

August 26, 2019

U.S. Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation
Office of Science and Data Policy
Attn: EPAEDEA Report Feedback
200 Independence Avenue SW, Room 434E
Washington, DC 20201

To Whom It May Concern:

On behalf of our 163,000 dentist members, we are pleased to comment on the Department of Health and Human Services (HHS) request for information on ways to balance legitimate patient access to controlled substances, including opioids, while also preventing diversion and abuse. We offer these comments in response to your Federal Register notice of July 26, 2019 (84 FR 36112).

Dentists frequently diagnose and treat conditions that often result in acute postsurgical pain. For example, third molars (or wisdom teeth) generally erupt between late teens and early twenties. While the ADA recommends that dentists use non-steroidal anti-inflammatory drugs (NSAIDs) as a first-line therapy, an opioid prescription may sometimes be called for (depending on the level of pain).

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). For that reason, 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 does not address 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."

A more recent example is the final report of the Pain Management Best Practices Inter-Agency Task Force. Some areas of the report suggest that dentists are "specialty" clinicians that are on par with physician assistants and nurse practitioners. This is not an accurate observation given the scope of dental practice and the nature of a dentist's education and training. The report also did not adequately address the nuances of managing acute pain for individuals in their late teens and early twenties, when the brain is at a critical stage of development.

Education and training

With an emphasis on acute pain, the ADA strongly supports expanding the availability of opportunities to learn about best pain management practices with minimal use of opioids.

Such training can and should include techniques to identify risky substance use behaviors and ways to briefly counsel and refer those patients for appropriate treatment.

We would like to iterate that dentists have benefited from some federal activities. For example, through a grant from Substance Abuse and Mental Health Services Administration (SAMHSA), we have been able to offer free continuing education (CE) webinars on safe and effective use of opioid therapies. Through this partnership, the webinars are free, convenient to access and tailored to pain management in dentistry. We hope the Department will continue to support the Providers' Clinical Support System for Opioid Therapies (PCSS-O) program.

Guidelines

In terms of guidelines, we are pleased to enclose an overview of five systematic reviews, published in the April 2018 edition of the Journal of the American Dental Association (JADA). The investigators found that combinations of ibuprofen and acetaminophen were more effective than opioids for relieving acute dental pain and with fewer acute adverse events.

Last year, the ADA also expressed conditional support for mandatory continuing education for opioid prescribers and statutory limits on the number of pills that can be prescribed for initial acute pain and use of prescription drug monitoring programs (PDMPs). We believe our policy was (and still is) the first of its kind among major healthcare professional organizations and a sign of how seriously we take this issue.

Prescription drug monitoring

The ADA considers a prescription drug monitoring programs to be a crucial part of helping prescribers keep opioids from getting into the wrong hands. The chief concern of our members is that existing programs are cumbersome to use and that the data are not always reliable, available in real time or accessible across state lines. We urge you to work with the Drug Enforcement Administration and other agencies to help states with those issues.

We hope these comments will be helpful in drafting your report to Congress examining several aspects of the opioid crisis. We stand ready to help you in any way we can. If you have any questions, please contact Mr. Robert J. Burns at 202-789-5176 or burnsr@ada.org. Information is also available at ADA.org/opioids

Sincerely,

/s/

Jeffrey M. Cole, D.D.S., M.B.A., F.A.G.D.
President

/s/

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

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