



Dental Schools Addiction Education Regional Summit Proceedings

August 29–30, 2017

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Cohosted by

**American Dental Education Association¹
Substance Abuse and Mental Health Services Administration (Regions III and IV)²**

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Executive Summary

Dental educators, state and federal agency representatives and individuals from health care organizations gathered together on Aug. 29–30, 2017, for the Dental Schools Addiction Education Summit for [Substance Abuse and Mental Health Services Administration's \(SAMHSA\) Regions III and IV](#). SAMHSA, in conjunction with the [American Dental Education Association \(ADEA\)](#), conducted the meeting. Representatives from dental schools in 11 states and the District of Columbia located in [SAMHSA's Regions III and IV](#) attended the meeting. The Summit's goals were to provide information about the opioid crisis and encourage a dialogue among participants to share and develop ideas for implementation and plans for future engagement and collaboration.

The Summit provided a mix of educational information and interactive sessions. Attendees heard presentations about the importance of training prescribers in the prevention of substance abuse, the Massachusetts dental education core competencies for the prevention and management of prescription drug misuse and the perspective of a dentist who eliminated opioid prescribing after surgery in his practice. Representatives from each dental school reported on their schools' current activities to address the opioid crisis. State and federal agency representatives and staff members from the American Dental Association (ADA) and the Association of American Medical Colleges (AAMC) also shared information and resources. The participants, grouped by state, broke into small groups, and each identified one idea they wanted to implement, resources needed and next action steps they planned to take.

Background

The U.S. Department of Health and Human Services (HHS) is based in Washington, DC, and has 10 regional offices across the country staffed with representatives from some of its key divisions in order to better serve regional stakeholders. In 2011, SAMHSA, an operating division of the HHS, placed a Regional Administrator in each Regional Office to serve as the lead voice for behavioral health and to better serve the public by identifying mental health and substance use related policy and programmatic issues and assisting in the development of solutions.

Since the SAMHSA Regional Administrators began serving in 2011, behavioral health workforce development has been a key priority identified by state policy makers, academic institutions, providers, consumers and a wide array of stakeholders. In all 10 regions, the regional administrators interviewed their states to identify workforce development priorities and convened regional in-person meetings and virtual learning collaboratives during 2013 and 2014. During this same time frame, data and trends indicated the emergence of an opioid crisis, which magnified the need for focused attention on health care professionals' educational programs, particularly related to prescribing practices and improved screening for substance use disorders. Then in 2015 and 2016, HHS organized Opioid Overdose Prevention 50 State Convenings to elevate the need for solutions to be developed based on increasing collaboration between and among federal, state, academic and association leaders.

The American Dental Education Association (ADEA), headquartered in Washington, DC, is The Voice of Dental Education and the sole national organization representing academic dentistry. ADEA members include all 76 U.S. and Canadian dental schools, more than 1,000 allied and advanced dental education programs, 66 corporate partners and more than 20,000 individuals. ADEA activities encompass a wide range of research, advocacy, faculty development, meetings and communications. ADEA's mission is to lead institutions and individuals in the dental

education community to address contemporary issues influencing education, research and the delivery of oral health care for the overall health and safety of the public.

In 2017, the SAMHSA Regional Administrators in Regions III (PA, MD, DC, DE, VA and WV) and Region IV (NC, SC, GA, FL, AL, TN, KN and MS) decided to collaborate to address the needs of dental educators across their combined 14-state jurisdiction. ADEA welcomed the opportunity to partner and cosponsor an Addiction Education Summit for the 20 dental schools located in Regions III and IV. The proceedings that follow describe what transpired during the summit, framed by an introduction describing related data highlights and HHS priorities. This summit was designed to provide a platform for state teams to identify ideas for implementation and the associated partners, resources and timeline. A conclusions section outlines the ideas for implementation that emerged during the summit and future plans to replicate the success of this summit across the rest of the United States.

A committee comprised of the SAMHSA Regional Administrators, ADEA Chief Policy Officer, a state policy leader and a dental school departmental chair planned the summit agenda content based on evidence-based expert recommendations and a similar model of convening medical schools and their state authorities in partnership with the Addiction Medicine Foundation. A key summit goal was to share evidence-based models upon which prescribing practice improvements would be adapted and customized for sustainability and for ADEA and SAMHSA to support the implementation of the attendees' ideas.

Introduction

According to the 2016 National Survey on Drug Use and Health, there were over 64,000 drug overdose fatalities in the United States, and 92 million people reported use of a prescription opioid. In addition, prescription opioid misuse was reported by 11.5 million.¹ Prescription drugs or illicit use are associated with the majority of deaths.² In 2014 in the United States, the annual number of deaths from opioid overdoses exceeded deaths caused by motor vehicle accidents.³ The opioid epidemic has become a public health crisis. About 21–29% of patients prescribed opioids for chronic pain misuse them. According to the Centers for Disease Control and Prevention (CDC), the direct and indirect combined cost burden of prescription opioid misuse in the United States is \$78.5 billion per year.

The opioid crisis has been caused primarily by increased opioid prescribing over the past two decades and the inadequate screening and treatment for opioid use disorders.⁴ The lack of sufficient curricular content for health care providers in training has contributed to inappropriate prescribing.⁵

In April 2017, HHS launched its comprehensive Opioid Strategy. The HHS Opioid Strategy aims to:

- 1) Strengthen public health data reporting and collection to improve the timeliness and specificity of data and to inform a real-time public health response.
- 2) Advance the practice of pain management to enable access to high-quality, evidence-based pain care that reduces the burden of pain while also reducing inappropriate use of opioids and related harms.
- 3) Improve access to addiction prevention, treatment and recovery support services.
- 4) Target the availability and distribution of overdose-reversing drugs to ensure broad availability of these medications to people likely to experience or respond to an overdose.

- 5) Support cutting-edge research to advance understanding of pain and addiction, lead to the development of new prevention interventions and treatments and identify effective public health interventions to reduce opioid-related harms.

Given that 12% of prescriptions for opioids are written by dentists,⁶ ADEA, along with SAMHSA Regions III and IV, convened a two-day summit to discuss the role of dental schools in addressing the opioid crisis. The goals of this summit were to:

- Describe the factors contributing to the rise in substance abuse in the United States.
- Identify prescribing practices and guidelines that can be applied in dental schools.
- Compare experiences in assessing and implementing prescription practices in the dental school setting.
- Develop a plan for future engagement and collaboration among participating institutions.

