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American Association of Oral and Maxillofacial Surgeons

White Paper

Prescription Drug Abuse and Prevention

America remains in the midst of a prescription opioid epidemic. It is estimated that in 2022, 8.9 million Americans, or 3.2 percent of the population, 12 years and older were nonmedical users of opioids – defined as prescription pain relievers and heroin. Of these nonmedical users, and over the course of the previous year, 7.9 million reported the misuse of only pain relievers.

As lawful prescription drug prescribers, oral and maxillofacial surgeons (OMSs) 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. AAOMS also recognizes, however, that acute pain medication prescribed following oral and maxillofacial surgery may frequently be the first exposure many American adolescents have to opioid prescriptions, and that roughly 6.4 percent of all immediate-release opioid prescriptions in the United States are related to dental procedures.[2] Dentists, including OMSs who primarily manage acute pain, have a responsibility to ensure they do not exacerbate a growing public health risk while ensuring their patients receive the relief they need following complex dental procedures.

Over the past decade, a number of approaches have been proposed to address this issue. AAOMS provides the following positions in response to several of these proposals.

Prescription Drug Monitoring Programs

Prescription drug monitoring programs (PDMPs) implemented and updated by dispensers – if properly funded – are valuable tools for detecting a practice known as "doctor-shopping" and preventing the diversion of prescription opioids. AAOMS believes federal and state efforts to develop these programs should be supported and properly funded. AAOMS further believes that in order to prove useful in preventing abuse and diversion, dispensers should enter data into a PDMP in real time. In addition, if the prescription is for a period of less than seven days, it should not be mandatory to check a PDMP for acute pain patients who receive an opioid following an invasive surgical procedure, as the risk of abuse and diversion is low in these instances. Furthermore, because checking the PDMP is an administrative task, AAOMS believes approved auxiliary personnel should be authorized to access the system on the doctor's behalf.

Continuing Education

The training received during their residencies implicitly qualifies OMSs to manage their patients' pain – and, in particular, acute pain – following invasive procedures. Nevertheless, AAOMS encourages its members to be aware of public health trends that may impact patient care through participation in voluntary continuing education (CE) programs in addition to CE programs required at the federal and state levels. AAOMS also engaged early in the pandemic with federal agencies to develop CE courses tailored to OMSs. More specifically, AAOMS worked with the National Institute on Drug Abuse (NIDA) to develop and launch in 2017 an educational course to help prescribers, including oral and maxillofacial surgeons, talk to adolescents about substance use and abuse. AAOMS also helped develop and encouraged members to participate in the Substance Abuse and Mental Health Services Administration (SAMHSA) online training on Safe Opioid Prescribing for Acute Dental Pain, which launched in 2016. More recently, recognizing that Congress was strongly pursuing legislation to require a federal CE requirement for controlled substance prescribers, AAOMS worked to include language in the bill, entitled the Medication Access and Training Expansion (MATE) Act, that allowed the organization to serve as an approved CE provider. The MATE Act was enacted as part of the Consolidated Appropriations Act of 2023 (P.L. 117-328), and AAOMS offers all of its on-demand courses that are targeted toward meeting the MATE Act training requirement free of charge to members through Dec. 31, 2025. A need remains 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, nonprofit organizations and prescriber organizations.

Prescribing Guidelines

AAOMS appreciates the development of prescribing guidelines, which may be helpful to practitioners as they determine the proper course of postoperative treatment for their patients. In 2017, AAOMS released the white paper Opioid Prescribing: Acute and Postoperative Pain Management, which provides recommendations for the prescribing of opioids for pain. AAOMS encourages all OMSs to consult this document for the management of acute and postoperative pain in their patients and to follow the recommendation that non-steroidal anti-inflammatory drugs (NSAIDs) – rather than opioids – be utilized as a first-line therapy to manage a patient's acute and postsurgical pain. AAOMS also recognizes and encourages its members to refer to the CDC's 2022 Clinical Practice Guideline for Prescribing Opioids for Pain.[3] AAOMS further supports educational efforts currently underway by many OMS residency training programs and encourages all training programs to develop and utilize acute prescribing guidelines that instruct all practitioners to calculate the total morphine milligram equivalents prescribed to a patient to ensure safe prescribing. If government entities seek to develop prescribing guidelines, AAOMS encourages them to recognize the unique care provided by OMSs by involving them in the development process and to avoid a one-size-fits-all approach, as pain management needs varies from patient to patient. AAOMS encourages provider and/or patient discretion by allowing them to partially fill a prescription with the option to acquire the remaining amount only when necessary. Implementation of such a practice will lessen the risk of diversion of unused medications.

Supporting Practitioner Judgment

Only the treating practitioner, not subjective policy, can determine a patient's medical needs. It is the position of AAOMS that the patient-practitioner relationship must be upheld, allowing the practitioner to have the final say regarding the management of a patient's pain, including drug types, dosage and treatment duration. Practitioners should be informed of the latest public health trends, including possible alternatives to opioid pain treatment; but in the end, practitioners should be trusted to treat their patients according to their best professional judgment. As with any issue, if a practitioner is shown to be practicing contrary to the standard of care, the practitioner should be referred first for peer review, followed by prescription writing counseling/continuing education and then, if necessary, punitive remediation.

References:

1 *Key Substance Use and Mental Health Indicators in the United States: Results from the 2022 National Survey on Drug Use and Health. Substance Abuse and Mental Health Services Administration. November 2023. Retrieved from samhsa.gov/data.*

2 *JADA. July 2018; 149(4): 237-245.*

3 *CDC Clinical Practice Guideline for Prescribing Opioids for Pain, Recommendations and Reports. 71(3); 1-95. November 2022.*

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