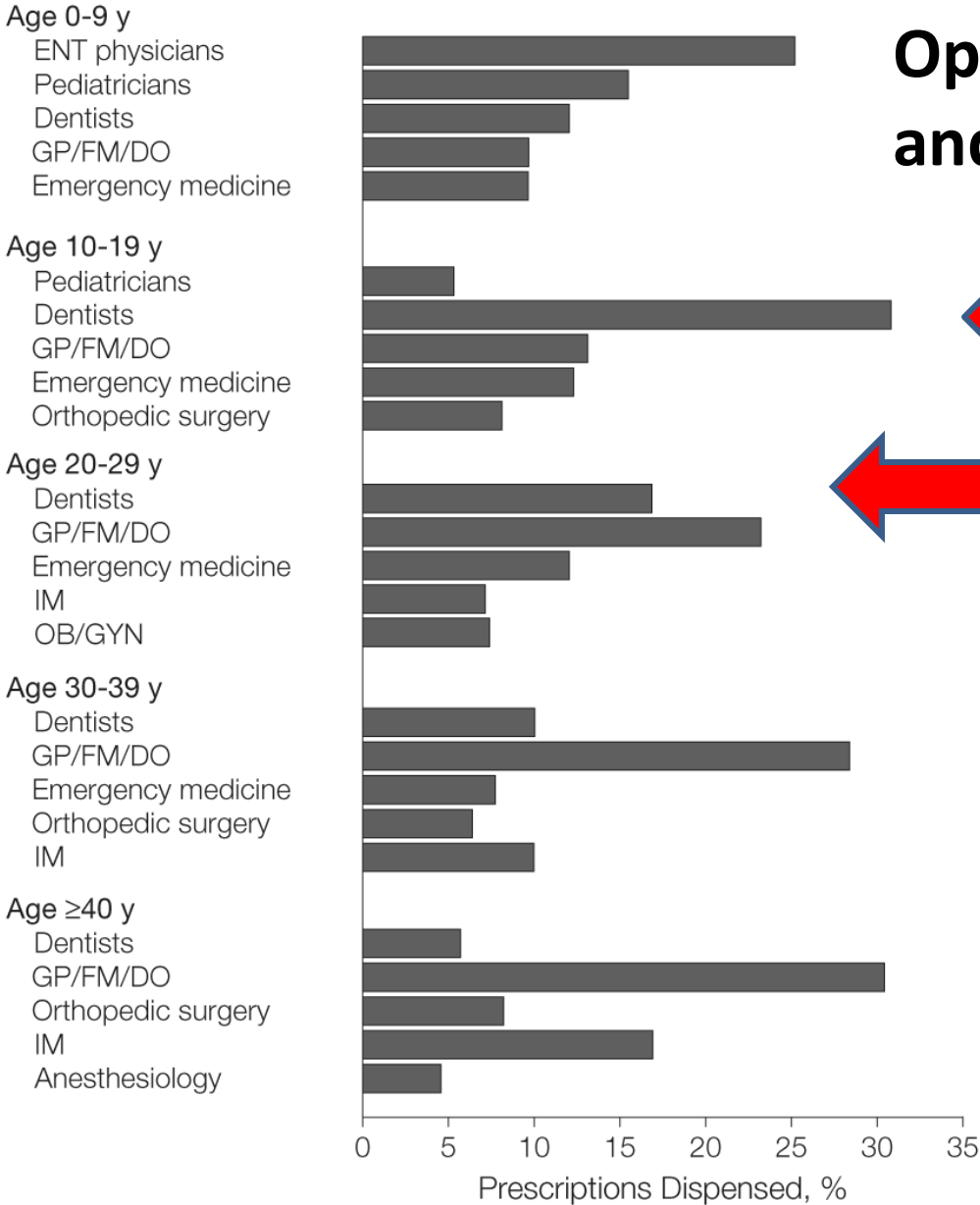


The Role of Dentists in Preventing Opioid Abuse

1. Understand the scope of the problem
2. Understand dentists role in addressing the problem
3. Recommendations for prescribing
4. Communication of recommendations



Opioid Prescriptions by Age and Physician Specialty



90%
OF PRESCRIPTION
DRUG ADDICTIONS
start in teenage years
(drugfree.org)