Summit Framework

The summit gathered representatives from 17 southern and mid-Atlantic dental schools to learn about the scope of the problem and share strategies that academic dental institutions can implement to prevent prescription drug misuse and addiction. Participants from eleven states and the District of Columbia attended the summit, alongside representatives from state agencies; federal agencies, including the Health Resources and Services Administration (HRSA), the Uniformed Services University of the Health Sciences (USUHS), American Dental Association (ADA) and the Association of American Medical Colleges (AAMC) (Appendix A). The District of Columbia and the states of Delaware, Maryland, Pennsylvania, Virginia and West Virginia comprise SAMHSA Region III, while North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Missouri and Alabama makeup SAMHSA Region IV.

The summit participants discussed the current trends of the opioid epidemic and shared best practices in combating opioid substance abuse. Health care leaders, champions and subject matter experts shared information with the participants in a series of presentation sessions throughout the two-day summit (Appendix B). Participants were grouped at the end of day two by geographic location to collaborate in developing one practical idea to implement to improve addiction awareness in their academic dental institutions. Ideas presented included:

- Teach faculty about best practices for prescribing opioids as a first step in educating students.
- Create a toolkit for prescribing dentists that includes patient education handouts.
- Use an interprofessional approach to increase students' competencies, knowledge and practice regarding opioid prescribing.
- Expand mandatory opioid education nationwide, and offer continuing education for everyone who prescribes.
- Form an opioid task force as part of a curriculum committee that is revising the dental school curriculum.
- Collaborate with other dental schools in the state to create a plan/module for educating students about opioid prescribing and addiction.
- Establish baseline information about prescribing patterns, including all dental and advanced dental education programs, with an emphasis on pain and anxiety control.
- Create an integrated substance abuse education program, implement SBIRT, develop competencies and assess those competencies.

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At the end of the summit, SAMHSA and ADEA staff devised a plan to sustain momentum and talked about next steps. Continued conversations with the dental schools within SAMHSA Regions III and IV are in place to share information between and among dental schools from other SAMHSA regions. Additional programs on this topic were planned as educational sessions at the 2018 ADEA Annual Session & Exhibition in Orlando in March 2018.

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Opening Reception and Introduction

Presentation Title: The Ethical, Educational and Societal Responsibilities of Health Professionals

Speaker

Omar Abubaker, D.M.D., Ph.D., Professor and Chair, Department of Oral and Maxillofacial Surgery, Virginia Commonwealth University School of Dentistry (VCU SOD)

Dr. Omar Abubaker's presentation the evening prior to the all-day summit focused on the ethical, educational and societal responsibilities of health professionals' care for individuals with pain management requirements. Dr. Abubaker's remarks were based on three unique perspectives: 1) The viewpoint of a father who lost his son to heroin overdose in 2014 and whose story he shares to bring a personal connection to the importance of the Summit, 2) the viewpoint of a recent learning role in a graduate program on addiction studies, and 3) the experiential viewpoint of having spent two years speaking as a clinician-educator. Dr. Abubaker's story about his son and recent addiction education program completion combined to set the tone for the following key principles and priorities for the audience based on the top priority that pain management become more evidence-based versus prescription writing based on the replication of overprescribing habits to avoid after hours calls.⁷

Key points and clinical practice recommendations:

- **The epidemic is U.S.-specific.** In 2014, the mortality rates for drug and opioid overdose were 21.5–36.3 per 100,000 people. The United States differs from other nations in terms of opioid prescriptions. For example, in the United Kingdom, clinicians rarely prescribe opioids.
- **Interprofessionalism is important.** To address the opioid crisis, different clinical disciplines will need to work together in collaboration.
- **There are evidence-based practices.** There are a number of evidence-based practices that already exist but need to be used universally and brought to scale.
- **Oral and maxillofacial surgeons have an important role.** Because of the pain involved in oral and maxillofacial surgery (particularly third molar procedures), oral and maxillofacial surgeons tend to prescribe opioids the most and thus need to be included in prescribing conversations.
- **Screening, Brief Intervention, and Referral to Treatment (SBIRT) works.** This instrument needs to be applied at a higher frequency in dental settings.
- **Nonsteroidal anti-inflammatory drugs (NSAIDs) are a good pain management alternative.** Recent articles have highlighted the efficacy of using these medications for pain management.
- **There is a need for more education.** Both the health professional and the patient need to be better educated on pain management options.
- **The opioid epidemic warrants attention across multiple sectors.** Opioid addiction needs to be discussed from a clinical practice, dental education and societal role (family values).

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- **Substance misuse prevention efforts undertaken by Virginia Commonwealth University School of Dentistry.** Provide lectures and case studies in oral and maxillofacial surgery courses; discussions concerning prescription writing; alternative pharmacotherapies; and patient engagement as part of postoperative pain management. Provide online continued education for physicians, dentists and other health professions.

Dr. Abubaker's message triggered extensive discussion and questions session which, combined with his story-enriched presentation, succeeded in promoting a more insightful mindset for summit participants and was intended as a call to action for each dental practitioner, educator and policymaker. Many of Dr. Abubaker's recommendation and highlights were reiterated by speakers and participants during the all-day summit sessions that followed and provided the foundation upon which the small group teams developed ideas for implementation post-summit.

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Welcome and Goals for the Day

Speakers

Jean Bennett, Ph.D., SAMHSA Region III Administrator

Stephanie McCladdie, M.P.A., SAMHSA Region IV Administrator

Denice Stewart, D.D.S., M.H.S.A., ADEA Chief Policy Officer

Dr. Jean Bennett, SAMHSA's Region III Administrator, welcomed the participants and noted that Dr. Abubaker's remarks had set the state for a productive summit due to his integrated lens: as a clinician, educator and family member. The goals for the day were to listen to new ideas, share evidence-based practice models and discuss future initiatives for implementation. Capturing the practice and policy priorities of dental schools and states informed by speakers and colleagues was emphasized, such as improving prescribing practices either in the community or through revised curricula and training in dental schools.

Dr. Denice Stewart from ADEA also welcomed participants and shared that ADEA recognizes the importance of collaboration in this process and sees the opioid epidemic crisis as a next-generation priority. ADEA leaders and policymakers have long been engaged in this conversation and welcome broadening this discussion with other stakeholders for a more comprehensive response from health professionals.

SAMHSA Regional Administrators' Joint Presentation

Ms. Stephanie McCladdie, the Region IV SAMHSA Regional Administrator, explained that the mission of SAMHSA is to reduce the impact of mental illness and substance abuse in America's communities, and the four core elements of SAMHSA's vision is that the United States is a nation that understands and acts on the knowledge that: 1) behavioral health is essential to health, 2) prevention works, 3) treatment is effective, and 4) people recover. Ms. McCladdie provided highlights about each of her eight southeastern states (North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Missouri and Alabama).

