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Pennsylvania Dental Association

Testimony Submitted by the Pennsylvania Dental Association To The Center for Rural Pennsylvania

Use of Prescription Opioid Pain Medication in Dentistry

On behalf of the more than 5,500 members of the Pennsylvania Dental Association (PDA), I thank you for the opportunity to submit comments regarding the use of prescription opioid pain medication in dentistry. PDA understands that the issue of prescription drug abuse is a grave and growing concern among law enforcement, policymakers and the health care community and that initiatives must be undertaken to reduce the number of Pennsylvanians, especially our youth, who suffer from dependency of prescription drugs. Please be assured that dentistry is a committed stakeholder in educating the provider community and patients about the inherent dangers and risks associated with prescription drug abuse. We understand the need for continual evaluation of opioid prescribing practices in dental settings and provider education in regards to the amount patients typically need for adequate pain relief, and how best to monitor and assist patients who are at risk.

As a tripartite organization, PDA aligns closely with the American Dental Association (ADA), which has devoted a significant amount of resources to educating members about model opioid prescribing practices and the public about the dangers of prescription opioid abuse. I have extracted information from a 2012 ADA letter to Congressional members that best explains dentists' prescriptive authority and practices:

"It is safe to assume that most active licensed dentists have some type of DEA registration to prescribe controlled substances and that the type of registration would vary by specialty. For example, endodontists and oral surgeons require C-II prescribing authority to administer anesthesia or sedation to safely complete some in-office dental procedures (e.g. root canals, tooth extractions, etc). They may also write prescriptions for C-II or C-III opioid medications (e.g. hydrocodone, oxycodene, etc.) to help patients manage post-operative pain, especially when an over-the-counter pain reliever (e.g. ibuprofen, acetaminophen, etc.) is ineffective in

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certain clinical situations. However, oral and maxillofacial radiologists are less likely to need C-II (or C-III) prescribing authority, as they have little (if any) interaction with patients.

Regardless of their prescribing authority, all dentists receive some type of education and training on evidence-based clinical guidelines and/or best practices for prescribing opioids for chronic pain and identifying people at risk of addiction. Training in addictive disease and pain management is typically part of the core curriculum in dental school. The most recent study on dental school curricula to recognize and manage substance use disorders (including prescription drug abuse) was published in the August 2011 edition of the *Journal of Dental Education*. Among its findings:

- Fifty-two schools (94.5 percent of those responding) reported that their curriculum addresses prescription drug misuse and abuse.
- Coverage of this topic is distributed across the four years: 42.3 percent address this topic in the first year, 51.9 percent in year two, 61.5 percent in year three, and 40.4 percent in year four.
- More schools reported using the lecture method in all four years than any other means, including small-group instruction and instruction in school-based clinic and community-based extramural settings."

We know that the most frequently abused opioids are immediate-release (IR) opioids, most especially hydrocodone and oxycodone. According to a July 2011 (updated in August 2014) article in the *Journal of the American Dental Association*, called "Prevention of Prescription Opioid Abuse: The Role of the Dentist," dentists prescribe approximately 12 percent of IR opioids, behind only family physicians.

In an ADA survey of 563 oral and maxillofacial surgeons, researchers analyzed these clinicians' prescribing practices after performing third-molar extractions, which are common procedures for healthy young adults. A total of 73.5 percent indicated that their preferred postoperative analgesic was ibuprofen. A total of 85 percent of the clinicians who responded also almost always prescribed a centrally acting opioid, most likely hydocodone with acetaminophen. On average, they prescribed 20 tablets of hydrocodone with acetaminophen, with instructions to take "as needed for pain." Among 73 percent of general dentists who prescribed opioids, the mostly frequently prescribed IR opioid was hydrocodone with acetaminophen. They usually prescribed between 10 and 20 doses, and two to five days was most common.

These clinicians performed an average of 53 third-molar extractions per month. Extrapolating this data to all 5,542 practicing oral and maxillofacial surgeons in the United States at that time, approximately 3.5 million third-molar extractions take place per year, not including those performed by general dentists. One may reasonably surmise that more than 3.5 million young adults (median age of 20) are exposed to opioids and anesthetics in dentistry each year.

It is important to note that the standard of care for providers suggests that prescribing quantities expected to last more than a few days may actually be harmful to patients. Prolonged severe pain after surgery could be an indication of poor healing or an infection for which a visit to the practitioner's office would be more beneficial than continued consumption of pain medication.

How Organized Dentistry Is Helping

Partnerships:

- PDA and other dental groups were asked to join the Department of Health's task force for developing guidelines for the use of prescription opioid pain medication in dentistry. The Department solicited names of volunteer dentists and a task force meeting will take place in the near future. The task force's goal is to develop guidelines that are similar in scope and comprehensiveness to the guidelines for physicians that were recently adopted by the Pennsylvania Medical Society and others, and to publicize these guidelines to dental professionals and the public. We attended the Department of Drugs and Alcohol's meetings at which the physician guidelines were developed.
- ADA is partnered with the Substance Abuse and Mental Health Services Administration (SAMHSA) and five other health professional organizations to offer free continuing education webinars to instruct providers on the safe and appropriate prescribing of opioid medications.

Outreach to dental professionals and others:

- At the state level, we strongly encourage members to take advantage of the ADA's free continuing education webinar available through the Prescribers' Clinical Support System

for Opioid Therapies. More recently, we have encouraged members to review existing guidelines that are specific to the profession.

- We promote MouthHealthy.org to the public to learn more about oral health topics, including guidelines on how to prevent the abuse of prescription drugs.
- We educate the provider community through electronic and print communication, and promote the ADA's *Statement on the Use of Opioids in the Treatment of Dental Pain, Statement on Provision of Dental Treatment for Patients with Substance Use Disorders* and *Guidelines Related to Alcohol, Nicotine and/or Drug Use by Child or Adolescent Patients.*
- ADA has engaged in a number of media campaigns to raise awareness, partnering with the Drug Enforcement Administration's National Prescription Drug Take-Back Initiative, SAMHSA's National Recovery Month and the Partnership at Drug Free.org's Medicine Abuse Project.

Thank you again for the opportunity to comment on the issue of dental prescribing authority and practices and our efforts to educate the provider community and the public about the dangers of abuse and ways to mitigate abuse from happening. Please feel free to contact me directly at (814) 825-6221 or at stradack3@aol.com, with any questions or concerns.

Respectfully submitted by:
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