



American Association of Oral and Maxillofacial Surgeons

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President

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October 2, 2017

The Honorable Lamar Alexander
Chairman
Senate Health, Education, Labor and Pensions
Committee
428 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
Senate Health, Education, Labor and Pensions
Committee
428 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Chairman Alexander and Ranking Member Murray:

On behalf of the more than 9,500 oral and maxillofacial surgeons in the United States, I thank you for holding the October 5 hearing entitled, "Federal Response to the Opioid Crisis." The prescription drug abuse epidemic in the United States is a significant public health issue and federal resources provide critical assistance to state and local communities. Furthermore, we recognize that dentists and physicians — as prescribers — can play an important role in reducing opioid misuse. 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 percent 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:

- **Developed in 2017 prescribing recommendations** in the management of acute and postoperative pain for the OMS patient **that urge ibuprofen – rather than opioids – be utilized as a first-line therapy to manage a patient's acute and post-surgical pain.**
- 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

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.

titled, “Research-Based Clinical Strategies to Prevent and Address Adolescent Substance Use and Prescription Medication Misuse – Being Part of the Solution” was released in June 2017.

- **Host CE programs at annual meetings on opioid abuse that address pain management alternatives to opioids.** In fact, Dr. Andrew Kolodny, founder and executive director of Physicians for Responsible Opioid Prescribing, will provide the Keynote Lecture at the 2017 AAOMS Annual Meeting entitled “The Prescription Opioid & Heroin Crisis: An Epidemic of Addiction.”
- 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.
- **Promote the Drug Enforcement Administration’s National Prescription Drug Take Back Days** to our membership and encourage them to inform their patients.
- **Participate in and promote** to our membership the **Partnership for Drug Free Kids Medicine Abuse Project**.
- **Include in member publications articles on prescription drug abuse.**
- **Promote to our members** the availability of **EXPAREL®**, a long-acting local anesthetic that **reduces the need for post-surgical opioid pain management.**
- 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. Currently, 21 states require CE on the topic of opioid prescribing as part of a dentist’s overall CE requirements and more states are expected to follow in the coming years. We further believe that provider specialty organizations, such as AAOMS, should be included as accepted practitioner training organizations for any CE requirements. 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.

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.

Finally, AAOMS actively supported a provision in the recently enacted Comprehensive Addiction and Recovery Act (P.L. 114-198), which clarifies federal law to allow for patients to partially fill prescriptions for schedule II drugs, which includes opioids. This provision helps 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.

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 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,

A handwritten signature in black ink, appearing to read "Douglas W. Fain". The signature is fluid and cursive, with a large initial "D" and "F".

Douglas W. Fain, D.D.S., M.D., F.A.C.S.
President