The progress derived from Dr. Bennett's series of three annual summits with the 25 medical schools in Region III from 2014 to 2016 emphasized the importance of collaboration that consistently includes governmental, academic, association and foundation partners in order to facilitate and speed evidence-based change. Dr. Bennett also reviewed anecdotal qualitative results of seven community engagement meetings held to ask for ideas on how to prevent youth addiction. A few key quotes from the engagement meeting attendees (parents, elementary and middle school staff, young adults in recovery from a substance use disorder, clinicians,

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academics, judges and family court staff) were shared that emphasized the critical importance of dental educators and practitioners being better informed about how to prevent addiction that can result from dental overprescribing or from prescribing opioids to an individual in recovery from a substance use disorder.

Presentation Title: The Changing World of Prescribing: Why Is This important?

Speaker

Melinda Campopiano, M.D., Senior Medical Advisor, SAMHSA

Dr. Melinda Campopiano is SAMHSA Senior Medical Advisor at the Center for Substance Abuse Treatment. She framed prescribing as a spinning wheel with many interdependent parts within a rapidly changing opioid landscape. Dr. Campopiano noted the increasing importance of providing clinicians the opportunity to become more engaged and connected on treatment, prevention and implementing safe prescribing practices.

Dr. Campopiano identified three landscape elements:

- Opioid prescribing.
- SBIRT screening.
- People misusing drugs.

Opioid Prescribing: Practices Identified by SAMHSA That Result in Measurable Reduction in Overdose Deaths

- Mandated, universal use of the prescription drug monitoring program (PDMP). (Note: Residents have lowest utilization.)
- Access to SBIRT screening results (either through the PDMP or electronic health record).
- Academic training that includes substance use disorders (SUD) education.
- Clinician connections with SUD treatment providers.
- Laws related to pain clinics.
- Academic champions and state policymakers can expedite implementation.

Identifying Substance Use: SBIRT⁸

SBIRT is an early intervention screening strategy aimed at addressing risky substance use and preventing more severe consequences. SBIRT includes universal screening and, for the small number who screen positive, clinically appropriate brief intervention onsite, and referral to more intensive treatment if needed. SBIRT enables health professionals to recognize and address substance use disorder. Safe prescribing of controlled substances requires knowledge of the patient's use of *all* substances.

SBIRT reduces alcohol consumption, ER visits, nonfatal injuries, hospitalizations, arrests and motor vehicle accidents (U.S. Preventive Services Task Force recommendation), and although research on the effectiveness of SBIRT for drug use is mixed, SAMHSA recommends SBIRT for both alcohol and drug use.

Lack of time and education can be barriers to getting clinicians to use SBIRT, but attitudes are the bigger barrier, with dentists reporting that they feel inadequate in addressing SUD or that they believe this is not part of their clinical responsibility. Stigma against patients with SUD is also still a persistent problem.

Patients' Drug Misuse

Dr. Campopiano provided a brief overview regarding the spectrum of patients who use drugs and the connection between adverse childhood experiences and incidence of mental health and substance use disorders. Most patients with SUD have a pediatric onset, which could either be genetic, adaptive or due to an exposure to availability. Half of substance use or mental health disorders are diagnosed by age 14, and 75% are diagnosed by age 24.⁹

Dr. Campopiano further explains the strong correlation between intravenous users and poor oral health outcomes. This may be due to hygiene issues, poor diet, injury or amphetamine use. This correlation means that dental providers may have access to SUD patients more than other health professions, creating an opportunity for intervention.

Dental and Other Allied Health Professions School Leaders' Top Concerns and Best Ideas

Moderator

Dr. Jean Bennett

Dr. Bennett asked each school representative¹⁰ for a five-minute description of their school's role concerning substance abuse concerns, training or education. Dr. Bennett noted that Delaware was the one state without a dental school in this pool of representatives. The following themes were identified:

Dental School Curriculum

- Courses are taught that address pain and anxiety control as well as prescription writing.
- Other courses target prescription practices related to NSAIDS, particularly time-based administering, and pain management.
- Pharmacology programs within dental institutions provide curricula related to NSAIDS and multi-drug modalities.
- Formal education on opioids is delivered in oral and maxillofacial surgery courses.
- At one university, second-year students enroll in an ethics course, coupled with pharmacology where several hours are devoted to addiction and pain management.
- Continuing education regarding best practices and emerging evidence about treating individuals with substance use disorders was needed post-graduation, during residency and throughout private practice careers.

Electronic Health Reporting Software to Monitor Prescription-Writing

- Students are taught how to use electronic health records (EHR) (Dental Software Review/Electronic Reporting for Dental Universities) and use residents as gatekeepers to monitor prescriptions.
- In addition to EHR, one school uses a system called Chesapeake Region Information System for our Patients (CRISP), a regional health information exchange (HIE).

Prescription Drug Monitoring Programs (PDMPs) Adoption Progress

- Dental associations have established guidelines for PDMP, thereby prompting schools to teach a multimodal drug approach for third molar surgeries.
- Students in the oral and maxillofacial surgery, and endodontics rotations are trained in the utilization of PDMPs.
- Courses in legal regulations and the use of PDMPs are offered in some institutions to support the adoption of this progress.

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- Students are trained on state PDMPs via a simulation center for engaging in role-play scenarios, including patient conversations.

Community Engagement and Partnerships

- One dental school partners with community health centers to provide naloxone training.
- Certain dental schools are actively implementing SBIRT.
- Representatives suggested the importance of including other community members, such as spiritual leaders and law enforcement, in the opioid epidemic discussions.
- One representative shared that their dental school runs a “Research Day,” in which local governments, police personnel, firefighters and other community providers come to the school and share their perspectives on the opioid crisis.
- Other strategic partnerships include the engagement with hospitals and other allied health care systems.

State Government Leaders’ Relevance, Top Concern and Policy Role

Speakers

State Leaders from SAMHSA Regions III and IV

State government representatives provided brief statements on their role in policy and the opioid crisis. Dr. Bennett reminded school representatives that each state has a Single State Agency (SSA) Director, and it would be vital to connect with respective state directors, as they have access to important decisionmakers and resources. Common themes included developing opioid and prescribing guidelines, strengthening PDMPs, having statewide conversations and developing state strategic plans to address the opioid issue.

