

# Opioids in Today's World: How Can We **Help?**

*What are My Responsibilities?*



*The irony of the poppy plant; so beautiful and captivating, yet so destructive and deadly...*

## **Kentucky Dental Association**

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# A Message to Our Members and Colleagues

As we care for our patients, new diseases and situations arise. The Opioid Crisis in Kentucky and across our nation can affect how we take care of and advise our patients. Taking care of a patient with a substance use disorder (SUD) is part of our responsibility, too. It is our goal to have the patient be pain-free and disease free, but realistically, this may not be the patient's goal or desire. What drives the SUD patient to our office? It is usually pain, abscess, or something broken that is cutting their oral tissues. Sometimes their goal is an immediate issue, not a comprehensive oral health issue that we see, although we are trained to help them with all of it.

Anything that can be smoked, snorted, chewed, swallowed, injected, huffed and/or puffed can be abused. Many times we see and know the long term effects of abuse on the oral tissues and, ultimately, their overall health. There are many factors involved - financial, social, behavioral, desires, mental, attitudes, etc.



This document is a compilation of information that has taken many, many hours to put together for you. The information has come from the web, books and articles from professionals who have a wealth of knowledge and experience. Information has also come from professional CE courses in person and online, articles found in everyday magazines that may not be “professional, double-blind studies”, but ones that do reflect societal trends across the nation. This information is not a comprehensive document, but rather a hope that you will get started learning more about this Opioid Crisis and safe prescribing.

Sincerely,

Garth Bobrowski, DMD, FICD, FACD, FPFA  
Chair, Kentucky Dental Association's Council on Governmental Affairs and Federal Dental Services  
Chair, Kentucky Dental Association's Medicaid Dental TAC

## **Members of the Council include:**

Dr. Mansfield (Butch) Dixon, Dr. Darren Greenwell, Dr. Matt Johnson, Dr. B.J. Moorhead,  
Dr. Tim Strait and Ex-Officio member, Dr. Sharon Turner

# Our Response to Kentucky's Opioid Situation: *How Can We Help?*

## Contents

<b>Dear Members and Colleagues.....</b>	<b>2</b>
<b>Comments from Our Executive Director.....</b>	<b>4</b>
<b>Opioid Facts.....</b>	<b>5</b>
<b>Comments from Our KDA President.....</b>	<b>6</b>
<b>Opioids: Where Do They Come from?.....</b>	<b>7</b>
<b>Conversations with Parents and Our Patients.....</b>	<b>8</b>
<b>Safe Disposal of Medicines.....</b>	<b>11</b>
<b>Laws, Regulations and Forms.....</b>	<b>12</b>
<b>Kasper.....</b>	<b>13</b>
<b>Operation Unite &amp; Other Agencies.....</b>	<b>14</b>
<b>Sample Consent Form for Opioid Use.....</b>	<b>15</b>
<b>Dispensing and Prescribing Opioids for Acute Pain.....</b>	<b>16</b>
<b>Dispensing and Prescribing Opioids for Chronic Pain.....</b>	<b>19</b>
<b>Treatment of the Substance Use Disorder Patient.....</b>	<b>19</b>
<b>Pregnancy and Opioid Use/Abuse.....</b>	<b>21</b>
<b>Substance Use Disorder Treatment Options and Counseling.....</b>	<b>22</b>
<b>References and Resources.....</b>	<b>23</b>

# Comments from Our Executive Director

The mission of the Kentucky Dental Association (KDA) is to help members succeed and serve. Service to others is an important value for members of the dental profession. One of the ways our members serve their communities is through involvement in matters of public health. Today, one of the largest public health challenges we face is addressing the problem of prescription drug abuse and addiction throughout the Commonwealth.



The opioid epidemic has swept our nation. But, Kentuckians are taking action. And dentists are leading the way to ensure that their patients receive the best care while limiting the number of opioids prescribed for pain. The House of Representatives of the General Assembly of the Commonwealth of Kentucky have recognized the efforts of KDA to fight this epidemic through regulatory compliance and education of both dentists and their patients.

This Opioid Prescribing Guide will provide Kentucky dentists the facts about this important public health issue, as well as guide them in their efforts to effectively serve their patients. Understanding the risks and your professional responsibility is the best way for you to help address this epidemic.

Sincerely,

Richard A. Whitehouse, J.D.  
Executive Director  
Kentucky Dental Association

# Opioid and Drug **Facts**

1. **3.5 Million patients** undergo extractions of third molars, annually, at an average age of 20.
2. Of the 14-16-year-olds who have their third molars removed, 61% leave the dental office with prescriptions for opioids. In most cases, this is the child's first exposure to opioids.
3. In 2016, there were approximately **64,000 deaths from drug overdose**.
4. For every drug overdose death, there are approximately 17 ER visits and 9 hospital admissions for drug-related issues.
5. **A person who is addicted to opioids is 40 times more likely to become addicted to heroin.**
6. New combinations of ibuprofen and acetaminophen are reportedly better at relieving dental pain than opioids. 30% of patients do not get much pain relief from opioids.
7. 57% of patients do NOT want an opioid prescription.
8. Recently, there has been a national **72% rise in drug deaths from fentanyl and other synthetic opioids in ONE YEAR.**
9. 44% of teens have used marijuana.
10. Kentucky drug overdose deaths hit a new record high in 2016 at 1,404 deaths (1,248 in 2015, 1,071 in 2011)
11. **Kentucky ranks 4th in the nation in overdose deaths.**
12. Kentucky ranks 4th in the nation in opioid prescriptions written per 100 people.  
(ref kentucky.com. article 158396109 by Bill Estep 6/27/2017)  
(ref. www.drugfree.org, CE courses)



# Thoughts from Our President

Opioids, and the abuse surrounding them, have been around for centuries. However, the epidemic in today's communities has hit the work force, our healthcare system, our government budgets and our family units especially hard. It is difficult to find a person who hasn't been affected by opioid abuse in today's society. Our state of Kentucky has been called the epicenter and has been particularly hurt by the epidemic.



