The Opioid Crisis

DENTISTRY’S ROLE

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USAF Dental Corps 1978-1983
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The Opioid Crisis

DENTISTRY’S ROLE
Disclosures:

- I have nothing to disclose.
Oral Health is a critical component of health and must be included in the provision of health care and the design of community programs

Dr. David Satcher MD, PhD
Former Surgeon General

“There is no health without oral health..”
Learning objectives...
At the conclusion of this talk, the attendee should be able to:

- Describe Dentistry's role in the ongoing Opioid crisis
- List the risks & benefits of opioid versus non-opioid analgesics
- List some procedural methods for decreasing pain
- Describe Diversion & list some techniques to combat it
- Describe best practices for prescribing for acute & chronic pain

Introduction/ Outline.....

- Dentistry’s role in the ongoing Opioid Crisis
- How can we help prevent it from worsening/ continuing?
- Can we play a part in making things better?

The enormity of the problem...

In 2017

- 11.4 Million people in the US misused prescription opioids
- 2.1 Million people in the US abused prescription opioids for the first time
- 2 Million people in the US were considered to have an Opioid Use Disorder
128 Americans die every day from an opioid overdose

Abuse among 18 to 25-year-olds in the US has jumped dramatically by 109% in the past ten years

80% of heroin users reported using prescription opioids prior to heroin abuse

78.5 Billion Dollars per year— the economic burden of the Opioid Crisis

Factors in:
- Healthcare
- Lost productivity
- Addiction treatment
- Criminal Justice

Why are we as Dental Professionals specifically involved?

Because we deal in......
How lay people sometimes view us…

Do everything in our power to:
- Find the source of Pain
- Alleviate any Pain we find
- Limit any Pain we cause
- Relieve resultant post-op pain
Pain can be either:

- **Acute**: comes on quickly, short duration, actually beneficial can serve as a warning.
- **Chronic**: intractable pain, lasting months or more, continuous or recurring.

In Dentistry, we deal with both:

- **Chronic Pain**: Trauma, TMJ/Muscular, Neurologic.
- **Acute Pain**: Pulpal, Periodontal, Operative, Surgical.

Pain Relief...

- **Procedural**: Things we do, the way we do them.
- **Pharmacologic**: Both.
Pharmacological Post-Op Pain Relief:

- Opiates or Opioid Analgesics
  - Produce strong analgesia
  - Act centrally
  - Also can produce sedation, euphoria, cough suppression & constipation
  - Side effects include:
    - Respiratory & CNS depression
    - Nausea & Vomiting
    - Physiologic dependence
    - Tolerance
    - Addiction

- Non-Opioid Analgesics
  - Strong analgesics
  - Can act centrally or peripherally
  - Do not produce euphoria, sedation, tolerance, potential for addiction
  - Adverse reactions are usually related to high-dose, long-term therapy
  - Some anticoagulation properties
  - Liver and sometimes kidney toxicity
  - GI Ulcerations
  - Intolerance reaction: symptoms of rhinitis, urticaria, bronchial asthma
Why are our prescribing practices so critical??

- Dentists are the Major Prescribers of opioids to patients 10-19 (opioid naïve patients) for third molar removal
- "Opioid Naïve" means a patient who is not accustomed to taking opioids and their body is not accustomed to their effects.
- Opioid naïve patients are more likely to abuse
- Young people display more risky behavior
*CDC, March, 2017

The CDC went on to say......

- Opioid naïve patients who were prescribed a 12-day supply of an opiate exhibited a 25% probability of continued use 1 year later
- Probability of continued use for every day on the medication
- Sharpest after the 5th day (acute pain) & the 31st day (chronic pain)

HOWEVER,

- While patients are more likely to abuse when first exposed at a young age....
- no direct correlation has been established between dental prescribing and abuse
Dentists are already making inroads by reducing their prescribing of opioids for acute pain....
- Late 1990's: Dentists were the top specialty providers of immediate release opioids - 15.5% of all RX's
- 2009: 8% of all RX's
- 2012: 6.4% of all RX's

ED Prescribing...
- There has been NO reduction in Emergency Room prescribing for Dental Pain!
- A Medicaid study found that patients with a dental condition were 3X more likely to receive an opioid from Nurse Practitioner as a dentist (JADA, 2018)

Picture Matt Damon as the dental profession & Robin Williams as the facts...

"It's not your fault!"
The huge problem is...

Any act or deviation that interferes with the pathway of a prescription drug from manufacturer to patient:
- Involves the intentional diversion of any controlled substance from the person for whom it was intended to another for illicit use.
- Can also involve diversion of high-volume medication orders outside the boundaries designated by the FDA & the DEA.

Usually motivated by:
- Financial incentives
- Substance Use Disorder (SUD) behaviors
- Sharing medications with the intent to help

Commonly diverted drugs...