Ken Martz, Psy.D., CAS, Drug and Alcohol Department of Pennsylvania

- Dr. Martz noted that the rise in fentanyl utilization has been an escalating concern, but there is still a need to address methamphetamines, cocaine and alcohol misuse.
- Pennsylvania offers continuing education to dentists and nurses related to education about opioids.
- The Pennsylvania Department of Drug and Alcohol Programs has developed a set of nine prescribing guidelines, including one specifically by and for dentists.¹¹
- Pennsylvania relaunched its PDMP in January 2017 and has improved its functionality, registration process and practitioner requirements for mandatory use policies.¹²
- PDMP integration grant for interoperability of software systems to improve utility and functionality.
- Prescription drug storage, take-back efforts and deployment of disposal resources make up a key prevention strategy that has been implemented in Pennsylvania.¹³

Karen Owens, D.D.S., Dental Director at St. Elizabeth’s Hospital in Washington, DC

- The hospital provides a clinical site for residents and new dentists due to the array of dental services provided, which often include care for advanced dental needs.
- Student hospital-based rotations at St. Elizabeth’s are in pharmacology and psychiatry. Washington Hospital Center is a site for oral and maxillofacial surgery rotations. These clinical rotations are coupled with didactic learning.

Jason Roush, D.D.S., State Dental Director for West Virginia

- Encourages stakeholders to give the State Substance Abuse Authorities and Directors a place at the table.

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- Advocates are important in planning and building an infrastructure as the foundation for changing policy. Data are important tools to influence policymaking when combined with personal stories and perspectives.
- Greatest opportunity for change relies on interprofessional training, as the dental and medical fields need to communicate effectively across disciplines versus treating the same patients in siloes.

[Diane Baugher, M.B.A., CPA, Alabama Department of Mental Health](#)

- For the past three years, Alabama has been the highest prescribing state, disproportionately impacting vulnerable populations.
- Alabama has a new governor who has set up an Opioid Council.
- While the state operates a PDMP, there is no data that is derived from it, and thus requires legislation to address this issue.
- With regard to prevention, Alabama faces a stigma associated with the disease and skepticism about the use of medication-assisted treatment (MAT).
- The state is also working on getting more detox programs for the indigent and promoting the dissemination of naloxone.

[LaToya Butler, D.D.S., Dental Practitioner at Neighborhood Medical Center \(a Federally Qualified Health Center\)](#)

- Florida's Governor has declared a state of emergency related to the opioid crisis. Pharmacies are now required to report their prescription dispensing at the end of each business day, compounded with a monitoring system of physicians prescribing opioids.
- Dr. Butler devotes time toward educating both colleagues and patients about concerns with opioids.
- She notes that newly graduated clinicians are being taught to limit opioid prescriptions and underscores the importance of continuing education for established practitioners.
- She added that it is important for the Medicaid population to have access to dental services outside of the ER, as most ER physicians are not trained to provide dental services and will prescribe pain killers as an "interim" solution.

[Holly Riddle, M.Ed., J.D., FAAIDD, Policy Advisor in the Division of Mental Health, Development Disabilities and Substance Services of the North Carolina Department of Health and Human Services](#)

- North Carolina Data: 2013 opioid deaths were 913; 20% of 11th graders have taken opioids.
- North Carolina recently had an opioid summit and has developed an action plan.
- North Carolina's General Assembly recently passed legislation entitled STOP ACT, which strengthens supervision and monitoring of prescribing.
- The state chapter of the American Medical Association has adopted the CDC policy guidelines on opioids.
- Annual opioid training provided at state learning centers of 1.5 hours is required for dentists. Dr. Riddle added that curricular outreach for dentists also extends to dental hygienists.

[Linda McCorkle, Tennessee Department of Mental Health and Substance Abuse Services](#)

- Tennessee recognized the opioid issue in 2012, and since 2014 has had a strategic plan related to prescription monitoring.
- Tennessee's PDMP is partnering with the dental community on training through prevention funds.

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- Tennessee is also expanding its naloxone program. While the use of SBIRT has proliferated among the medical community, this effort has not yet focused on dentists.
- Many patients experience co-occurring disorders. From experience as a specialist caring for individuals in treatment and recovery, Ms. McCorkle has found that patients who successfully recover from opioid use often face additional issues related to mental health concerns.

Alison Bramhall, M.P.H., American Dental Association

- The ADA has been addressing the opioid crisis since 2009.
- The ADA has a speakers' bureau of 46 volunteer dentists who are in recovery who are available to speak at universities and assist others in connecting with treatment.
- The ADA's House of Delegates has developed a [comprehensive policy statement](#) related to the use of opioids with regard to dental treatment plans.
- The ADA has a SAMHSA grant to provide continuing education programs to its members.

Lisa Howley, Ph.D., M.Ed., Senior Director of Strategic Initiatives and Partnerships and responsible for Medical Education at the Association of American Medical Colleges (AAMC)

- The AAMC recently conducted an in-depth telephone survey of 147 medical schools in the United States and Canada which focused on the opioid epidemic. Questions focused on what the schools were doing and best practices. The report is posted on the AAMC website.¹⁴

Renee Joskow, D.D.S., M.P.H., FAGD, Senior Dental Advisor for the Health Resources and Services Administration (HRSA) and dentist in the U.S. Public Health Service

- Dr. Joskow works with a cross-cutting workgroup that is actively supporting the Health and Human Services Secretary's national priority related to opioids.
- HRSA is an integral player that funds dental schools and loan repayment programs and is responsible for the National Health Services Corps (NHSC). HRSA has a large presence in rural communities disproportionately impacted by opioids.

István Hargitai, D.D.S., Chairman and Specialty Leader for Navy Orofacial Pain at the Naval Postgraduate Dental School and a Captain in the U.S. Navy Dental Corps

- There is a need for more baseline statistics to answer questions in more detail (e.g., frequency, quantity and supply chain source for opioids prescribed, misused and abused).
- Chronic pain is also an epidemic, and the VA must use the Department of Defense (DOD) guidelines.
- Oral and maxillofacial surgery is not covered by VA medical or dental services. It is important to add oral and maxillofacial surgery coverage.
- CDC and Washington University have open access opioid training programs available.