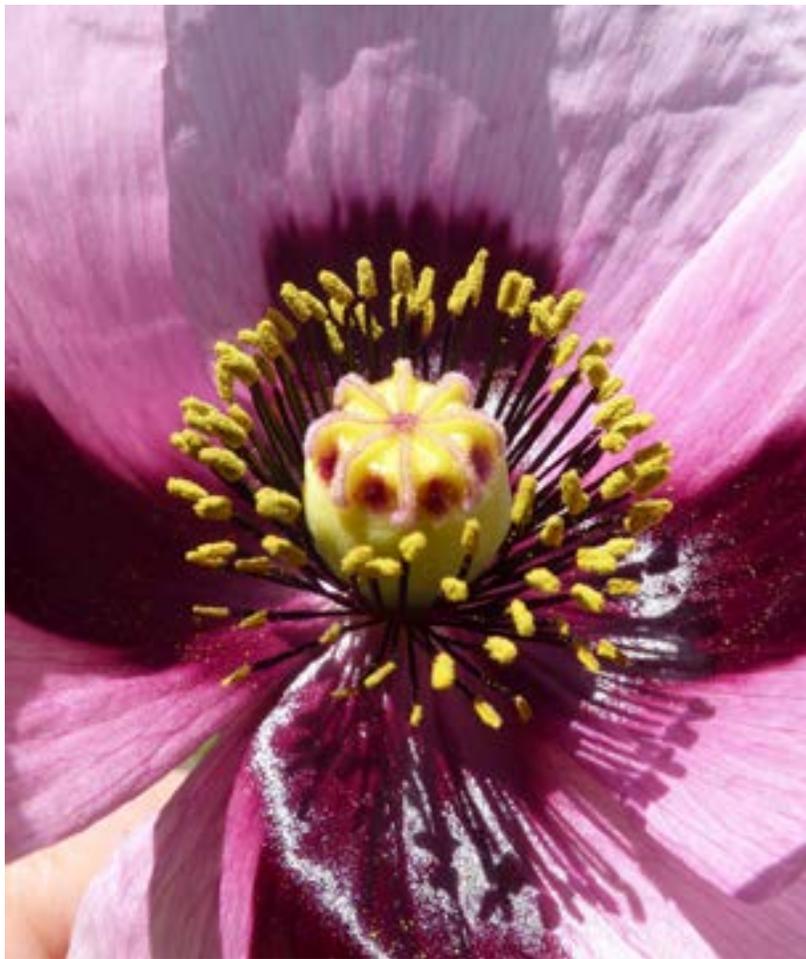
As dentists, we are faced every day with painful situations. And each day, we must make decisions regarding the role that pain control must take in resolving those situations. This document is a starting point. It can help us understand the different ways that drugs can be abused, situations to be aware of in our offices and families, how we can prescribe safely, and solutions for our addicted patients or family members.

Dentistry can play a role in the solution. And Kentucky dentists can be at the forefront. I encourage you to take time to read this document, learn and then begin to educate your patients. It is only with education that changes begin to happen.

Sincerely,

Ansley H. Depp, DMD, FAGD, AAFE, FICD, FACD

Kentucky Dental Association President 2017-2018



# Opioids:

## Where do they come from?

### **P. somniferum**

**Poppies** are herbaceous plants, often grown for their colorful flowers. In several states, the colors are so beautiful that the poppies are planted along the roadsides for their esthetic and erosion control value. A good example of this is the red corn poppy (*Papaver rhoeas*).

Although the opium poppy (*Papaver somniferum*) has the highest concentration of narcotics, all poppies in the *Papaver* genus contain some amount of narcotic.

The *Papaver somniferum* plant is the main source of the crude drug opium, which contains powerful alkaloids, such as morphine and has been used since ancient times as an analgesic and narcotic medicinal drug and a recreational drug. The “perceived” need for the human brain to be “enlightened” has been with us for thousands of years. (For love, caring and discipline, my dad “enlightened” me a few times growing up, for some poor, misguided, youthful decisions.)

Ancient Egyptian doctors would have their patients eat the seeds from a poppy to relieve pain. Poppy seeds contain small quantities of both, morphine and codeine. Poppy seeds and oils can also be nonnarcotics because when they are harvested about twenty days after the flower is opened, the morphine is no longer present.

Among the many varieties of poppies, only opium poppy (*Papaver somniferum*) is illegal to grow in the U.S.

Poppies are native to Europe and prefer the climate around the Mediterranean, but also can be found in the U.S. Dept. of Agriculture plant hardiness zones 8-10, generally.  
(ref. en.m.wikipedia.org)

**Morphine** is derived from the word **Morpheus**. To the Greeks, Morpheus was the god of dreams and to the Romans, he was the god of somnia or sleep.

# Conversations

## *A Talk with Parents about Kentucky's Opioid Epidemic*

### **What are Opioids?**

Opioids are pain killers. Some common prescription names used are hydrocodone, Tylenol #3, Vicodin and Percocet.

