To:  Ronald D. Liebowitz, President, Brandeis University [[president@brandeis.edu](mailto:president@brandeis.edu)]

       Nancy Winship, Chief Philanthropic Adviser to the President, Brandeis University [winship@brandeis.edu](mailto:winship@brandeis.edu)

       Constance Horgan, Founding Director, Brandeis University Institute for Behavioral Health, [[horgan@brandeis.edu](mailto:horgan@brandeis.edu" \o "mailto:horgan@brandeis.edu" \t "_blank)]

        David Weil, Dean, The Heller School of Social Policy and Manageme  [[davweil@brandeis.edu](mailto:davweil@brandeis.edu" \o "mailto:davweil@brandeis.edu" \t "_blank)]

       Mark Allen Surchin, President, Brandeis Alumni Association [msurchin@goodmans.ca](mailto:msurchin@goodmans.ca)

    To the Administration of Brandeis University,

I write as corresponding secretary of the Opioid Policy Correspondents List.  We are a group of medical professionals, healthcare writers, social media group moderators, knowledgeable chronic pain patients and family members.  This group of volunteers receives no funding from any source.  
  
We call upon the Opioid Research Collaborative and Brandeis University to immediately reevaluate your relationship with Dr. Andrew Kolodny, MD and to consider termination of his relationship with Brandeis.  The basis of our request is as follows:

   1.  Many of us are patients dealing with medical disorders that cause levels of intractable pain among the most severe known to medical practice.  Others are physicians and nurses who have treated such disorders, most of which are incurable at the present state of medical knowledge. Several of us have published work on this area of public policy and are highly conversant with the practice standards issues involved.

   2.  For millions of Americans, prescription opioid analgesic medications are a central element of patient pain management plans.  Without compassionate care employing these analgesics, many tens (perhaps hundreds) of thousands of patients will lapse into agony and disability. Some will very likely die. We have each been witness already to multiple unnecessary deaths reported in social media and in articles by medical professionals.

   3.  Chronic pain patients are increasingly being denied access to these essential life supports -- in large measure due to the actions and advocacy of Dr. Andrew Kolodny and like-minded others.

   4.  Because of genetic polymorphism, many pain patients are "hyper metabolizers" or "poor metabolizers" of one or more opioid medications.  Opioids are broken down in their livers at much faster or slower rates than in average patients.  To manage their pain, many require much higher doses than the 90 Morphine Milligram Equivalent Daily Dose (MMEDD) threshold of risk that is asserted in the March 2016 CDC opioid prescription guidelines.  No provision is made in the guidelines for hundreds of thousands of such people.  Based on his published work, Dr. Kolodny seems to ignore that such people even exist, despite the well established body of science that details their conditions.

   5.  Dr. Kolodny has been prominent in a National campaign to deny chronic pain patients even minimal management of their pain.  His actions are directed toward forcing draconian restrictions or outright withdrawal of this class of medications from medical practice. He calls for forced tapering of patients formerly prescribed opioids. Policy positions for which he advocates are leading to the deaths of hundreds of chronic pain patients by suicide or pain-related heart failure and medical collapse -- also incontestable facts that Kolodny has publicly denied.

   6.  Dr. Kolodny was a central figure in panels that wrote the 2016 CDC opioid guidelines.  The resulting document is widely understood by medical professionals to be profoundly flawed and actively dangerous.  The guidelines incorporate gross errors, anti-opioid bias, cherry-picking of published findings to support a political agenda, and omission of pertinent research that contradicts guideline recommendations.  As a consequence of these distortions and of a related US DEA witch hunt against pain doctors, large numbers of physicians are leaving pain management and hundreds of thousands of patients are being deserted and abused across America.  
  
   7.  Dr. Kolodny may also have failed to acknowledge financial and professional conflicts of interest incompatible with the work he was hired to perform at Brandeis. He helped to found and run Physicians for Responsible Opioid Prescribing (PROP), an anti-opioid lobbying group. This organization has several times petitioned the FDA to restrict opioids (many aspects of PROP petitions have been outright rejected as unfounded).   He has also been Chief Medical Officer for Phoenix House, a chain of addiction treatment centers which has been challenged over deaths among those they have treated and released without follow-up or community support.   He has represented the interests of insurance industry groups that seek to deny coverage to chronic pain patients because of associated expenses. None of these affiliations is compatible with balanced or science-based positions on opioid policy.

   8. Some who have described Dr. Kolodny in public press have characterized him as "controversial".  This designation is entirely too kind.  Among people in pain, he is one of the most polarizing and hated figures in medicine.  His public statements are widely rejected by those whom they directly affect.

   9.  Although Dr. Kolodny has a work history in public health and addiction psychiatry, he is neither qualified nor Board Certified in pain management -- a closely related field that has been profoundly and negatively impacted by his assertions concerning public policy.  From his published articles and interviews, it is clear to many readers that he knows or cares little about chronic pain patients and their treatment.  A lot of what he thinks he knows about addiction is unsupported or contradicted by medical evidence and by the lived experience of many thousands of patients.

