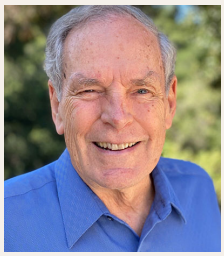
PAIN MANAGEMENT AND ADDICTION

NEWSLETTER

AND MINUTES OF THE ANNUAL MEETING

APRIL 2025



Section Meeting

The meeting was called to order by Dr. Reuben Strayer, MD, FACEP, Chair of the section. We encourage everyone to listen to the Zoom recording of the meeting that is available at:

Section Meeting Link
Passcode: 7DNX@+JU

The meeting started out with a brief discussion about employment pathways for emergency physicians who are also interested in practicing addiction Medicine.

Dr. Strayer announced that the Section Meeting in Salt Lake
City will be **Sunday, September 7 at 1:30 PM.**

The section will hold elections for a new chair elect. Please submit any nominations or self nominations for that position to Dr. Strayer or to Dr. Sam Shahid, MD, MBBS, MPH, Staff Liaison.

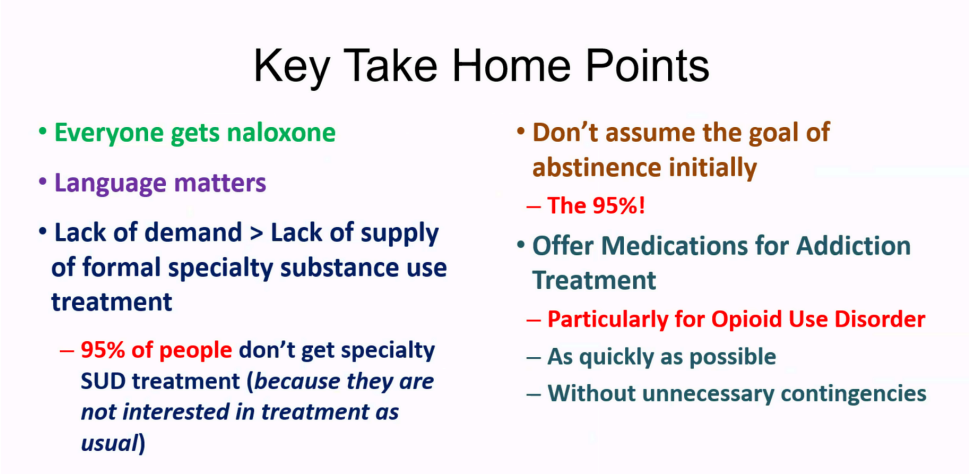
Officers

Chair: Dr. Reuben Strayer emupdates@gmail.com
Chair-Elect: Dr. Rachel Haroz rachelharoz@gmail.com
Past-Chair: Dr. Don Stader donald.stader@gmail.com
Newsletter Editor: Dr. John Bibb jdbibb@aol.com
Newsletter Editor Elect: Dr. Christine Collins collinschristine970@gmail.com
Board Liaison: Dr. Rami Khoury rkhoury@acep.org

HIGHLIGHTS OF THE MEETING

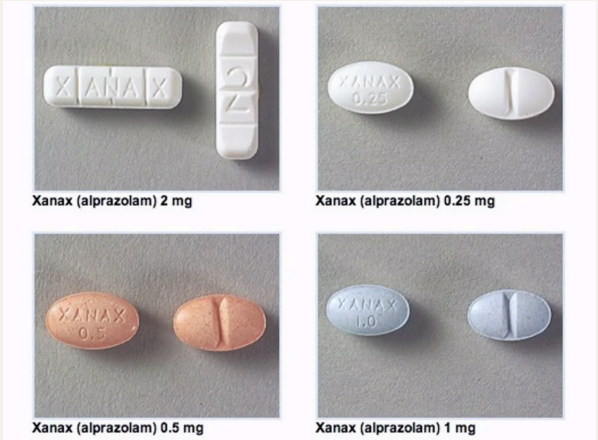
"Future Directions in Hospital-Based Care for Patients with Addiction."