Proportion of Schedule II Opioids Attributable to each License Type

Prescriber License	Total MED	Days Supply	Qty	Total Number of Prescriptions
DO	9.9%	9.8%	9.5%	8.6%
Dentist	1.1%	1.7%	2.6%	9.3%
MD	66.1%	67.1%	67.6%	63.5%
Naturopath	0.6%	0.5%	0.5%	0.5%
Nurse	13.2%	12.8%	11.8%	10.3%
PA	9.2%	8.1%	8.0%	7.9%

Joshua Van Otterloo, Research Analyst
 Prescription Drug Monitoring Program
 Injury and Violence Prevention Program, Public Health Division

Survey of Oral & Maxillofacial Surgeon's Prescribing Practices

- 85% almost always prescribe opioid analgesics
- Average Rx = 20 tabs prn pain (range 10 – 40)
- 24% prescribe more than would generally be necessary

Journal of Oral and Maxillofacial Surgery, September 2013

Average 53 third molar extractions/month:
extrapolated = 3.5 million third molar extractions/year
(not including general dentists)

*JADA 2011, Prevention of prescription opioid abuse:
The role of the dentist*

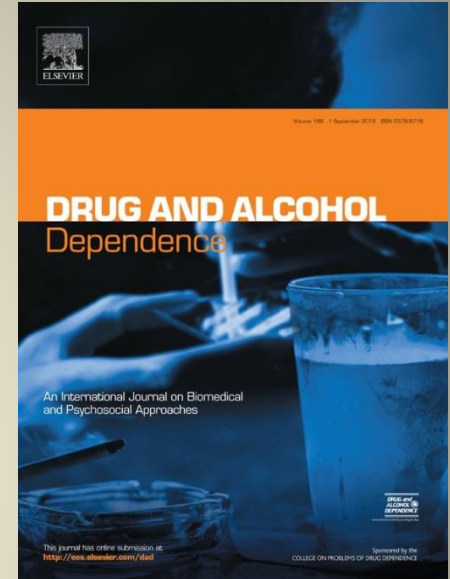
- 2005 survey of patients: 24% still taking analgesics 10 days after removal of four third molars
- 2010 Survey West Virginia dentists: 36% expect their patients to have leftover drugs

JADA 2011, Prevention of prescription opioid abuse:
The role of the dentist

- Oregon Board of Dentistry reported a patient received opioid prescriptions from 142 healthcare providers – 103 (73%) were dentists

Unused opioid analgesics and drug disposal following outpatient dental surgery: A randomized controlled trial

- 79 patients had wisdom teeth removed
- 94% received opioid prescription
- Average prescription = 28 opioid pills
- After 24 hrs pain scale = 5
- After 2 days pain scale = 3
- After 3 weeks, average pills remaining = 15
- Extrapolate to U.S. population: 100 million unused opioid pills



University of Pennsylvania Perelman School of Medicine
Drug and Alcohol Dependence, Sep 16, 2016

Providing information about drug disposal programs led to 22 percent increase in number of patients who disposed of unused medication

Why do we prescribe Vicodin?