### **Street names for prescription opiates:**

Oxycontin: Oxy, hillbilly heroin, kickers, killers, OC

Percocet/Percodan: Percs, percodoms

Vicodin or Lorcet/Lortab: Vikes, Watson-387

Codeine with Robitussin or Tylenol: Captain Cody, Cody, schoolboy

Codeine with glutethimide: Doors and fours, pancakes and syrup, loads

Fentanyl: Apache, Sublimaze, dance fever, TNT, China white, China girl, Tango and Cash, jackpot, friend, goodfella,

Morphine: Roxanol, Miss Emma, M, white stuff, monkey

Methadone: fizzes, chocolate chip cookies

Numporphan/Numorphone: Blues, Mrs. O, O bomb, Stop signs, biscuits, blue heaven

Dilaudid: D, smack, juice, footballs

Demerol: Pain killer, demmies

### **Some of the illicit opiates are Heroin and Opium. Street names include:**

Heroin: Smack, junk, dope, H, white horse, China white, skunk, Brown sugar, hell dust, thunder, CHEESE (made with OTC cold medicine and antihistamine)

Opium: Black stuff, gum, block, hop, Big O, zero, O, pox, skee, God's medicine, toys, gums, joy plant, dream stick, gun



# Conversations

## **How can a Parent Spot Drug Use in Their Teenager?**

Mom and Dad, you are entering into a new set of “rules” and behaviors. Sometimes, hearing your teen or their friends using a street name from the previous list may be a clue. The teenager may start acting very differently. Sometimes they push away old friends or start changing their old hang out places. They may become apathetic about their home, school, work or other responsibilities or relationships. Watch for new gadgets, electronics, clothes that make you want to know, **“Where did they get the money for that?”** Maybe they are selling these prescription pills for up to \$25-\$85, each. Watch for signs of depression, very stressful situations like a breakup with a girlfriend or boyfriend, a series of bad grades, getting into trouble or going off to college or the Armed Forces or leaving home for a period of time for various reasons. Parents, you have to be involved in your child’s life. It is for their own good, even though the teens don’t want their old ‘fuddy-duddy’ parents hanging around or asking a lot of questions. Studies have shown that nearly one-half of all teens incorrectly think that using prescription drugs are much safer than the illegal street drugs. They are not aware of the side effects.

Other drugs to watch for are Adderall—the study drug. Students use this to help them stay awake during exam times and to focus on studying. Watch for the abuse of Ritalin and others that they may experiment with. **Oh, MOM, 44% of teens have already tried marijuana!**

## **Man, Where did They Get This Stuff?**

Mom and Dad, did you know that most teens get their first opioids from the home medicine cabinet? Did you know they are starting younger and younger? Most prescription drug abusers say that they started using before they were 15-years-old. Here are some hard facts:

1. Four out of five heroin users report that they started out using/abusing prescription pills.
2. America has only 5% of the world’s population, but we use 80% of the world’s prescriptions for pain.
3. **Heroin is cheaper and quite easy to get. It is a faster and stronger high for about the cost of 4-5 songs on iTunes.**
4. If a teen has an overdose and they survive, there is a strong likelihood of damage to their heart, brain or other organs.

Be very watchful of the pain pills you have around the house. They should be locked up in a special place within the home and you should properly dispose of the unused portions of the remaining pills.

# Conversations

## **Is Your Child or Teenager at Risk?**

**Anyone is at risk!** The brain has a pathway to a reward center for food, water, sex, social interactions and certain drugs. This pathway connects to the emotion center of the brain, which has a significant connectivity to the memory storage area of the brain. Dopamine is a predominant neurotransmitter (a chemical that sends signals to other nerve cells) associated with this very complex pathway. Dopamine plays a major role in reward-motivated behavior. Repetitive substance usage induces alterations in the homeostasis that leads to changes in cravings, motivation, reward perception, behavior control and memory. In other words...they crave more drug. Sometimes your teen has their first experience with opioids after they have a car accident, a surgery, after wisdom teeth removal or other trauma. **BE WATCHFUL.** Teach and encourage your child or teen to live life with a purpose.

## **Family Therapy**

Family therapy or counseling is highly successful when treating a teen or young adult with a substance use disorder (SUD) as it strengthens the family system and family bonds.

## **The Dentist's Responsibility**

Dentists, don't succumb to parental pressure to prescribe opioids when it is not medically necessary! Consider writing a "half" prescription for the initial day or two following treatment and the second "half" of the prescription is available at the pharmacy for a period of one week to be picked up, if needed. You will have to correspond that directive to the pharmacy. This gets the patient what they need for pain management and it also gets them the opportunity for more meds, if needed, without having to contact the dental office. This also reduces the amount of left over opioid pills in the house.

## **A Talk with Our Patients**

**Review their KASPER Report.** Very professionally and in a matter-of-fact tone of voice, ask why they received the previous pain pills and do they have any left.

Set boundaries with your patients and tell them you don't want to get them in trouble, based on what you see on their KASPER REPORT and you certainly don't want to get yourself in trouble with the state Board of Dentistry.

Establish an office philosophy on the treatment of pain.

Post a sign in your office indicating that, "We limit opioid prescriptions and check prescription histories on all patients."

Discuss the various methods of security and disposal of unused opioids with your patients.

# Safe Disposal of Unused Opioid Prescription

## Why Does Safe Disposal Matter?

1. Accidental use
2. Intentional abuse
3. Health risks
4. Environmental damage

## Review all current state laws. Review all current DEA laws.

Disposal of controlled substances by a dental provider should be done by a DEA-registered reverse distributor, who will receive expired, contaminated or defective controlled medications and destroy them.