- Benzodiazepines: Diazepam, Temazepam, clorazepate, alprazolam (prescribed as anxiolytics, sedatives)
- Opioids: Morphine, Hydrocodone, codeine, oxycodone, oxycetin (prescribed as analgesics)
- Stimulants: amphetamine, modafinil, methylphenidate (prescribed for ADHD & narcolepsy)
- Z-Drugs: Zolpidem (Ambien), Eszopiclone (Lunesta) (Prescribed as sleep aids)

Most Pharmaceuticals in the US are diverted via:
- Doctor Shopping
- Forged Prescriptions
- Theft
- Internet Transfer
- Unused Drugs:
  - Drug is ineffective so patients quit taking it before finished
  - Non-Compliance with the Rx (i.e. directions to the patient)
  - Patient moves or dies and leaves medication behind
  - Nursing home residents on a home visit. Family members are given extra medications
  - Prescribers prescribing a higher quantity than necessary.
All of the above can lead to consumers stockpiling drugs deliberately or non-intentionally.

So How do we dispose of unused drugs?

- **Drug Takeback Program**: Find a location on the DEA website or on Google Maps.  
- Permanent Centers  
- **Drug Disposal Boxes**: Usually found at Police stations  
- **Contact the DEA**: 1-800-882-9539  
- When all else fails....
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- FDA Flush List: Drugs that must be disposed of as soon as possible when other disposal options are not available.
- Inappropriate disposal can lead to drug pollution.
- Drugs get into ground water.
- Molecules are too small to be removed by water filtration.
- Ideally, drugs should be incinerated, and the ashes further treated so they can be placed in landfills.

*FDA.org (press drugs; search Flush List)*

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However:

- The vast majority of ground water drug pollution comes from excretion.
- The amount due to flushed medication is not significant.
- The risk of unused medications being diverted for abuse is far greater than the risk to the environment.

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Drug Disposal Options

Do you throw yours into the sink or flush it down the toilet? Do you throw it in the trash? Do you place it in a sealed container and take it to a pharmacy or drug take-back site?

No

Yes

If you answer yes to any of these, you have a drug disposal option other than flushing it down the toilet.
In New Jersey...

Project Medicine Drop

We as dental professionals can be key players in controlling & limiting the effects of the opioid crisis...

Really, How???

Concentrate on Four basic ways:

- Limit pain by the way we practice
- Prescribe analgesics safely and judiciously
- Educate & inform our patients
- Identify SUD Behavior & encourage patients to get help
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Our practices
- Profound anesthesia
- Longer acting anesthesia (bupivacaine-Marlaine)
- Atraumatic surgical technique
  - Good flap design
  - Innovative surgical techniques

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Atraumatic Surgical Technique

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Our Practices
- Good anesthesia
- Longer acting anesthesia
- Atraumatic surgical technique
- Aseptic technique to minimize infection
- Non-opioids prior to procedure
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Prescribing...

Non-Opioid pain relief...

Following irritation or injury, Arachidonic acid is released.

Opioid pain relief...

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NSAIDS treat pain

Opioids don’t

Chronic Pain: Trauma, TMJ/ Muscular, Neurologic

CDC Guidelines for Prescribing Opioids for Chronic pain - US 2016
March 18th, 2016

Adults 18 & older
Pain of ≥3 months duration

Don’t Do It: at least as a first line treatment…
JADA, April 2018

"Opioid medication and medication combinations are not among the most effective or long lasting of the options available for relief of acute dental pain. In addition, opioid medication and medication combinations are associated with higher rates of acute adverse events. From the perspective of risk-benefit analysis, justifying general use of opioid medications as first-line therapy for management of acute pain remains unclear. The large set of published research reports summarized here suggests that relief of postoperative pain in dental practice with the use of nonsteroidal anti-inflammatory drugs, with or without acetaminophen, is equal or superior to that provided by opioid-containing medications."

Non-Opioids/ dosages...

- NSAIDS (Cox 1 & 2 Inhibitors)
  - Ibuprofen - 600 mg - four times daily
  - Naproxen - 500mg - twice daily
  - In Europe: Meloxicam (Mobic) - 5 or 10 mg once daily
- NSAIDS (Cox 2 Inhibitors)
  - Celebrex - 200mg - once daily
- Acetaminophen
  - Taking these three daily
- Steroids (post surgery) - patients who are allergic to NSAIDS
  - Dexamethasone
  - Medrol Dose Pack (decreases over 5 days)
Synergy between Acetaminophen & Ibuprofen...

- ONG, et al. 2010 in Anesthesia & Analgesia:
  - Acetaminophen and Ibuprofen when used in combination (simultaneously) showed pain relief:
    - 85% better than Acetaminophen alone
    - 64% better than Ibuprofen alone

- Miranda et al. in 2005 in Pain:
  - Every combination of acetaminophen and ibuprofen showed a synergistic effect

Suggested dosage for acute post-op pain...

