

**House Energy and Commerce Subcommittee on Health Hearing “Combatting Existing and Emerging  
Illicit Drug Threats” Questions for the Record**  
**Responses of Deepa Camenga, MD, MHS, FAAP, Chair, Committee on Substance Use and Prevention,  
American Academy of Pediatrics**

The Honorable Nanette Barragán

1. Many people became addicted to opioids after taking a real prescription from their doctor, for a real injury or ailment. That is why I am proud to co-lead the Alternatives to PAIN Act with Representative Miller-Meeks. This bill will prevent unnecessary exposure to opioids by increasing Medicare access to FDA-approved, safe, and effective non-opioid pain management. These breakthrough medicines offer pain relief without the addiction risk of opioids. Can you speak about the importance of patients having the option of alternative medications or therapies so they can manage their pain without opioids?

The AAP has published clinical practice guidance on Opioid Prescribing for Acute Pain Management in Children and Adolescents in Outpatient Settings wherein it is recommended that multimodal non-pharmacologic therapies and non-opioid medications should be used as the first-line treatment of acute pain in children and adolescents.<sup>i</sup> In addition, the guidance recommends against opioids being used as the only treatment (i.e., monotherapy) for acute pain in children and adolescents. The over-the-counter medications Ibuprofen and Acetaminophen are the key non-opioid medications used in pediatrics. Examples of non-pharmacologic therapies include massage; transcutaneous electrical nerve stimulation; music therapy; cognitive behavioral therapy; acupuncture; age-appropriate relaxation or distraction strategies; and complementary therapies, such as reiki, therapeutic touch, and aromatherapy.

The AAP recommends that policymakers ensure children and adolescents have timely and affordable access to these alternative therapies as part of first-line treatment of acute pain. In particular, Medicaid's role as the single largest source of health insurance coverage for children and adolescents underscores the importance of Medicaid coverage of these non-opioid pain management therapies. The AAP also supports the funding of high-quality clinical trials to examine how non-opioid medications (not only oral non-steroidal anti-inflammatory drugs and acetaminophen, but also other oral and non-oral medications, including topical treatments) and nonpharmacologic treatments should be best combined to avoid or minimize opioid use in children and adolescents with acute pain.

The Honorable Marc Veasey

1. Do you believe that increased availability for in-home disposal products along with education on medication safety provided to families can be the primary prevention intervention that combats

adolescent substance use disorder and the onset of some addiction.

2. While in-home disposal products and education on medication safety are valuable components, they should be part of a broader, multi-faceted approach to prevent adolescent substance use disorder. This approach could include community programs, policy changes, and support systems to address the various factors contributing to substance use. What are your thoughts on integrating these strategies into a broader prevention plan?

Adolescent substance use prevention requires a variety of approaches, which can include expanding access to safe disposal of prescription opioid medications. The AAP guidance on Nonmedical Use of Controlled Medications by Adolescents and Young Adults supports universal anticipatory guidance for all families on opioid and other prescription medication safety, including safe storage, proper disposal, and opioid overdose prevention education. <sup>ii</sup>

We agree that education around medication safety and disposal is highly necessary but not fully sufficient in preventing opioid overdose deaths and substance use disorders in adolescents. Most adolescents use alcohol, tobacco (including e-cigarettes), or cannabis prior to the initiation of opioids. The initiation of drug and alcohol use during adolescence is driven by multiple factors, including those related to behavioral dysregulation, family relationships and stressors, childhood trauma, ease of accessing substances, lack of availability of prosocial activities for youth, lack of connection to schools, and the lack of enforcement of laws that prohibit the marketing and sale of alcohol, cannabis and tobacco to individuals under the age of 21. <sup>iii</sup> Research has shown that communities benefit from multi-faceted prevention interventions that include schools, healthcare, community and policy-level interventions. A comprehensive approach is key to the prevention of opioid use in adolescents.

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<sup>i</sup> Scott E. Hadland, Rita Agarwal, Sudha R. Raman, Michael J. Smith, Amy Bryl, Jeremy Michel, Lorraine I. Kelley-Quon, Mehul V. Raval, Madeline H. Renny, Beth Larson-Steckler, Scott Wexelblatt, Robert T. Wilder, Susan K. Flinn; Opioid Prescribing for Acute Pain Management in Children and Adolescents in Outpatient Settings: Clinical Practice Guideline. *Pediatrics* November 2024; 154 (5): e2024068752. 10.1542/peds.2024-068752

<sup>ii</sup> Nicholas Chadi, Leslie Walker-Harding, COMMITTEE ON SUBSTANCE USE AND PREVENTION; Nonmedical Use of Controlled Medications by Adolescents and Young Adults: Clinical Report. *Pediatrics* December 2024; 154 (6): e2024069298. 10.1542/peds.2024-069298

<sup>iii</sup> Fishbein DH, Sloboda Z. A National Strategy for Preventing Substance and Opioid Use Disorders Through Evidence-Based Prevention Programming that Fosters Healthy Outcomes in Our Youth. *Clin Child Fam Psychol Rev*. 2023 Mar;26(1):1-16. doi: 10.1007/s10567-022-00420-5. Epub 2022 Dec 21. PMID: 36542196; PMCID: PMC9768412.