If you don't use a reverse distributor, the DEA requires DEA form 41 be completed, submitted and approved before destruction of the medication.

## It is NOT acceptable to flush controlled substances or discard them in the trash!

Review [www.deadiversion.usdoj.gov/index.html](http://www.deadiversion.usdoj.gov/index.html) for more information.

## What is a Safe Drug-disposal Program?

1. **Collect:** Drop boxes at your health department or police station or other safe place, DEA-sponsored or local take back events
2. **Destroy:** The EPA recommends to incinerate the pills, use of a reverse distributor
3. **Promote:** Educate consumers, promote events, discuss neutralization of these meds (ref. [www.drugfree.org](http://www.drugfree.org))

Look for a Drug Take Back Day in your area. Use it as a teaching tip and trip for any young people in your household.



# Laws, Regulations, Forms & Records

## Records to Keep Updated

If you keep controlled substances in your office, here are some forms that you may need to keep updated. Check with the Kentucky Board of Dentistry.

**Inventory Record:** Schedule II Perpetual Inventory

**DEA Form 41:** Controlled Substance Disposal

**DEA Form 222:** For purchase or transfer of a Schedule II controlled substance

**DEA biennial inventory:** Required every two years

**Your invoices:** For your purchase or transfer of Schedule III - V

**Prescriptions Records for all of your patients**

Keep complete and accurate records to show that NO DIVERSION has occurred within your office.

## HB 333 signed into law by Gov. Matt Bevin 4/10/2017

For dentistry, this bill amended KRS 218A.205 to require state licensing boards to promulgate regulations limiting prescriptions for Schedule II controlled substances for acute pain to a three-day supply, with certain exceptions. A KASPER report should be attained on each patient for a Schedule II Rx with the exceptions being (KRS218A:172)

1. In an emergency
2. Within 14 days of surgery
3. Patient is in the hospital or in Hospice care
4. Single doses of anxiety meds prior to a procedure
5. Prescribing a substitute medicine within 7 days of the initial prescription

If you suspect diversion, call 1-502-564-7985 (Drug Enforcement and Professional Practices Branch) or your local law enforcement.

(ref. [Kentucky.gov/lrc.record.HB333](http://Kentucky.gov/lrc.record.HB333); [www.cecentral.com](http://www.cecentral.com))

Be supportive of trying to help your patients in pain, but don't be an ENABLER!

*(Other bills may be added this legislative session.)*



# Laws, Regulations, Forms & Records

Abuse, misuse, diversion and illegal sale of prescription drugs are some of the largest threats facing the safety and welfare of the citizens of Kentucky.

## What is KASPER?

The Kentucky All Schedule Prescription Electronic Reporting System (KASPER) tracks controlled substance prescriptions dispensed within the state. A KASPER report shows all scheduled prescriptions for an individual over a specified time period, the prescriber and the dispenser.

### KASPER is a reporting system designed to be:

- A source of information for practitioners and pharmacists.
- An investigative tool for law enforcement and regulatory agencies.

### KASPER is not intended to:

- Prevent people from obtaining needed medications.

## Who can obtain a KASPER report?

Access to the KASPER system is carefully controlled through identity and credential checks and secure web access.

### Access to KASPER is available to the entities listed below:

- Practitioners and pharmacists for medical or pharmaceutical treatment of their patient, and for reviewing data on controlled substances administered or dispensed to the birth mother of an infant being treated for neonatal abstinence syndrome or prenatal drug exposure.
- Law enforcement officers for a bona fide drug-related investigation.
- Commonwealth's attorneys and assistant Commonwealth's attorneys, county attorneys and assistant county attorneys.
- Licensure boards for an investigation of a licensee.
- Medicaid for utilization review on a recipient.
- A grand jury by subpoena.
- A judge or probation or parole officer administering a drug diversion or probation program.
- A medical examiner engaged in a death investigation.

**KASPER** (Kentucky All Schedule Prescription Reporting): not to be confused with the female South Korean rapper, Lee Se-rin, who also goes by KASPER.

(ref. <http://chfs.ky.gov/os/oig/KASPER.htm>)

**KASPER Help Desk:** 502-564-2703

**Email:** [ekasperhelp@ky.gov](mailto:ekasperhelp@ky.gov) What is KASPER?

**Set up your eKASPER account:** <http://chfs.ky.gov/os/oig/KASPER>

# Operation Unite & Other Agencies

## **In Kentucky, an Example of Disposal and Treatment is Operation Unite**

Operation UNITE collected 1,844 pounds of unwanted or expired medications as part of the U.S. Drug Enforcement Agency's 14th National Prescription Drug Take-Back Day on Oct. 28, 2017. This represents 15.4 percent of the 11,920 pounds collected, statewide.

Since 2012, UNITE has collected and properly disposed of 21,298 pounds (10.6 tons) of medications. You can turn in medications, any time throughout the year at one of 42 medication dropbox locations across UNITE's service region.

"This disposal is so important for two major reasons," said Nancy Hale, president/CEO of Operation UNITE. "First, so many people illegally access unused prescription medications from the medicine cabinet of friends or family. Second, 86 percent of people using heroin started with prescription drug abuse. This important initiative helps us cut down on the supply and availability of those medications."

## **Treatment**

- 19 people entered treatment in October using a UNITE Treatment Voucher.
- Since inception, 4,296 have entered treatment.

