The American Dental Association has announced a new policy on opioids supporting mandates on prescription limits and continuing education in what could be the first of its kind among major healthcare professional organizations.

The policy states:

- The ADA supports mandatory continuing education in prescribing opioids and other controlled substances.
- The ADA supports statutory limits on opioid dosage and duration of no more than seven days for the treatment of acute pain, consistent with the Centers for Disease Control and Prevention evidence-based guidelines.
- The ADA supports dentists registering with and utilizing Prescription Drug Monitoring Programs (PDMPs) to promote the appropriate use of opioids and deter misuse and abuse.

“As president of the ADA, I call upon dentists everywhere to double down on their efforts to prevent opioids from harming our patients and their families,” said ADA President Joseph P. Crowley, D.D.S. “This new policy demonstrates ADA’s firm commitment to help fight the country’s opioid epidemic while continuing to help patients manage dental pain.”

Most opioids prescribed to patients in the U.S. are written by physicians and other medical professionals for management of chronic (long-term) pain. Dentists with an appropriate license may also prescribe opioids, and do so most often for management of acute (short-term) pain such as severe tooth decay, extraction of teeth and root canals. In 1998, dentists were the top specialty prescribers of opioid pain relievers, accounting for 15.5 percent of all opioid prescriptions in the U.S. By 2012, this number had fallen to 6.4 percent.

New data published in the April issue of *The Journal of the American Dental Association* (JADA) continue to shed light on opioid prescriptions from a dental perspective. The data indicates:

- **Benefits and Harms Associated with Analgesic Medications Used in the Management of Acute Dental Pain:** Authors examined five systematic reviews and concluded non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen and acetaminophen are equal or superior to using opioids for dental pain. The findings support the ADA’s 2016 policy statement that dentists “consider [NSAIDs] as the first-line therapy for acute pain management.”

- **Opioid Prescribing Practices from 2010 through 2015 Among Dentists in the United States:** Authors from the ADA Health Policy Institute used data in several existing databases to review opioid prescription claims from 2010 to 2015 for about 1.1 million privately insured dental patients. Findings indicate that patients who received an opioid prescription from a dentist were given a median supply to last three days. Across all age groups over a six-year period, opioid prescriptions increased by 17 per 1,000 dental patients. The largest increase in opioid prescriptions was among patients aged 11 to 18; and 11-18 and 19-25 age groups received a higher median dose than all other age groups.
• Gender and Race/Ethnic Disparities in Opioid Prescriptions for Dental Diagnoses among Patients with Medicaid: Authors reviewed claims of more than 890,000 Medicaid patients from 13 states between 2013 and 2015. Findings indicate emergency departments prescribed opioid medications almost five times more often than dentists and nurse practitioners prescribed opioids nearly three times as often compared to dentists. Women were 50 percent more likely than men to receive an opioid prescription for pain management of a dental condition. Both Whites (non-Hispanic) and African-Americans were around twice as likely to receive an opioid prescription as Hispanics.

• Prescription Monitoring Program (PMP) Data: Authors from Harvard School of Dental Medicine, Tufts University School of Dental Medicine and a retired Massachusetts State Police Detective Lieutenant provided 10 clinical scenarios dental prescribers might encounter and how to assess the PMP data from a clinical, risk assessment and law enforcement perspective.

“The JADA articles shine an important light on a public health epidemic from the dental perspective, and signals that while the percentage of opioids prescribed by dentists has decreased since 1998, we can continue to do even more to help keep opioids from being a source of harm,” said Dr. Crowley. “Working together with physicians, pharmacies, other healthcare professionals, policymakers and the public, we believe it is possible to end this tragic and preventable public health crisis that has been devastating our families and communities.”

For more information on how the ADA is working to combat opioid abuse, visit www.ADA.org/opioids.