  10.  In our view and those of many people whom he has harmed, Dr. Kolodny makes no positive contribution to the work or reputation of Brandeis or its research centers.  To the contrary, we believe it is ethically and morally imperative that he be dismissed immediately from the University, before his presence further damages both your reputation and your financial endowments.  We urge you to engage staff in a due-diligence review of his published positions and advocacy, to verify the concerns we have offered above.   
  
You surely cannot align yourselves with someone who has made the following kinds of public statements:

“"We lack evidence that opioids help chronic pain. Evidence is mounting that tapering improves pain and function.” [From a Tweet by Dr. Kolodny addressing his statements in a CNN article at <http://www.cnn.com/2017/07/17/health/chronic-pain-opioid-tapering-study/index.html> ]  
  
 “When we talk about opioid pain medications, drugs like hydrocodone and oxycodone, we’re talking about drugs that are made from opium the same way that heroin is made from opium. The effect that hydrocodone and oxycodone produce in the brain are indistinguishable from the effects that are produced by heroin. [When] We talk about opioid pain medicines we are essentially talking about heroin pills…” Summer 2017 issue of Heller Magazine

"Prescribing opioids for chronic pain is pennywise and pound foolish…." ..."overprescribing of opioids is associated with sharp increases in the prevalence of opioid addiction, a chronic disease that is expensive to treat and strains the economy in many other ways. Some of these costs were nicely outlined in a recent New York Times article called “[The Soaring Cost of the Opioid Economy](http://www.nytimes.com/interactive/2013/06/23/sunday-review/the-soaring-cost-of-the-opioid-economy.html?_r=0).”

“We’re just talking about the economic costs but we also have to consider human costs. By prescribing opioids to chronic pain patients, a treatment that’s unlikely to work and may even worsen pain, the medical community is undertreating pain and failing in its responsibility to ease suffering. And if the pain patient becomes opioid addicted, they’ll be left with a devastating chronic disease that may kill them. Of course, there’s also the collateral suffering experienced by friends and family members, especially when an opioid addicted individual dies from an overdose." <https://www.centerforhealthjournalism.org/2013/10/24/qa-andrew-kolodny-busting-pain-medicine-myths-0>

“Outside of palliative care, dangerously high doses should be reduced even if patient refuses.  Where exactly is this done in a risky way?” wrote Andrew Kolodny, MD, Executive Director of Physicians for Responsible Opioid Prescribing (PROP).  “I’m asking you to point to a specific clinic or health system that is forcing tapers in a risky fashion. Where is this happening?”   
  
<https://www.painnewsnetwork.org/stories/2017/7/20/prop-founder-calls-for-forced-opioid-tapering>

Among many published articles that contradict positions advocated by Dr. Kolodny are the following:  
  
**Neat, Plausible, and Generally Wrong: A Response to the CDC Recommendations for Chronic Opioid Use, by** Stephen A. Martin, MD, EdM;  Ruth A. Potee, MD, DABAM; and  Andrew Lazris, MD. <https://medium.com/@stmartin/neat-plausible-and-generally-wrong-a-response-to-the-cdc-recommendations-for-chronic-opioid-use-5c9d9d319f71>

**Opioid Abuse in Chronic Pain — Misconceptions and Mitigation Strategies,** Nora D. Volkow, MD, and A. Thomas McLellan, Ph.D. N Engl J Med 2016; 374:1253-1263, [March 31, 2016](http://www.nejm.org/toc/nejm/374/13/).  
**The MEDD myth: the impact of pseudoscience on pain research and prescribing-guideline development** [Jeffrey Fudin](https://www.ncbi.nlm.nih.gov/pubmed/?term=Fudin%20J%5BAuthor%5D&cauthor=true&cauthor_uid=27042140), [Jacqueline Pratt Cleary](https://www.ncbi.nlm.nih.gov/pubmed/?term=Pratt%20Cleary%20J%5BAuthor%5D&cauthor=true&cauthor_uid=27042140), and [Michael E Schatman](https://www.ncbi.nlm.nih.gov/pubmed/?term=Schatman%20ME%5BAuthor%5D&cauthor=true&cauthor_uid=27042140),[J Pain Res](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4809343/). 2016; 9: 153–156. Reprint at Medscape: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4809343/>

**An Opioid Quality Metric Based on Dose Alone? 80 Professionals Respond to NCQA** Stefan Kertesz, MD, MSc. *Medium,* March 22, 2017.[*https://medium.com/@StefanKertesz/an-opioid-quality-metric-based-on-dose-alone-80-professionals-respond-to-ncqa-6f9fbaa2338*](https://medium.com/@StefanKertesz/an-opioid-quality-metric-based-on-dose-alone-80-professionals-respond-to-ncqa-6f9fbaa2338)

**Pain Wars,** Suzanne Stewart, Opinion, National Pain Report, September 20, 2017, http://nationalpainreport.com/the-pain-wars-8834381.html

**Let’s Stop the Hysterical Rhetoric about the Opioid Crisis**, Jeffrey A Singer, MD, Cato Institute, August 31, 2017. <https://www.cato.org/publications/commentary/lets-stop-hysterical-rhetoric-about-opioid-crisis>

Even the most basic due diligence will find many more substantive contradictions to Dr. Kolodny’s public statements.   
  