## **Education/UNITE Coalitions**

UNITE and its coalitions held a total of 269 activities, including:

- In Laurel County, coalition members finalized registration for elementary school drug prevention programs, which are up to 2,500.
- More than 260 youth and 30 adults participated in drug prevention sessions at Harlan Elementary.
- In Knott County, more than 75 Drug Court clients volunteered at God's Pantry.
- Three UNITE clubs in Pike County assisted with efforts such as Texas hurricane relief donations, 250 appreciation cards for first responders and 400 cards for educators and other public servants.
- Many coalition members held Red Ribbon Week activities the last week of the month.

Many local Police Departments and Boards of Health have Drug Take Back days and locations that are in a safe facility for you to bring in your unused pills. Take advantage of these opportunities to get rid of these narcotics. It is common knowledge that many drug addicts become thieves and burglars to break into people's homes for drugs, guns and other items for quick resale.

## **Resources**

For more information, visit:

**White House Office of National Drug Control Policy** at [www.whitehouse.gov/ondcp](http://www.whitehouse.gov/ondcp)

## **Federal Agencies**

**Drug Enforcement Administration** [http://deadiversion.usdoj.gov/drug\\_disposal/](http://deadiversion.usdoj.gov/drug_disposal/)

**Food and Drug Administration** [www.fda.gov/Drugs/ResourcesforYou/Consumers/BuyingUsing-MedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/default.htm](http://www.fda.gov/Drugs/ResourcesforYou/Consumers/BuyingUsing-MedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/default.htm)

**Environmental Protection Agency** [www2.epa.gov/hwgenerators/collecting-and-disposing-unwanted-medicines](http://www2.epa.gov/hwgenerators/collecting-and-disposing-unwanted-medicines)

**Department of Transportation** [www.fmcsa.dot.gov/regulations/hazardous-materials/how-comply-federal-hazardous-materials-regulations](http://www.fmcsa.dot.gov/regulations/hazardous-materials/how-comply-federal-hazardous-materials-regulations)

**AWARx** This is a program of the National Association of Boards of Pharmacies foundation: [www.awar-erx.org](http://www.awar-erx.org) <https://nabp.pharmacy/initiatives/awarxe/>

**Dispose My Meds** Developed by the National Community Pharmacists Association and foundation: <http://disposemy meds.org/>

# Sample Consent Form for Opioid Use

## Informed Consent for Opioid Use

I have agreed to use opioids as part of my treatment to manage dental related chronic or post operative pain. I understand that these drugs are useful in managing my pain, but have a high potential for addiction and/or dependency.

I understand that I can discuss possible alternatives for this opioid prescription with my dentist and have furnished a complete and accurate medical history (including pregnancy, if applicable) and list of the medications I currently am taking or have taken in the last 6 months, including information about mental history and drug and/or alcohol use.

Because my dentist is prescribing such medication to manage my pain, I acknowledge that I have been made aware of the following information and agree to the following conditions:

1. I am responsible for my pain medications and agree to take the medication not more frequently than prescribed and only if needed to manage pain. I understand that increasing my dose without my dentist's knowledge could lead to a drug overdose causing severe sedation and respiratory depression and possibly death.
2. Without prior disclosure to my dentist, I will not request or accept controlled substance medication from any other healthcare provider or individual while I am receiving such medication from my dentist.
3. There are side effects with opioid medications, which may include, but not be limited to, skin rash, constipation, sexual dysfunction, sleeping abnormalities, sweating, edema, sedation, confusion, depression, increased sensitivity to pain or the possibility of impaired motor ability. As a result, when I take these medications, it may not be safe for me to drive a car, operate machinery or take care of other people.
4. I have been made aware that I may become addicted to these medications (opioids) and may require addiction treatment. Overuse of this class of medication can lead to physical dependence and the experience of withdrawal sickness if I stop use or cut back too quickly. Withdrawal symptoms feel like having the flu and may include: abdominal pain, nausea, vomiting, diarrhea, sweating, body aches, muscle cramps, runny nose, yawning, anxiety and sleep problems.
5. I understand that the opioid prescription I have been given is for my own use and attest that I will not give or sell any portion of the prescription to another individual.

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Patient, Parent or Guardian

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Signature Date

# Dispensing & Prescribing

## Dispensing and Prescribing Opioids and Alternatives for Acute Pain in Our Dental Office

Dentists should follow and continually review the Centers for Disease Control and the Kentucky State Licensing Board of Dentistry's recommendations for safe opioid prescribing.

After reviewing the patients medical history, allergies, and medications and using your professional judgement:

### First, look for alternatives in pain management.

Each patient perceives pain differently. Pain management should be individualized and only determined after a careful assessment of the level of risk to and condition of the patient. Considerations and recommendations for the management of acute and postoperative pain include the following:

1. A non-steroidal anti-inflammatory drug administered preemptively may decrease the severity of the postoperative pain.
2. A perioperative corticosteroid (dexamethasone) may limit swelling and decrease post operative discomfort after third molar extraction.
3. A long acting local anesthetic (e.g., bupivacaine, etidocaine, liposomal bupivacaine) may delay onset and severity of postoperative pain.
4. The surgeon or dentist should avoid starting treatment with a long-acting or extended-release opioid analgesic.
5. The surgeon or dentist should prescribe non-steroidal anti-inflammatory drugs (NSAIDs) as first-line analgesic therapy, unless contraindicated. If NSAIDs are contraindicated, the provider should prescribe acetaminophen (N-acetyl-p-aminophenol <APAP>) as the first-line analgesic therapy.
6. NSAIDs and APAP, taken simultaneously, work synergistically to rival opioids in their analgesic effect, but dosage levels and times of administration should be carefully documented to prevent overdose.
7. When indicated for acute breakthrough pain, consider short acting opioid analgesics. If opioid analgesics are considered, start with the lowest effective dose and the shortest duration possible.
8. When prescribing opioids, current state law requires the prescriber to access the state prescription drug-monitoring program (PDMP), which currently is KASPER. This should be reviewed and assessed by the doctor and can be reviewed with the patient or parent/guardian.
9. All instructions for the patient's analgesia and analgesic prescriptions should be documented.
10. If you have to deviate from the normal prescribing recommendations or those required by state laws or institutions, be sure to document the justification for doing this.