Presentation Title: The Massachusetts Core Competencies Model Adopted by Dental and Medical Schools

Speaker

Ronald Kulich, Ph.D., Professor, Department of Diagnostic Sciences, Craniofacial Pain Center, Tufts University School of Dental Medicine

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Dr. Ronald Kulich presented on behalf of Huw Thomas, B.D.S., M.S., Ph.D., Dean of the Tufts University School of Dental Medicine (TUSDM), who was unable to attend the meeting. Dr. Kulich spent time describing the staggering statistics of the opioid epidemic among Massachusetts residents. Approximately, from 2000–2016, there was an 80% increase in confirmed opioid overdose-related deaths in Massachusetts.

As a result of legislative efforts in Massachusetts (Massachusetts Chapter 52 of the Acts of 2016), providers are mandated to prescribe a seven-day prescription to patients and must also discuss the risks, benefits and alternatives to opioids. Additionally, it is mandatory to use the PDMP, as prescribers will have benchmarked prescription profiles starting March 2016. The patient has the option to ask for a reduced pill limit and providers are now required to ask patients if they would like to leverage that option. Dr. Kulich noted that the focus of the legislative policies for “rational prescribing” is not to prohibit prescribing but rather to require more screening, patient education and interprofessional collaboration.

Dr. Kulich also shared survey results related to dentists’ attitudes and practices related to opioid prescribing:¹⁵

- Three-fourths of dentists prescribe opioids.
- Two-thirds of dentists feel that preventative screening is the role of the primary care provider or a psychiatric specialist.
- Forty-four percent of dentists regularly screen for drug use prior to prescribing, but only 5% cross-check medical records. Dr. Kulich noted that schools are now emphasizing the need for dental students to do this routinely.
- Thirty-eight percent of dentists use the PDMP but only 5% use it on a consistent basis. Dr. Kulich stressed that the PDMP should not merely be used to “throw out” a patient but rather to trigger a conversation with them.

Given the alarming trends of opioid overdose deaths in Massachusetts, Governor Charles D. Baker and his administration challenged the health professional schools to an interdisciplinary collaboration to improve curricula for trainees in the health care sector. On Feb. 11, 2016, the Governor’s Working Group on Dental Education on Prescription Drug Misuse (cochaired by Drs. Kulich and Thomas) presented a report to the governor with a plan to improve training of dental students known as the Massachusetts Core Competencies Model.

The Massachusetts Core Competencies Model¹⁶ was the first of its kind in the nation and has since been adopted nationally through the President’s Commission on Combating Drug Addiction and the Opioid Crisis. Recommendations of the Massachusetts Core Competencies Model expands over three domains: 1) Primary prevention, 2) secondary prevention and 3) tertiary prevention. These competencies are aimed to help dental students build a strong foundation in pain management concepts and drug overuse prevention, the identification of individuals at risk for the development of SUDs and the skills to effectively refer patients to appropriate treatment.

The recommendations in the three competencies areas are:

1. [Primary Prevention \(Prevention Prescription Misuse\)](#)

Dental schools should teach students evaluative methods to identify opioid risk and pain assessment. There is an emphasis on using evidence-based methodologies and review of existing medical records. Students’ competence is evaluated through didactic courses, exams and videos. The PDMP is presented in lecture form, and concepts are reinforced in third- and fourth-year oral and maxillofacial surgery rotations.

2. *Secondary Prevention (Treating Patients at Risk for Prescription Misuse)*
Dental students should learn where to refer patients for either pain management or substance abuse treatment; develop tailored plans for those with chronic pain and/or signs of aberrant prescription use; and have the foundational skills to provide patient-centered counseling.
3. *Tertiary Prevention (Managing Substance Use Disorders as a Chronic Disease)*
Dental Schools should prepare their students to support the use of screening instruments; work toward eliminating the stigma of SUDs; and develop models of interprofessional education among other health providers. Interprofessional education and collaboration is encouraged in this domain.

With regard to implementing core competencies, Dr. Kulich identified the following barriers:

- **Knowledge base**—The continuing education programs are still evolving.
- **Time/reimbursement**—While medical providers are beginning to get compensated for services like SBIRT, dentists are still unable to bill for these services.
- **Limited referral resources**—Providers do not like to screen if they are unable to identify referral resources for the patient as a result of the screening.
- **Isolation**—Unlike the physical health community, dentists tend to work in smaller offices and do not interact with other provider types (e.g., a PCP or specialist).

Dr. Kulich shared additional data regarding dental prescribing. Oral and maxillofacial surgeons tend to be the highest prescribers but that seems to be dropping. The PDMP has contributed to identifying individuals “with activity of concern” but dentists should conduct in-office risk assessments, as the PDMP tends to address tertiary prevention only. He noted that NSAIDs-prescribing also has dropped, perhaps attributable to the fact that these can be obtained over the counter.

Dr. Kulich noted that, as with other states, there tend to be small clusters of prescribers who write huge amounts perhaps for the financial benefit. He alluded that 10 years ago, it was discovered that the large quantities of prescription drugs were coming from a single dentist in New England.

TUSDM has begun exploring curriculum mapping and has applied for a grant to work on improving their curriculum program. Their goal is to implement an integrated risk mitigation curriculum that encourages critical thinking, evidence-based practice and an understanding of the complex psychosocial issues faced by individuals suffering from pain conditions, substance use disorders and common mental health comorbidities. They are also compiling a list of instruments for screenings.

Dr. Kulich emphasized that the dental setting is much more isolated than other health professions and tends to have less interaction with primary care staff. Some dentists also feel that SUD are outside their scope of practice. He also noted that in testing situations, students’ application of CDC guidelines may vary. And he noted that screenings should also include other substances, such as cannabis use. TUSDM has also approached other professionals, such as law enforcement, to educate them about chronic pain concerns.

Presentation Title: Eliminating Opioid Prescribing After Dental Surgery: A Clinician’s Perspective

Speaker

E. Steven Moriconi, D.M.D., Chief, Dental Division; Program Director, General Practice Dental Residency, Abington Hospital

Dr. Moriconi is Chief of the Dental Division at Abington Hospital, a teaching hospital in Pennsylvania. He has extensive experience teaching fourth-year residents for over 10 years and 30 years of private practice experience. Most notably, Dr. Moriconi has transformed his pain management practice from nearly all opioids to extremely rare opioid prescribing and is sought out by patients in recovery from a substance use disorder.

Dr. Moriconi shared that many residents do not know the correct amount of medication needed to prescribe due to the variation across hospital staff practices. Thus, while schools may be changing in terms of their education, it is important to realize that prescribing practices are learned through residency and from older colleagues. He stated, “What students learn in school is what they carry into practice.” Prescribing patterns tend to be long-lasting and hard to break.

Patient counseling is a core component of Dr. Moriconi’s pain management protocol.