- **600 mg** of ibuprofen taken simultaneously with **500 mg** of acetaminophen four times daily

Contraindications to NSAIDS

- Allergy to NSAIDS
- Allergy to Aspirin (90% cross-allergy)
- Stevens-Johnson Syndrome
- Pregnancy
- Ulcerative colitis (can cause flareup in 24 hours)
Basic Guidelines for Prescribing for Acute Pain:

- Pre-operatively: Non-Opioid
- Post-operatively: Non-opioids first
- If opioids:
  - Lowest effective dose
  - Short-acting
  - Small quantities (in NJ no more than 5 days)
  - No Refills
  - Follow-up after 3 days

In New Jersey, the Protocol Required by Law Prior to the Initial Prescription of Schedule II Drugs:

- Take a thorough medical history of the patient.
- Conduct a comprehensive dental examination.
- Check the patient against the NJ Prescription Monitoring Program database.
- Develop a treatment plan.
  - Prepare a detailed dental record supplied with:
    - Medical history
    - Examination findings
    - Interim and final notes
    - Home atomic damage, strength, and quantity
    - Instructions on use frequency
  - Explain the dangers and risks associated with taking opioids and other Schedule II prescription drugs.
  - Explain the proper storage and disposal techniques for opioids or Schedule II prescription drugs as well as hand out the NJ Safe Disposal Instructions as required by law.
Prescribing Conclusions...

“...In the light of evidence that NSAIDS are at least as effective as opioids in the management of odontogenic and postoperative pain while causing fewer adverse effects, there is clear patient benefit in moving away from opioids in the management of these conditions.”

Guenter Jonke DMD
JADA  October 2019

Educating patients/ Informed consent

- Counsel patients about the risks and benefits of:
  - Different treatment options
  - Different surgical techniques
  - Different analgesics & dosages
- Informed consent (make sure it's truly “informed”)
- Having an open discussion with your patient and parent or guardian is vital to safe prescribing
Educating patients/ Informed consent:

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  - Different surgical techniques
  - Different analgesics & dosages
  - Informed consent (make sure it’s truly “informed”)
  - Having an open discussion with your patient and parent or guardian is vital to safe prescribing
  - Reinforce the importance of taking meds “as directed”
  - Speak with patients about diversion and drug disposal

Identifying SUD Behavior; what can we do?

- Medical History
- Drug Abuse Questionnaire
- Look for Red Flags
- Use the PMP

Suspicious Orders Report System (SORS)

New centralized database required by the Substance Use-Disorder Prevention and Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act, Pub. L. 115-27).
On October 23, 2019, DEA will be launching the Suspicious Orders Report System (SORS) Online, a new centralized database required by the Substance Use-Disorder Prevention and Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act, Pub. L. 115-27).
Reporting a suspicious order to the centralized database established by DEA (SORS Online) constitutes compliance with the reporting requirement under 21 U.S.C. 832(a)(3).
Identifying SUD Behavior; what can we do?

- Medical History
- Drug Abuse Questionnaire
- Look for Red Flags
- Use the PMP
- Follow-up & Refer

What Red Flags did you spot?

- Aggressive personality: Demands to be seen right away
- Wants an appointment toward the end of office hours
- Calls or walks in after regular hours
- States they are traveling, staying with relatives or friends, new in town, etc.
- Fears dental symptoms or gives unrealistic expectations
- Fears physical symptoms to be seen
- Feigns psychological symptoms and requests antianxiety or pain medication:
  - States that specific non-controlled analgesics don’t work, or cause allergic reactions
  - Requests specific opiates & shows unusual knowledge of the drug including dosages
  - States interest in controlled analgesics and asks to keep appointments for future treatment or diagnostic visits
  - States that prescription has been lost or the medications have been stolen
  - Uses the “water excuse” — meds fell in the sink/washing machine/toilet
  - Claims to be a patient of another dental provider who is currently unavailable

- Follow-up & Refer
Prescription Monitoring Program (PMP)

- State-run Program (all states have them) - 35 states require use
- Collects & Distributes data about the RX of controlled substances
- Intended to prevent substance misuse
- Provides historic data on a patient controlled substance RX's
- Data collected:
  - Name, date of birth, sex, address
  - Name of drug, strength, quantity, # of days, number of refills
  - Prescriber name, address & phone #; State & pharmacy where filled
  - Payment type
Resources...

- PMP - Prescription Monitoring Program for your state
- ADA - www.ada.org
- Book - ADA Substance Use Disorder & Safe Prescribing
- CDC - www.cdc.org
- FDA - https://search.usa.gov/search?query=Drug+Abuse&affiliate=fda1
- NIH - www.drugabuse.gov
- State Dental Associations
- CDC - www.cdc.gov
- FDA - https://search.usa.gov/search?query=Drug+Abuse&affiliate=fda1
- NIH - www.drugabuse.gov
- Your State Division of Consumer Affairs
- Disposal of unused drugs - www.americanmedicinechest.com

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Beat Duke!