# Dispensing & Prescribing

11. Limit the prescription of opioid analgesics to patients where cross reactions or additive situations may arise. For instance, limit your prescription if a patient is currently taking benzodiazepines, and/or other opioids because of the risk factors for respiratory depression. Many patients who are already being seen at a pain clinic could be in violation of their clinic contract if they request and/or receive additional narcotics from you.

12. Inform patients of the maximum daily limits of acetaminophen, ibuprofen or any other drug given. Higher limits of the use of ibuprofen have been reported for osteoarthritis while under the care of a physician.

13. Inform and educate patients on the expectations of postoperative pain management and the anticipated levels of relief and that they may not be totally pain-free, but manageable.

14. Do not prescribe acetaminophen with codeine to treat pain in children under 12-years-old.

15. For more information, visit the FDA Drug Safety site

([www.fda.gov](http://www.fda.gov) guidance documents on drug safety)

(ref. [www.fda.gov](http://www.fda.gov) and [www.ada.org](http://www.ada.org) Division of Government and Public Affairs)

## **Below are some possible prescriptions based on your professional assessment of the patient's needs:**

### **Mild Pain**

ibuprofen 200-400 mg q. 4-6 hours p.r.n. pain

APAP (Tylenol) 325 mg q. 4-6 hours p.r.n. pain

### **Mild to Moderate Pain**

Ibuprofen 400-600 mg q. 6 hours for 24 hours followed by ibuprofen 400 mg q.4-6 hours p.r.n. pain

### **Moderate to Severe Pain**

Ibuprofen 400-600 mg plus APAP 500 mg q.6 hours for 24 hours followed by ibuprofen 400 mg plus APAP 500 mg q. 6 hours p.r.n. pain

### **Severe Pain**

Ibuprofen 400-600 mg plus APAP 650mg/hydrocodone 7.5-10 mg q. 6 hours for 24-48 hours followed by ibuprofen 400-600 mg plus APAP 500 q. 6 hours p.r.n. pain

- Also consider APAP and ibuprofen in other medications:
  - maximum daily dose for APAP is 3000 mg/day
  - maximum daily dose for ibuprofen is 2400 mg/day.
- Also consider that ibuprofen is not recommended in the first trimester of pregnancy .
- Also consider drug interactions: for instance, it is not recommended to take lithium in conjunction with ibuprofen, other NSAIDs, Tramadol, Meperidine, caffeine, muscle relaxers or depression medications.
- Also consider that for your TMD patients, long term use of NSAIDs have an increased risk for heart failure, kidney problems, hypertension and recently discovered potential hearing loss.

# Dispensing & Prescribing

## Dentists have three drug families to use for pain control (NSAIDs, APAP, and opioids)

### Non-steroidal anti-inflammatory drugs (NSAIDs)

1. Watch for drug interactions with lithium, methotrexate, alcohol, aspirin, anticoagulants, ACE inhibitors, diuretics and beta blockers
2. Watch for daily overdose
3. Naproxen sodium may be a better analgesic an hour prior to oral surgery or in the evening for nighttime pain control. A suggested Rx of 440 mg naproxen sodium with 750-1000 mg APAP was found to be more effective than hydrocodone for acute pain.
4. For sedation patients: Celebrex 200 mg - one cap with a meal the night before the appointment (contraindicated with sulfa allergy.) Sedation patients need to be NPO, but Celebrex's 24-hour dosing still gives an anti-inflammatory effect the next day. If there is no heart disease, you can give up to 3 tabs of Celebrex for a short term 24-hour period. In these cases, give another cap of Celebrex 200 mg with milk as soon as the patient arrives home and removes the oral packing and, if necessary, give one more cap of Celebrex one hour later.

### Acetaminophen (APAP)

1. A single dose of 500-1000 mg gives effective postoperative pain relief for up to 4 hours, but has limited anti-inflammatory benefits
2. The maximum daily dose has recently been changed to 3000 mg (liver toxicity has been noted at 4000 mg/day).

### Opioid Analgesics and just how good are they????

1. What is NNT (number needed to treat)? This is a common measure in clinical studies that answers the question: how many people need to be treated with a given medicine for one person to receive a defined effect. The lower the number means the medicine is more effective (1 is the ideal and most effective). For example, how many people need to be treated with Oxycodone 15 mg for 1 person to receive 50% pain relief? The answer is 4.6.

How many people need to be treated with a combination of ibuprofen 200mg and acetaminophen 500 mg for one person to receive 50% pain relief? The number is 1.6. Therefore, this combination is more effective for pain relief.

Other drugs: oxycodone 10 mg and acetaminophen 650 mg is 2.7; naproxen 500 mg is 2.7 (Aleve).

1. Tramadol is limited in its effectiveness for acute pain management and is better in chronic pain management, but in a patient with a true allergy to codeine derivatives, APAP with tramadol may be used.
2. Dosing equivalents are = 5 mg oxycodone = 10 mg hydrocodone = 60 mg codeine = 75 mg tramadol.
3. Watch for respiratory depression and other adverse reactions

Recent clinical data shows that the combination of NSAID and APAP will handle most dental acute pain without the side effects and potential abuse of opioids.