Specifically, he advocates that dentists take the time with the patients to do the following:

- **Build rapport**—He notes that something as simple as sitting across from the patient (rather than standing) can strengthen and enhance the doctor–patient relationship. Patients tend to retain more information and feel like they are a partner in the discussion.
- **Educate the patient**—There are YouTube videos that can be used which, of course, should be followed up with an opportunity to ask questions.
- **Manage expectations**—Dr. Moriconi informs his patients up front that he will not (initially) prescribe opioids. If they have some differing views, he will engage in a discussion with them. For minors, discussion may be centered around different opinions between the parents and the patient.
- **Provide reassurance**—According to Dr. Moriconi, it is important to reassure patients that pain management is important, and this approach is not intended to dismiss these concerns. Other options such as NSAIDs are available, and if they do not work, he will work with them to address any pain concerns. He tells them that he is available 24 hours a day for them during their recovery phase.
- **Follow-up**—Dr. Moriconi faithfully follows up with patients the next day to assess their pain.

In his personal effort to reduce prescribing, Dr. Moriconi initially began prescribing less opioids. Then about a year ago, he adopted a policy of “no-prescribing” for opioids initially. He noted that the perspective of prescribing “later” for opioids might be a better approach to addressing the crisis versus the approach of prescribing “less.”

Dr. Moriconi then shared examples of his office best practices to prescribing for pain management:

- Provide a pre-emptive NSAID.
- Review the patient’s medical history.
- Train office staff to check the PDMP. (Dr. Moriconi has his office staff download a report every morning for all patients he will be seeing that day).
- Provide counseling and education.
- Safeguard prescription pads.

Dr. Moriconi concluded his talk by stating that policy and legislation such as the Pennsylvania Act 124, “Initial Training and Continuing Education in Pain Management, Addiction and Prescribing and Dispensing Practices for Opioids,” passed on Nov. 2, 2016, are steps forward in tackling the opioid epidemic.

Facilitated Regional Breakouts Plus Experts: Identifying Shared Goals and Collaboration Opportunities

Under the guidance of Dr. Bennett, participants were organized into small groups by state. Groups were composed of the state’s dental school leaders and associated state government substance abuse authority. Most groups were supplemented by speaker-experts with shared policy interests. Participants were allotted a time-limited opportunity to identify a spokesperson and idea for implementation informed by the Summit goals and speakers. Each group was given the below guidelines for their discussion to tackle a set of questions that discussed the following:

- What idea would the group like to implement to improve dental education related to the opioid crisis? (10 minutes)
- What collaborator(s) is (are) critical to engage in order to implement your idea? (5 minutes)
- What resources under your control do you need to leverage to implement this idea? (5 minutes)
- What is the timeline for this idea and the next step? (5 minutes)

Reports from Breakout Groups: Top Priorities and Recommendations

Eight breakout groups reported their priorities and recommendations based on the above questions.¹⁸

Table 3

Members: Steve Hargitai (spokesperson), Ron Brown, Karen Owens, Valli Meeks and Andrea Jackson.

Idea	Teach the faculty first on the issue through webinars, an interprofessional education (IPE) day, faculty workshops and online continuing education courses. Alumni should be offered access to the curriculum also (perhaps on evenings/weekends).
Collaborators	The CDC and ADA. The prescribers should lead this program though. There are training sessions already developed. HRSA is interested in providing assistance.
Resources	An existing web connection and computer; need buy-in from the schools’ deans.

Table 4

Members: Ken Martz (spokesperson), Renee Dempsey, Steven Wang and Joe Giovannitti.

Idea	A Toolkit for Dentists. Having a document in writing with a seal of approval is impactful. It should include resources for prescribers and consumers.
Collaborators	HRSA, ADA, Pennsylvania Dental Association, dental schools, Pennsylvania Coalition of Health, DEA and Law Enforcement.
Resources	Identify funds to support.

Table 5

Members: Renee Joskow (spokesperson), Omar Abubaker, Jason Roush, Lisa Howley and Steven Moriconi.

Idea	An interprofessional/multidisciplinary approach to incorporate experts across knowledge areas to increase competency; knowledge and practice in implementing curricular experiential learning in a collaborative system of care delivery. There is a need to look at the whole continuum. Create a speakers' bureau.
Collaborators	Professional organizations, insurers/funders, foundations, professional schools, state legislators, consumers and federal partners. The state should be the convener. It's important to have consistent messaging.
Resources	State directors and faculty experts; state dental associations; ASTDD-policy or issue brief; perhaps a celebrity spokesperson.

Table 6

Members: Nico Geurs (spokesperson), Stanley Smith, Scott Gatewood, Diane Baugher and Michael Reddy.

Idea	Expand mandatory opioid education CEUs for prescribers nationwide. While work is already being done, this needs to be scaled.
Collaborators	State boards of dentistry, state health departments, Governor's Task Force.
Resources	A toolkit of prescribing guidelines.

Table 7

Members: Steven Kaltman (spokesperson), LaToya Butler, Thanhphuong Dinh, Abby Brodie and Ana Ospina.

Idea	Nova Southeastern University College of Dental Medicine, Committee Task Force for predoctoral curriculum; and postgraduate curriculum and faculty development.
Collaborators	SAMHSA
Resources	National Network for Oral Health Access (NNOHA); HRSA grant support; grants.gov.

Table 8

Members: Matt Morano (spokesperson). Members of the state of North Carolina.

Idea	Both schools in North Carolina will do a survey to create a compelling case for a detailed module/plan for prescribing practices. Survey will establish how much opioids are being prescribed at our institution, taking into account community needs. Develop a five-prong curriculum: 1. prescription writing; 2. options for patients that cannot take opioids; 3. checklist related to drug-seeking behaviors; 4. self-care for students; and 5. community needs. Leverage technology to disseminate. Also develop a joint paper by the two universities on this.
Collaborators	Small delegation to approach the deans that new curricula must be inserted into their schools regarding opioids.
Resources	Collaboration between University of North Carolina and Eastern Carolina University.

Table 9

Members: Reny de Leeuw (spokesperson), Joseph Vitolo, Alan Furness and Margaret Hiu.

Idea	Establish baseline information and patterns about prescribing patterns in our respective schools (including all graduate and dental programs). Have an emphasis on pain and anxiety control.
Collaborators	University of Kentucky College of Dentistry, University of Louisville School of Dentistry, Dental College of Georgia at Augusta University
Resources	axiUm is used at many institutions and data can be mined. Need to look at curriculum to ensure that programs are actually using axiUM for prescriptions.

