

**STATEMENT OF THE
AMERICAN DENTAL ASSOCIATION
TO THE
COMMITTEE ON ENERGY AND COMMERCE
U.S. HOUSE OF REPRESENTATIVES
ON
FEDERAL EFFORTS TO COMBAT THE OPIOID CRISIS
SUBMITTED BY
THE AMERICAN DENTAL ASSOCIATION**

October 25, 2017

The American Dental Association is pleased to submit this statement for the record for the House Committee on Energy and Commerce's hearing on "Federal Efforts to Combat the Opioid Crisis," held October 25, 2017.

The American Dental Association recommends that the federal response to the opioid crisis begin to address the nuances of managing acute pain following one-time surgical procedures, such as a wisdom tooth extraction. We also recommend that any prescriber education opportunities be coordinated with professional societies and administered by an accredited continuing education provider—and that the coursework be dually recognized for state licensure purposes.

The misuse and abuse of opioid pain relievers—such as Vicodin® and Percocet®—has reached epidemic proportions. As the sixth most frequent prescribers of these potentially addictive pain medications, dentists are well positioned to help keep them from becoming a source of harm.

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 is that the federal response has not sufficiently distinguished pain management in dentistry from pain management in medicine, specifically when it comes to managing acute pain versus chronic pain. For that reason, it has not been particularly useful for dentists.

For example, the highly touted Centers for Disease Control and Prevention Guideline for Prescribing Opioids for Chronic Pain does not address the particulars of managing acute pain following a one-time surgery. 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 Risk Evaluation and Mitigation Strategy for Extended Release and Long Acting Opioid Analgesics. The goal of the REMS has been to reduce inappropriate prescribing, misuse, and abuse of long acting opioids. 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, etc.), much less to prescribe a long acting opioid.

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

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 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 IR/SA opioids. Plus, the ADA Continuing Education Recognition Program credential provides a sound basis for state regulatory agencies to accept the CE credit for licensure.

Also, the National Institute of Dental and Craniofacial Research is currently investigating the biological triggers of dental pain and novel ways to alleviate it using non-narcotic therapies. NIDCR is also studying dentists' knowledge of opioid abuse and what leads them to prescribe opioids in the first place. Together, the findings will enable us to target our education and outreach messages to dentists and, ideally, lead them to use non-narcotic pain relievers as the first-line therapy for acute pain management.

We were pleased by a recent statement from FDA Commissioner Scott Gottlieb suggesting that the agency will be revisiting its risk management program to ensure opioid prescribing is better tailored to the medical indication. We hope this is an indication that federal agencies are beginning to appreciate that acute pain is managed differently from chronic pain.

Again, the American Dental Association recommends that the federal government's opioid prescriber education and outreach efforts begin addressing the nuances of managing acute pain following one-time surgical procedures, such as a wisdom tooth extraction. We also recommend that any prescriber education opportunities be coordinated with professional societies and administered by an accredited continuing education provider—and that the coursework be dually recognized for state licensure purposes.

We would like to thank the committee for this opportunity to submit this statement for the record. We share your commitment to ending this tragic and entirely preventable public health crisis, and we are committed to working with you to do just that.