# Dispensing & Prescribing

## Options in Pain Control

Long acting local anesthetics (not recommended for youth under the age of 12)

- bupivacaine (Marcaine)(better for oral surgery, and may not be needed as much for periodontal or endodontic surgery)
- Esperel (lasts for 3-4 days, but costs \$200 a dose and can only be given as a local infiltration-no blocks)

## Dispensing and Prescribing Opioids for Chronic Pain in Our Dental Office

After reviewing the patient's medical history, allergies and medications and using your professional judgement: review for other common chronic pain conditions, like low back pain, migraines, neuropathic pain, osteoarthritis, fibromyalgia and trauma the patient may be dealing with.

## When assessing pain and function use a PEG SCALE

PEG SCORE = averaged 3 individual question scores (30% improvement from the baseline is clinically meaningful)

**Question 1. What number from 0-10 best describes your pain in the last week?**

0= "no pain", 10= "worst pain you can even imagine"

**Question 2. What number from 0-10 describes how, during the past week, pain has interfered with your enjoyment of life?**

0="not at all", 10="complete interference"

**Question 3. What number from 0-10 describes how during the past week, pain has interfered with your general activity?**

0="not at all", 10="complete interference"

## For example, a TMD patient or trauma patient:

- Check to see if non-opioid therapies have been tried and their success evaluated. Typically, opioids are not used in the treatment of TMD.
- Discuss with the patient at what point you will re-evaluate to continue or stop opioids.
- Start with the lowest opioid dose or short acting opioids.
- When reassessing the patient, look at pain and function, look for misuse or opioid misuse, run a KASPER report and look at the MME(morphine milligram equivalent):
  - if the MME is >50 MME/day, increase frequency of follow-up and consider offering Naloxone.
  - if the MME is greater than >90MME/day, consider a referral to a specialist.
  - Schedule a reassessment in approximately 3 months.
- Has an MD, physical therapist or chiropractor been seen?
- Has the patient been to a Facial Pain Clinic or other pain clinic?

## Treatment of the Substance Use Disorder Patient

1. Show care, respect, yet firm professionalism.

2. Methadone (Dolophine) ;

1. A synthetic long-acting agonist to the same receptor sites

2. Deters cravings

# Dispensing & Prescribing

3. Blocks the euphoric effect
4. High systemic bioavailability
5. Long half life (If this drug is abused by the patient, delay dental treatment and keep their appointments short. Due to the xerostomia, the patient may turn to large amounts of soft drinks or water and even water is a poor substitute for the health benefits of the natural saliva. Only use opioid pain management when all other drugs are proven not to be working and there is a clear pathogenic cause of the pain or the patient cannot take NSAIDs.)
3. Naltrexone
  1. Blocks receptors for up to 48 hours
  2. Don't use if the patient is still consuming opioids, because it may initiate withdrawal symptoms
4. Naloxone
  1. It is the definitive treatment for an opioid overdose
5. Buprenorphine with naloxone (Suboxone)
  1. Decreases opioid-seeking behaviors, opioid cravings
6. First-line therapy includes NSAIDs or NSAID and acetaminophen (APAP) for acute dental pain, unless there is a medical contraindication.
7. With patients in opioid maintenance therapy (OMT), chronic pain therapy or naltrexone therapy, it is usually best to confer with the patient's OMT provider or primary pain specialist.

Dental providers need to be aware of a side effect with the patient on Naloxone (naltrexone). Naloxone is used to decrease the cravings of alcohol and opioids, but it can also block necessary analgesia. Once the patient truly wants to get this under control, a regimen to help the patient develop preventive care should be initiated. This may include using fluoride products, oral hygiene technique refinement, dietary review, frequent and regular follow-up exams and cleanings, salivary substitutes, bite guard therapy and just letting the patient know that you will work with them. Some of the signs of narcotic withdrawal are severe nausea and vomiting. This, along with generally poorer oral hygiene makes the patient more cavity-prone. This increase in cavities is thought to be caused by two reasons: 1.) drier mouth and 2.) a craving for sweets, therefore, the patient loads up on soft drinks to quench both needs. The acid from the soft drinks and acidic nature of the mouth contribute to enamel erosion and bruxism. Fluoride trays and a bite guard will be a great adjunct to help your patient.

In treating a SUD patient you will want to develop a trusting doctor-patient relationship. You have to let the patient know that you will ask some private questions in the spirit of helpfulness, not being judgmental, nor threatening to stop treatment or to call the police .

***This document is designed to tweak your interest and help you get started to better understand SUBSTANCE USE DISORDERS and to treat and care for these patients. This document is not a comprehensive paper. Please refer to the references and resources listed at the back of this document. This document will change as new treatment modalities, laws and regulations come forth. We encourage you to take CE courses and research many other sources to further your understanding.***

# Pregnancy and Opioid Use/Abuse

If an opioid using/abusing/addicted pregnant woman presents for dental treatment, a frank discussion of emergency care, regular care and follow-up care, especially when pain and infection are present, will have to take place. This patient may be taking Methadone or Buprenorphine, which by most physicians, is OK for pregnant women to take. It is also OK to breast feed while using Methadone and Buprenorphine. There is no statistical difference in treatment, but babies stayed in the hospital less time when Mom was using Buprenorphine and the child had fetal morphine addiction.

## **Neonatal Abstinence Syndrome (NAS) in Children**

Neonatal is a term for a group of problems a baby experiences when withdrawing from exposure to narcotics. It is estimated that 3%-50% of newborn babies have been exposed to maternal DRUG USE, depending on the population and area of the country.

