rapid Response Program (ORRP)** addresses disrupted access to pain prescribers). This puts patients at risk for abrupt withdrawal and overdose. **Marcia and Bethany** attended a past U of MD taskforce on addressing this out of the UM Schl. of Pharmacy, but there was no written report. **Bethany** noted that this issue has been discussed at the MD Addiction Consultation Service (MACS)

Michael suggested support for the bill for **Overdose Prevention Sites**. (We believe MedChi has supported this in the past).

Updating the Committee Website

Suggestions welcome. Joe, Colleen, and the planning subcommittee will work on this.

Marcia noted that this Committee had discussed on non-opioid pharmacologic options, which are not on the website.

Expanding OUD Treatment in Jails?

Lorraine is interested in looking into expanding Maryland's Treatment of OUD in jails, since Maryland's law on this is not fully implemented. Her colleague, Dr. Carolyn Sufrin, Hopkins Bayview Ob Gyn, is involved locally and nationally. There is interest among advocates in advocating in the MD General Assembly for an increase in funding.

Adjourned:

Minutes by Joe Adams, MD