



American Association of Oral and Maxillofacial Surgeons

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The Honorable Richard Durbin
United States Senate
711 Hart Senate Building
Washington, D.C. 20510

Dear Senator Durbin:

It has come to our attention that you have reached out to several medical and dental professional organizations for more information about their efforts to educate their members on the role prescribers can play in reducing prescription drug abuse. I thank you for your interest in this important public health issue and on behalf of the more than 9,500 oral and maxillofacial surgeons in this United States, I would like to offer a summary of the efforts of the American Association of Oral and Maxillofacial Surgeons (AAOMS).

Oral and maxillofacial surgery is the surgical specialty of dentistry. As such, management of our patients' pain following invasive procedures is an important aspect of providing the best quality patient care. As lawful prescribers, we know that when used as prescribed prescription opiates enable individuals with acute and chronic pain to lead productive lives and recover more comfortably from invasive procedures. We also recognize, however, that pain medication prescribed following oral and maxillofacial surgery is frequently the first exposure many American adolescents have to opioid prescriptions and that roughly 12% of all immediate release opioid prescriptions in the US are related to dental procedures.¹ Dentists, including OMSs, have a responsibility to ensure we do not exacerbate a growing public health risk while ensuring our patients receive the relief they need following complex dental procedures.

AAOMS is committed to educating our membership about the potential for opioid abuse and has initiated the following activities:

- Partnered with the Substance Abuse and Mental Health Administration (SAMHSA) to create the **free CE program, *Safe Opioid Prescribing for Acute Dental Pain***, specifically for dentist prescribers. The online program launched in Jan. 2016, and is being marketed to oral and maxillofacial surgeons.
- Partnered with National Institute for Drug Abuse (NIDA) to **develop CE that teaches medical and dental prescribers how to talk to adolescents about substance abuse**. The CE program is anticipated to be ready for use in summer 2016.
- **Hosted CE programs at past annual meetings** on opioid abuse that addressed pain management alternatives to opioids.
- **Promote the Drug Enforcement Administration's National Prescription Drug Take Back Days** to our membership and encourage them to inform their patients.

¹ Denisco R, Kenna C, O'Neil M, et al. Prevention of prescription opioid abuse: The role of the dentist. JADA. 2011; 142(7): 800-810.

- Developed educational materials for patients and caregivers, including an informational card on the **Safe Use and Disposal of Prescription Medications** that members can provide to their patients and communities.
- **Participate in and promote** to our membership the **Partnership for Drug Free Kids Medicine Abuse Project**.
- Additionally, **hospital and academically-based postgraduate OMS residency training programs** have provided educational training sessions and mandated computer programs focused on decreasing the administration and prescription of opioids for staff and faculty to increase their awareness of the issue.

We believe these voluntary educational efforts are working. Oral and maxillofacial surgeons are much more aware of the potential for opioid abuse than they were even three years ago. This is in part evidenced by a recent *American Journal of Preventative Medicine* article in which the authors found that “the largest percentage drops in opioid-prescribing rates occurred in emergency medicine (-8.9%) and dentistry (-5.7%).”²

AAOMS remains committed to encouraging our members to be aware of public health trends that may impact patient care and supports voluntary provider participation in continuing education (CE) programs that focus on drug abuse and responsible prescribing practice. AAOMS believes that to be most effective, CE should be managed at the state-level and be customized so that it is relevant to each type of prescribing situation. AAOMS further believes that provider specialty organizations, such as the AAOMS, should be included as accepted practitioner training organizations for any CE requirements. Finally, there remains a need beyond prescriber CE to educate patients and the public at large about opioid abuse and diversion. AAOMS supports such collaborative education efforts that include governmental agencies, non-profit organizations and prescriber organizations.

Finally, AAOMS supports legislation like HR 4599 and S. 2578, the Reducing Unused Medications Act of 2016, which clarifies federal law to allow for patients to partially fill prescriptions for schedule II drugs, which includes opioids. If passed, this bill would help to provide patients with access to necessary pain relief while reducing the existence of unused medication in medicine cabinets, thus helping to curb the incidence of drug diversion.

The AAOMS welcomes the opportunity to continue to dialogue with Congress on potential solutions to the opioid abuse problem and its impact on our patients and our practice. If there is anything the AAOMS can do to assist you on this issue, please contact Ms. Jeanne Tuerk of the AAOMS Governmental Affairs Department at 847/233-4321, or jtuerk@aaoms.org.

Sincerely,



Louis K. Rafetto, DMD
President

²Levy B, Paulozzi L, Mack K, Jones C. Trends in Opioid Analgesic-Prescribing Rates by Specialty, U.S., 2007-2012. *Am J of Prev Med.* 2015; 49; (3): 409-413.