Table 10

Members: Martin Steed (spokesperson), Valencia McShan, Linda McCorkle, Daphne Ferguson and Michael Cuenin.

Idea	Develop, implement and deploy SBIRT at our home institutions.
Collaborators	Dean, faculty (full- and part-time), curriculum committees and consumers.
Resources	Massachusetts Core Competencies Model; SBIRT instrument; and current existing protocols. Need to start accessing and utilizing axiUm.

Conclusion

The impact of the Dental Schools' Addiction Education Summit for SAMHSA Regions III and IV is intended to be magnified by the details in these proceedings. This document could be used to promote replication in other regions, for other professions, and as a foundation for interprofessional approaches becoming the norm for future summits. The summit speakers and summit participants were in conceptual agreement about the evidence base for prevention of substance use disorders, improving prescribing practice based on universal screening and the need to customize solutions due to organizationally specific factors or local barriers.

ADEA and SAMHSA's partnership in organizing a summit for dental schools and state substance abuse authorities spanning 14 states resulted in eight scientifically informed ideas being developed and that are in the process of being implemented. The speaker expert presentations cited research and recommendations for practice improvement. When considered with the personal stories and top issues raised by academic, association and government leaders, well-informed and practical plans emerged.

A number of themes emerged: the criticality of improving prescribing practice; designing curricula to increase competency on a range of skills such as SBIRT, interprofessional approaches and updating electronic data systems; monitoring prescribing practices and developing associated legislation are among the priorities upon which there was concurrence.

The meeting agenda, participant list and resource list follow as appendices and have been incorporated to provide both the foundation and ongoing support to assist others concerned about preventing addiction and improving outcomes for individuals with substance use disorders.

Partnerships for the Future and Where We Go From Here

Dr. Bennett, Dr. Stewart and Ms. McCladdie thanked everyone for their participation, particularly for the work generated during the breakout session. Dr. Bennett encouraged groups to act upon

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the action plans developed at the Summit within two weeks and to expect follow-up communications to gauge progress and needs for support. She also noted that putting items in writing is one of the best ways to continue the momentum and make change.¹⁹ SAMHSA Regions III and IV Administrators and ADEA leadership have kept communication with the eight workgroups to determine progress and implementation on the priorities and recommendations identified in the Summit.

Adjourn

Post-summit events

Early in 2018, SAMHSA published a treatment protocol for medications for opioid use disorders, while ADEA published a policy brief on the role of dental education in the prevention of opioid prescription misuse (Appendix C). Additional programming on the opioid epidemic was highlighted at the 2018 ADEA Annual Session & Exhibition in Orlando, FL. SAMHSA and ADEA have continued to provide resources on the opioid epidemic to community partners and are dedicated to fostering new strategic partnerships to address this public health crisis.

When citing these summit proceedings please use the following citation:

Bennett J, Contreras O, Stewart D. Dental Schools Addiction Education Regional Summit Proceedings. 2017. Available at: www.adea.org/OpioidEpidemic/.

Further information on how SAMHSA and ADEA are addressing the opioid crisis can be found at: www.samhsa.gov and www.adea.org.

References

1. Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health. Substance Abuse and Mental Health Services Administration. 2017. At: <https://www.samhsa.gov/data/>. Accessed: February 24, 2018.
2. Ahmad FB, Rossen LM, Spencer MR, Warner M, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. At: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>. Accessed: February 24, 2018.
3. Injury Prevention and Control. Fatal Injury. At: <https://wisgars-viz.cdc.gov/>. Accessed: February 24, 2018.
4. Chou R, Turner JA, Devine EB, Hansen RN, Sullivan SD, Blazina I, Dana T, Bougatsos C, Deyo RA. The effectiveness and risks of long-term opioid therapy for chronic pain. *Ann. Intern. Med.* 2015;162(4):276-286.
5. Ram A, Chisolm MS. The time is now: Improving substance abuse training in medical schools. *Acad Psychiatry* 2015;40(3), 454-460.
6. Denisco RC, Kenna GA, O'Neil MG, Kulich RJ., et al. Prevention of prescription opioid abuse: The role of the dentist. *JADA* 2011;142(7), 800-810. 2011.
7. Abubaker AO, Fermeini EM. Responding to the Opioid Epidemic: What can we do as cosmetic surgeons? *AJCS* 2017;34(3), 115-117.
8. SBIRT: Screening, Brief Intervention, and Referral to Treatment. n.d. At: <https://www.integration.samhsa.gov/clinical-practice/sbirt>. Accessed: February 25, 2018.
9. Preventing Mental, Emotional, and Behavioral Disorders Among Young People. Washington, DC: The National Academies Press, 2009.
10. List of dental school and allied health program representatives (in no particular order): Joseph Giavonnitti, University of Pittsburgh; Steven Wang, University of Pennsylvania; Renee Dempsey, Temple University; Valli Meeks, University of Maryland; Ron Brown and Andrea Jackson, Howard University; Bridget Byrne, Virginia Commonwealth University; Shaun Matthews, University of North Carolina (UNC); Maggie Pafford and Raymond Dionne, East Carolina University; Martin Steed and Michael Cuenin, Medical College of South Carolina; Joseph Vitolo and Alan Furness, Dental College of Georgia at Augusta University; Katie Dinh, Lake Erie College of Osteopathic Medicine; Steven Kaltman, Abbe Brodie and Ana Ospina, Nova Southeastern University; Margaret Hill, University of Louisville; Reny de Leeuw, University of Kentucky; Robert Gatewood and Stan Smith, University of Mississippi; Michael Reddy and Nicolaas Geurs, University of Alabama at Birmingham; Daphne Ferguson-Young and Valencia McShan, Meharry Medical College, University of Tennessee.
11. Pennsylvania Guidelines on the Use of Opioids in Dental Practice. n.d. At: <http://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Documents/PA%20Guidelines%20Dentists.pdf>. Accessed February 25, 2018.
12. Prescription Drug Monitoring Program. Pennsylvania Department of Health. N.d. At: <http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/PaPrescriptionDrugMonitoringProgram/Pages/Prescribes.aspx#.WpJCKNdIDIU>. Accessed February 24, 2018.
13. Prescription Drug Take-Back Box Program. Pennsylvania Department of Drug and Alcohol Program. N.d. At: http://www.ddap.pa.gov/Prevention/Pages/Drug_take_back.aspx. Accessed: February 25, 2018.
14. Addressing the Opioid Epidemic: U.S. Medical School Curricular Approaches. Association of American Medical Colleges, 2018.
15. McCauley JL, Leite RS, Melvin CL, Fillingim RB, et.al. Dental opioid prescribing practices and risk mitigation strategy implementation: Identification of potential targets for provider-level intervention. *J Subst Abuse* 2016, 37(1), 9-14.

