

August 1, 2017

To Whom It May Concern,

As dentists, we provide acute pain treatment as part of routine dental care and management of dental emergencies. Further, we may be involved in the management of chronic oral-facial pain. Therapy for acute and chronic pain therapy may involve the administration of potent opioids. However, it must always be remembered that prescribing opioid drugs is associated with significant risk of harm to individuals, including sedation, altered mental status, and respiratory depression and arrest, as well as the risk for misuse, diversion and substance use disorders. For many patients, these drugs never pose a problem. However, about 165,000 people in the U.S. died in the last 15 years and their deaths involved overdoses of heroin or opioids. Many other people are struggling with addiction. Health officials say the nation's major epidemic of drug use has been fueled by the misuse of prescription painkillers.

Recent studies have shown that the use of opiate medications can be avoided in most circumstances. One of the biggest barriers in improving prescribing habits is countering common misunderstandings among dentists and patients about the pain-relieving power of less addictive drugs. Non-steroidal anti-inflammatory drugs work at least as well as opioids, but many members of the public believe that if they're available over the counter, they're weak and they don't work. Educating both dentists and patients about new guidelines for opiate use is very important.

Many years ago it was common to prescribe a bottle of 30 or more narcotic pills after major procedures. We now know this is excessive prescribing. Dentists are often compassionate people who don't like to see patients in pain. Now we know that non-steroidal anti-inflammatory drugs are more effective than the narcotics when used in an effective manner.

Sincerely,



Ayman A. Jacobs, DMD