This issue is not going to go away.  Brandeis needs to act promptly and decisively to preserve your academic reputation, lest you provide a forum for biased science or fraud.  We look forward to your confirmation that action is underway to separate Dr. Kolodny from your institution.

Note: you may also receive amplifying letters from others among our membership.

All of the following have authorized their do-signatures here:

Richard A. Lawhern, Ph.D., Healthcare author and 20-year patient advocate  
Corresponding Secretary, Opioid Policy Correspondents List

Dr. Forest Tennant, Editor Emeritus “Practical Pain Management”

Dr. Aimee Chagnon, MD

Dr. Steven R. Henson, MD

Dr. Mark Ibsen, MD

Steven Ariens, P.D., R.Ph. Owner/Operator "Pharmacist Steve Blog"

Thomas N. Dikel, Ph.D., Developmental Psychopathologist; Pediatric Neuropsychologist; Adult and Child Clinical Forensic Psychologist.

Jon Aumann, certified in Community Based Participatory Research and as Biomedical Research Investigator

Kristie Walters, RN, medically retired as a chronic pain patient

Jennifer Barnhouse, LPN, medically retired as a chronic pain patient

Julianna Hodgman, RN, Chronic Pain Patient​

Michelle Wagner Talley MSRC, LPC, BCPC

Patricia Davidson, medically retired EMT, 12 year chronic pain patient

Duane Pool, Former Registered Nurse, Technical Writer, Social Media Consultant

Kristen Ogden, Co-founder Families for Intractable Pain Relief

Louis Ogden, chronic pain patient and advocate

Sherry Sherman, CRNP, MSN, BSN, CPC, CCS, CCA, CPPM, US Pain Ambassador, NAPW 2014 Woman of the Year

Tammi Hale, surviving spouse of a pain patient suicide

Angelika Byczkowski, chronic pain patient, advocate, writer, and blogger

Donna Corley, Co-director ASAP - Arachnoiditis Society for Awareness and Prevention

Denise R. Molohon, LTCP, CLTC, chronic pain patient, patient advocate: ASAP, Arachnoiditis Society for Awareness & Prevention

Susan J Elliott, chronic pain patient

Duff Lambros, chronic pain patient stable on opioids over 20-years of treatment

Suzanne Stewart, chronic pain patient, patient health advocate, CRPS Mentor, blogger & freelance writer (>30 articles in National Pain Report).

Mark J. Zobrowski, chronic pain patient and advocate

Spencer Dunstan: chronic pain patient and advocate

Sandie Hamilton, Community Care Coordinator, Hope Outreach Ministries

Timothy E. Mason, BA Chemistry, Research Chemist

Kevin Mooney, chronic pain patient

Michelle Ziemba, Writer and Editor, Chronic Pain Patient: Trigeminal Neuralgia (13.5 years),

Robert W. Schubring, BA, U.S. Co-Founder, GivePainAVoice

Gary Snook, chronic pain patient

Shirley Wallace, chronic pain patient

Sally Balsamo, chronic pain patient

Nancy Calahan, chronic fibromyalgia patient, prescribed Tramadol

Caryn Abrams, chronic pain patient

Sandy Hamilton, chronic pain patient

Lisa Hess, chronic pain patient

Steven Rock, chronic pain patient

Tootie Welker, MHS Rehabilitation Counseling

Randie Parker, chronic pain patient (diagnosed hyper-metabolizer)  
  
Robert D. Rose, Moderator "Veterans and Americans for Equality in Healthcare"

Lana Kirby, chronic pain advocate and activist

Greg Downey, medically retired machinist and chronic pain patient

Shirley Wallace, chronic pain patient

Anne Fuqua, BSN, pain patient / patient advocate

Roberta Glick, chronic pain patient, social worker, advocate

Heidi Schlossberg, chronic pain patient

Christine Falk, chronic pain patient (fibromyalgia, sarcoidosis, rheumatoid arthritis, failed back surgery)

Audrey Liebl, owner of “Fibrom-L”, former EMT/firefighter, chronic pain patient and advocate since 1998

Christine Smith, B.A. Social Welfare, M.A. Rehabilitation Counseling, CVE, retired. disabled. chronic pain patient

Kathy Kempken, chronic pain patient 14 years (trigeminal neuropathic craniofacial pain syndrome). Fifteen years professional experience in safety, health and environmental affairs for The Boeing Company

Kimberly Miller, Director of Advocacy, Kentuckiana Fibromyalgia Support Group

Stacey Milligan, chronic intractable pain patient

Mary A Rooney, LCSW, chronic pain patient.

Theresa Boehm, chronic pain advocate

Rose Bigham, disabled chronic pain patient

Elana Trefzer, chronic pain patient

Kena Gottier, RN, CMT-US Group Administrator, Chronic Pain Patient

Calvin Kramer, chronic pain patient

Richard L Martin,BSPharm, chronic pain advocate

David Becker, chronic pain advocate

Cathy Kean, chronic pain patient, writer, advocate