

May 22, 2018

Vanila M. Singh, M.D., MACM  
Chair, Pain Management Best Practices Inter-Agency Task Force  
c/o Office of the Assistant Secretary for Health  
U.S. Department of Health and Human Services  
200 Independence Avenue SW, Room 736E  
Washington, DC 20201

Dear Dr. Singh:

On behalf of our 161,000 dentist members, we are pleased to offer our initial comments on gaps and inconsistencies between best practices for pain management (including chronic and acute pain) among federal agencies, with an emphasis on the federal response to the opioid crisis. We offer these comments in response to your Federal Register notice of May 3, 2018 (83 FR 19565).

The federal government has invested considerable time and resources to raise professional awareness about the opioid epidemic and encourage more judicious prescribing of opioid pain medications.

Our main criticism of the federal response to the opioid crisis is that federal agencies have not sufficiently addressed best practices for managing acute pain versus chronic pain. Federal efforts have also not sufficiently addressed best practices for managing post-operative dental pain, which is more nuanced than managing pain in medical settings. For those reasons, the federal response to the opioid crisis has not been particularly helpful to dentists.

For example, the highly touted Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain contains only a cursory mention about the particulars of managing acute pain. In fact, the document expressly states, "Some of the recommendations might be relevant for acute care settings or other specialists, such as emergency physicians or dentists, but use in these settings or by other specialists is not the focus of this guideline."

Another example is the Food and Drug Administration's (FDA) six year-old Risk Evaluation and Mitigation Strategy for Extended Release and Long Acting Opioid Analgesics. While long acting opioids can be useful in managing chronic pain, there is rarely, if ever, a need to manage chronic pain following a one-time dental surgery (e.g., wisdom tooth extraction, root canal, etc.), much less to prescribe a long acting opioid.

We are pleased that the FDA is revisiting how it can better apply its resources and authorities to reduce cases of overdose, misuse, and abuse of opioid pain relievers. This year, the agency released a revised and updated blueprint outlining the core messages that manufacturers should be communicating to opioid prescribers. Among other things, the

blueprint has been expanded to include the use of short acting opioids to manage acute pain, which is directly applicable in dental settings.

We would like to iterate that dentists have benefited from some federal activities, such as the Substance Abuse and Mental Health Services Administration's (SAMHSA) Providers' Clinical Support System for Opioid Therapies (PCSS-O).

Thanks, in part, to a grant from SAMHSA and the American Academy of Addiction Psychiatry, the ADA has been able to offer free continuing education (CE) webinars covering the latest pain management techniques to help prevent opioid abuse. The webinars are tailored to illustrate the way acute dental pain can be managed safely using short-acting opioids. Plus, the ADA Continuing Education Recognition Program (CERP) credential provides a sound basis for state regulatory agencies to accept the CE credit for licensure.

As the Task Force begins its work, we recommend that the federal government begin to address best practices for managing acute pain and, in particular, address the nuances of managing post-operative dental pain, which is more nuanced than managing pain in medical settings.

We hope you will consider that the ADA recently expressed support for mandatory continuing education for opioid prescribers, limits on the number of pills that can be prescribed for initial acute pain, and mandatory use of PDMPs. We believe our policy is the first of its kind among major healthcare professional organizations and a sign of how seriously we take this issue.

Thank you for providing us the opportunity to comment. If you have any questions, please contact Mr. Robert J. Burns at 202-789-5176 or [burnsr@ada.org](mailto:burnsr@ada.org). Information is also available at [ADA.org/opioids](http://ADA.org/opioids).

Sincerely,

/s/

Joseph P. Crowley, D.D.S.  
President

JPC:KTO:rjb

/s/

Kathleen T. O'Loughlin, D.M.D., M.P.H.  
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