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16. Keith DA, Kulich RJ, Bharel M, Boose RE, et.al. Massachusetts Dental Schools Respond to the Prescription Opioid Crisis: A Statewide Collaboration. *J Dent Educ* 2017, 81(12), 1388-1394.
17. Pennsylvania Act 124. Initial Training and Continuing Education in Pain Management, Addiction and Prescribing and Dispensing Practices for Opioids. Effective January 1, 2017, all licensees applying for the renewal of a license issued by the Board that are considered prescribers or dispensers under the ABC-MAP Act shall be required to complete at least 2 hours of Board-approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids as a condition of renewal in 2019.
18. SAMHSA and ADEA staff facilitated the breakout groups' discussions. They were designated as Tables 1 and 2.
19. ADEA has followed up with breakout groups to obtain progress on overarching ideas and timelines. ADEA reports that groups have been advancing on their initiatives and are continuing to enhance collaboration and partnerships.

Appendix A: List of Summit Participants/Attendees



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Appendix B: Meeting Agenda



Dental Schools Addiction Education Summit for SAMHSA Regions III and IV

August 29–30, 2017
ADEA Headquarters
655 K Street, NW, Suite 800
Washington, DC 20001

Sponsors: The American Dental Education Association (ADEA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) Region III (DC, DE, MD, PA, VA, WV) and Region IV (NC, SC, GA, FL, KY, TN, MS, AL).

Learning Objectives for Overall Program

1. Describe the factors contributing to the rise in substance abuse in the United States.
2. Identify prescribing practices and guidelines that can be applied in dental schools.
3. Compare experiences in assessing and implementing prescription practices in the dental school setting.
4. Develop a plan for future engagement and collaboration amongst participating institutions.

Tuesday, August 29

6:00 – 8:00 p.m. **Welcome Reception and Dinner Hosted by ADEA**

Presenter: Dr. Omar Abubaker, Virginia Commonwealth University School of Dentistry

Dr. Abubaker will discuss the ethical, educational and societal responsibilities of health professionals in pain management.

Wednesday, August 30

7:40 – 8:30 a.m. **Registration and Continental Breakfast**

8:30 – 8:45 a.m. **Welcome and Goals for the Day From Your Meeting Hosts**

SAMHSA: Dr. Jean Bennett, SAMHSA Region III, and Stephanie McCladdie, SAMHSA Region IV

ADEA: Dr. Leo Rouse, ADEA Senior Scholar in Residence, and Dr. Denice Stewart, ADEA Chief Policy Officer

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- 8:45 – 9:15 a.m. **The Changing World of Prescribing: Why Is This Important?**
- Presenter: Dr. Melinda Campopiano, Senior Medical Advisor, SAMHSA
Dr. Campopiano presents the compelling case for the leaders in academic dentistry to join the campaign to train prescribers in the prevention of risky substance use.
- 9:15 – 10:45 a.m. **Dental School Leaders' Top Concerns and Best Ideas (Five Minutes per School)**
- Moderator: Jean Bennett, SAMHSA Region III
Pain management alternatives, curricular models, and interdisciplinary core competencies are being improved and evaluated as prescribing practices and guidelines are improved. The goal of this session is to set the stage for identifying shared goals and future collaboration opportunities.
- 10:45 – 11:00 a.m. **Break**
- 11:00 – 11:30 a.m. **State Government Leaders' Relevance, Top Concern and Policy Role**
- State leaders from Regions III and IV will present (four minutes per state).
- 11:30 a.m. –
12:15 p.m. **The Massachusetts Core Competencies Model Adopted by Dental and Medical Schools**
- Presenters: Dr. Huw Thomas, Dean, and Dr. Ron Kulich, Craniofacial Pain Center, Tufts University School of Dental Medicine
- The Massachusetts Governor's Dental Education Working Group on Prescription Drug Misuse produced dental education core competencies for the prevention and management of prescription drug misuse. Leaders from the three dental schools in the state were integral in establishing these competencies and implementing changes within their institutions. The process and outcomes of this initiative will be described.
- 12:15 – 1:00 p.m. **Lunch (provided courtesy of ADEA)**
- 1:00 – 1:30 p.m. **Dental Education and Dental Practice Exemplars**
- Presenter: Dr. Steven Moriconi, Chief, Dental Division, Abington Hospital—Jefferson Health, Abington, PA
- Dr. Moriconi will describe the process that he underwent to eliminate opioid prescribing after dental surgery in his practice.

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- 1:30 – 2:15 p.m. **Facilitated Regional Breakouts Plus Experts: Identifying Shared Goals and Collaboration Opportunities**
- Strengths, weaknesses, opportunities, and threats will be identified and discussed. Groups will identify top priorities, resources and next steps and discuss a timeline for change.
- 2:15 – 2:45 p.m. **Reports From Breakout Groups: Top Priorities and Recommendations**
- 2:45 – 3:30 p.m. **Partnerships for the Future and Where Do We Go from Here?**
- Presenters: Jean Bennett, SAMHSA Region III; Stephanie McCladdie, SAMHSA Region IV; and Dr. Denice Stewart, ADEA
- 3:30 p.m. **Adjourn**

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All speakers agree that neither they nor members of their immediate family have any financial relationships with commercial entities that may be relevant to their presentation.

Appendix C: Additional Resources

- [ADEA Policy Brief: The Role of Dental Education in the Prevention of Opioid Prescription Drug Misuse](#)
- [ADEA Summary of State Legislation and Regulations Addressing Prescription Drug and Opioid Abuse](#)
- [Facing Addiction in America: Surgeon General's Report on Alcohol, Drugs, and Health](#)
- [SAMHSA Behavioral Health Treatment Services Locator](#)
- [SAMHSA Opioid Overdose Prevention Toolkit](#)
- [TIP 54: Managing Chronic Pain in Adults With or In Recovery From Substance Use Disorders](#)
- [TIP 63: Medications For Opioid Use Disorder](#)
- [Opioid Prescriber Training Program, University at Buffalo School of Pharmacy](#)
- [American Dental Association, Prescription Opioid Use](#)
- [Dental Schools Add an Urgent Lesson: Think Twice About Prescribing Opioids](#)
- [The SAMHSA-HRSA Center for Integrated Health Solutions](#)