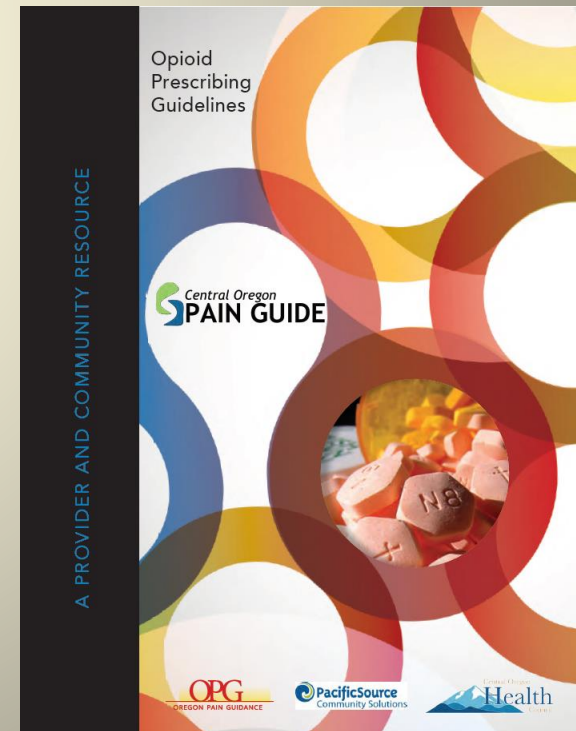
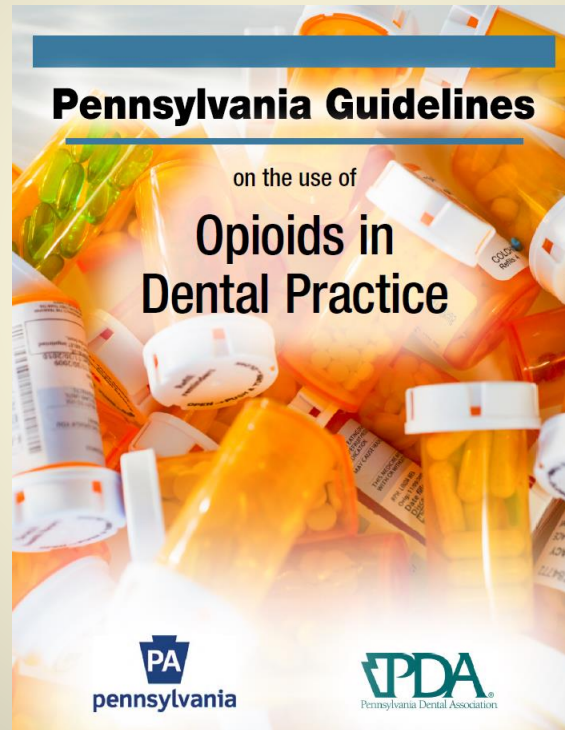
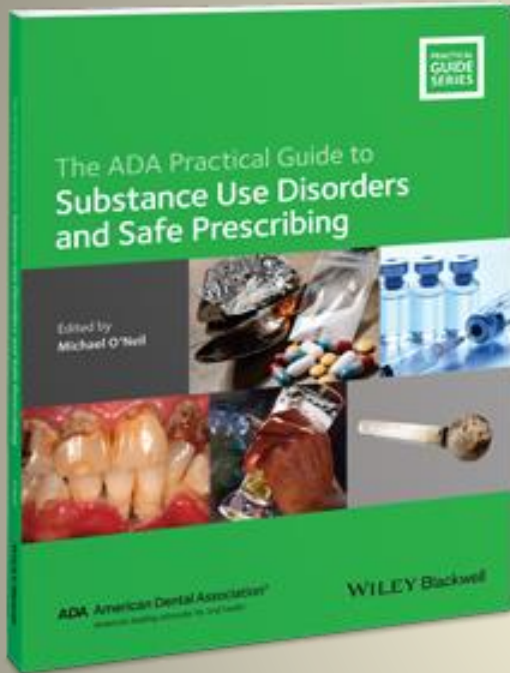
If nonsteroidal anti-inflammatory analgesics are at least as effective as acetaminophen-opioid pain relievers and have lower incidences of adverse effects, why do we prescribe acetaminophen-opioid pain relievers for patients?

- Established prescribing behaviors
- Prescribing for the most severe outcome
- Patient expectations and demands
- Unaware or disregard of the evidence for NSAID/APAP in combination



JADA 147(7) July 2016

Recommendations for Providers



Recommended Opioid Prescribing Policy for Dentists

- Ask about other medications & use the PDMP
- Consult with PCP/BH provider for patients with history of substance abuse
- Do not prescribe refills without assessing in clinic
- Prescribing over the phone is discouraged
- Use combination opioids if prescription is indicated

Recommended Opioid Prescribing Policy for Dentists (cont.)

- Follow stepwise guidelines for acute pain management
 - Mild to moderate: ibuprofen
 - Moderate to severe: ibuprofen + APAP
 - Severe: ibuprofen + hydrocodone/APAP
- Prescribe in small doses followed by OTC analgesics (should not exceed 16 tablets)
- Inform patients how to secure medication and dispose of leftover medication
- Should not prescribe more than 7 days from last appointment – assess in clinic