If Mom was also a smoker, it took a longer time to treat the NAS baby.

**Methadone** is a Schedule II narcotic.

**Buprenorphine** is a Schedule III narcotic.

- Two-forms are Subutex and Suboxone. Subutex is primarily used in the U.S. for pregnant women and contains Buprenorphine, only. Methadone, however, is considered the Gold Standard when treating pregnant women.

In medicine, the patient is assessed with Clinical Withdrawal Assessment Scoring with six Dimensions of Criteria. Then the patient is rated on the risk present on a scale of 0-4. For example, Dimension I looks at the 3 Bs use (Benzodiazepines, Barbiturates and Booze). These sedate the brain and with enough of one or more of these, the brain forgets to tell the body to breathe.

(ref. KDA TODAY, Sept./Oct. 2017: The Opioid Epidemic in Kentucky; Dr. Beverly Largent; UK HealthCare CE Central; Boston Children's Hospital [www.childrenshospital.org](http://www.childrenshospital.org))



# Treatment Options & Counseling



## Substance Abuse Disorder Treatment Options /Counseling **Take Back Your Life**

1. Check with your family doctor, nurse practitioner, pastor/priest, social worker or counsellor.

Detox	1-800-483-5168
KY Dental Association	1-800-292-1855 (For Statewide Treatment Centers)
KY Medical Association	1-502-242-6200 (For Statewide Treatment Centers)
Green Co. KY - ASAP	1-270-932-6615 (For Local/Regional Treatment Centers)
Addiction Hotline	1-800-815-6308
KY HELP Call Center	1-833-859-4357
Drug Tip Line	1-866-424-4382

2. Prayer and meditation
3. Have a supportive family and friends (sometimes, not your old “friends”) and allow them to hold you accountable
4. Do something nice for someone or other people: focus on others, not yourself
5. Get a hobby; get involved
6. Focus and concentrate with all your strength to WANT TO get better

### Help your patients with this three pronged approach:

1. Prevent with education and limiting access to opioids.
  2. Reduce by helping patients get treatment for addiction.
  3. Reverse by having Naloxone widely available.
- (ref. N. C. Opioid Prescribing Law CE Course)



# References & Resources

**Disclaimer: This document is meant to be a guide and resource only. Use your professional judgement. This document is designed to be updated as new information is available, and as new laws and regulations are passed.**

Center for Disease Control and Prevention:	<a href="http://www.cdc.gov">www.cdc.gov</a>
Google (various sites)	<a href="http://www.Google.com">www.Google.com</a>
Addiction and Info Help Line	<a href="http://www.opium.com">www.opium.com</a>
McMillenHealth: Education, Curriculum, Media	<a href="http://www.mcmillenhealth.org">www.mcmillenhealth.org</a>
Addiction Services	<a href="http://www.greencountyasap.com">www.greencountyasap.com</a>
Drug and Alcohol Treatment Programs	<a href="http://www.AddictsToday.com">www.AddictsToday.com</a>
Wikipedia (various sites)	<a href="http://www.wikipedia.org">www.wikipedia.org</a>
Oral Health	<a href="http://www.health.com">www.health.com</a>
WebMD	<a href="http://www.webmd.com">www.webmd.com</a>
Food and Drug Administration	<a href="http://www.fda.gov">www.fda.gov</a>
New Jersey Dental Association	<a href="http://www.njda.org">www.njda.org</a>
Operation Unite	<a href="http://www.operationunite.org">www.operationunite.org</a>
UK HealthCare CE Central	<a href="http://www.cecentral.com">www.cecentral.com</a>
Centre for Evidence-Based Medicine	<a href="http://www.CEBM.net">www.CEBM.net</a>
Number to treat (NNT)	<a href="http://www.thennt.com">www.thennt.com</a>
Parents: The Anti-Drug	<a href="http://www.theantidrug.com">www.theantidrug.com</a>
Partnership for Drug-Free Kids	<a href="http://www.drugfree.org">www.drugfree.org</a>
American Dental Association	<a href="http://www.ada.org">www.ada.org</a>

## **KASPER Reporting System**

<http://chfs.ky.gov/os/oig/KASPER.htm>

## **FDA Prescribing Tips**

## **CDC Prescribing Guidelines**

## **Office of Drug Control Policy**

## **National Drug and Research Centre**

## **Peg Pain Screening Tool**

**KDA TODAY**, Vol. 69, NUMBER 5, September/October 2017; The Opioid Epidemic in Kentucky; Dr. Beverly Largent.

**University of Kentucky Healthcare CE Central** (and other CE courses we have attended, i.e. presented by the North Carolina Caring Dental Program on North Carolina's Opioid Prescribing Law: North Carolina passed laws similar to Kentucky's laws in their last legislative session-2017)

## **American Association of Oral and Maxillofacial Surgeons**

White Paper: Opioid Prescribing: Acute and Postoperative Pain Management

## **prium-evidencebased.blogspot.com**

1. A Name You Should Know
2. NNT in Pain Management: You've Been Right All Along

## **Other great resources for further reading**

## **The ADA Practical Guide to Substance Use Disorders and Safe Prescribing**

<http://ebusiness.ada.org/productcatalog/findproduct.aspx#q=p035&sort=relevancy>

1. Pages 14-15; Pathophysiology/Brain Pathways
2. Pages 37-38
3. Page 41
4. Page 45; Table 3.6 Guidelines for Acute Pain Management
5. Page 51
6. Pages 171, 173; Disposal of Controlled Substances
7. Page 200 (Table 12.1)

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