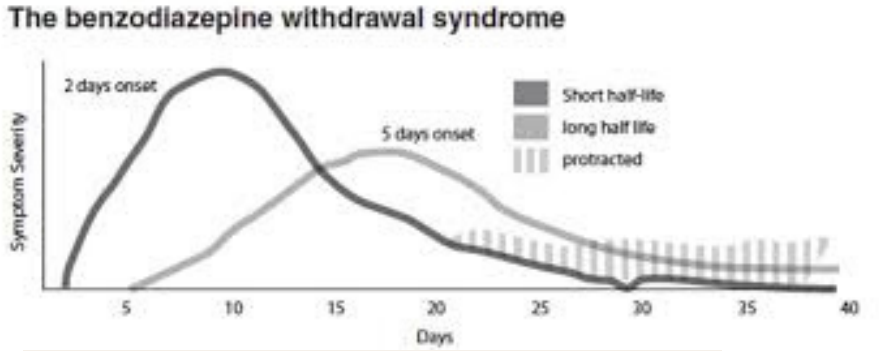
Next, Dr. Brian Hurley, MD, M.P.H., FAPA, DFASAM, and President of ASAM delivered an outstanding lecture. Be sure to check out the recording of this dynamic and information-rich presentation.



"Benzodiazepine Use Disorder Treatment Approach."

Next, Dr. Rachel Haroz, MD, FAACT, delivered an insightful lecture on the complexities of treating benzodiazepine use disorder. Her enlightening presentation highlighted the challenges associated with this condition. Alprazolam, the seventh most prescribed medication in the U.S., is known for its high potential for addiction and may require tapering periods of over months to help individuals discontinue chronic use. The discussion that followed reflected the shared concerns regarding benzodiazepines and the difficulties both clinicians and patients face in managing benzodiazepine use disorder.





HIGHLIGHTS OF THE MEETING

Finally a discussion ensued about Brixadi and Sublocade. There is enthusiasm about these medications but there is difficulty getting them on formulary.

APPLY FOR PACED

Pain and Addiction Care in the Emergency Department (PACED) is a national accreditation program overseen by ACEP, aimed at enhancing pain management for patients in emergency settings. This initiative acknowledges the crucial need for quick, safe, and effective treatment for individuals experiencing pain or struggling with addiction to pain medication.

Applications for bronze, silver, and gold accreditation are currently open. Achieving accreditation is a powerful way to demonstrate to your patients, colleagues, and the community that your emergency department prioritizes the quality of care it delivers. Specifically, PACED accreditation is designed for departments and hospitals dedicated to improving pain management in the emergency department while ensuring timely and effective treatment for patients in need.

PAIN AND ADDICTION CARE IN THE ED
PACED
ACEP ACCREDITATION

Apply for Paced Here:
PACED Application Link

For more information reach out to PACED board chair Dr. Anthony Furiato: Anthony.Furiato@hcahealthcare.com

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS ACCREDITED PAIN & ADDICTION CARE IN THE ED

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FINAL NOTE FROM THE CHAIR

The classic model of emergency medicine, certainly the model I was trained in, was to train your eyes on the emergency, don't get tangled up in chronic problems, and under no circumstances should you enter into any sort of conversation with the patient. There are reasons for this mindset–most shifts are really busy with a lot of patients to see, and every minute you spend with one patient is a minute you're not spending with another patient who needs you, a minute you're not spending buffing your chart to a 99285, and many patients have a thousand problems and we can't fix everything. But setting aside what we learned from the opioid overdose crisis, which is that we must be the ones who initiate these conversations because the emergency department is where these patients are, the idea that we need to cram as many patients into a 10 hour shift as possible by engaging with each of them as briefly as possible turns to be a bad model. Obviously bad for patients, but also bad for doctors. Those of us who have aged in the speciality have learned that once you've seen a few thousand patients with chest pain and the novelty and adrenaline recede, the way to enjoy your shifts is to connect to patients. I think we've done a disservice to ourselves and shortened many careers by creating a culture that devalues that connection. Developing expertise in addiction, and applying that expertise to patients in the emergency department, is a powerful way to cultivate these connections, and has energized our emergency practices. Not to mention the patients, who usually benefit far more from treating their addiction than whatever brought them in to begin with.

DR. REUBEN STRAYER