

NEWSLETTER

AND MINUTES OF THE ANNUAL MEETING

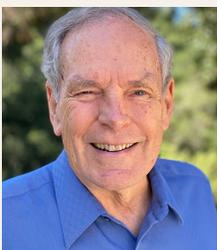
SEPTEMBER 2025



Section Meeting

The meeting was called to order by Dr. Reuben Strayer, MD, FACEP.

Election results announced with Dr. Scott Weiner being announced as the next chair-elect.



Officers

Chair: Dr. Rachel Haroz

Chair-Elect: Dr. Scott Weiner

Past Chair: Dr. Reuben Strayer

Newsletter Editor: Dr. Christine Collins

Past Newsletter Editor: Dr. John Bibb

Board Liaison: Dr. Daniel Freess

HIGHLIGHTS OF THE MEETING

Innovation & Excellence in Behavioral Health & Addiction Medicine Award – Elizabeth M. McNamara, MD

The Innovation & Excellence in Behavioral Health & Addiction Medicine Award honors individuals advancing emergency care for patients with behavioral health and substance use disorders. Dr. McNamara, an Emergency Physician in South Lake Tahoe, CA, is this year's recipient. Trained at Cornell, Weill Cornell Medical College, and NYU/Bellevue, she developed an early interest in addiction treatment through toxicology. Since joining Tahoe Emergency Physicians in 2018, she has worked to expand emergency and outpatient services for substance use disorders, directing the Substance Use Navigator program and providing Addiction Medicine care at an affiliated clinic. With support from colleagues and community partners, she is helping establish a new Addiction Medicine service line in 2025.



“Why MATTERS Matters: Scaling Solutions for Substance Use Treatment Access and Retention”– Joshua Lynch



Founded in Buffalo in 2016, MATTERS (Medication for Addiction Treatment & Electronic Referrals) began as a way to close gaps in how hospitals and providers connected people with opioid use disorder to treatment—especially following emergency encounters in withdrawal or overdose. The program has now evolved into a statewide, digital referral platform, now spanning more than 330 referral sites, 250+ treatment organizations, and 1,000+ pharmacies.

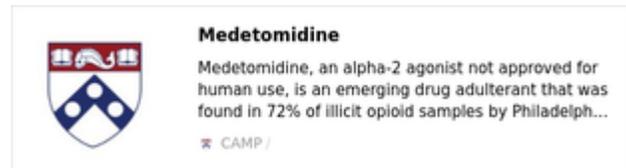
Beyond referrals, MATTERS removes common barriers by offering telemedicine options, medication and transportation vouchers, harm reduction supplies (including naloxone and drug test strips via mail and 24/7 vending machines), and proactive follow-up. Its strong partnerships ensure access to timely and stigma-free care.

HIGHLIGHTS OF THE MEETING

ADDRESSING NEW DRUG SYNDROMES IN THE ILLICIT OPIOID SUPPLY



Dr. Jeanmarie Perone discussed adulterants in the opioid supply including xylazine and medetomidine and how this complicates overdose care. Naloxone still works for opioids, but adulterant use can alter its effect. Clinicians must be prepared for these emerging challenges.



RESOLUTION 73 (25): PROMOTING COMPREHENSIVE TREATMENT OF SUBSTANCE USE DISORDERS ACROSS THE NATION

Dr. John Bibb

Call for ACEP to facilitate the initiation of nation wide emergency department programs to improve substance use disorder treatment including, but not limited to, staff training, dispensing harm reduction materials, initiating evidence-based medication where applicable and rapid clinical referrals to outpatient treatment where available.

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.

Apply for Paced Here:
[PACED Application Link](#)

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



NOTE FROM PAST 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