TALK TO YOUR PATIENT

Prescribing Opioids to Your Dental Patients
Toolkit

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TALK TO YOUR PATIENTS

Overview

The opioid epidemic is a serious public health concern in the United States and in Utah. Five Utahns die every week from opioid overdose and 80% of heroin users started with prescription opioids. [1] On Oct. 26, 2017, President Trump declared the opioid epidemic a national public health emergency under federal law.

Dentists are one of the leading prescribers of opioids. Used to alleviate pain, opioids are commonly prescribed after tooth extractions or surgical procedures. In particular, the removal of third molars, most routinely performed during the teen years, has received significant focus since dentists were reported to be the highest prescribers of opioids for this vulnerable age group.

What is Dentistry's Role in the Opioid Crisis?

The American Dental Association states, "Addiction to heroin, synthetic fentanyl, and other illicit drugs can easily start with first-time exposure to an opioid that is legally prescribed to treat a painful condition. And some clinical specialties—such as pain medicine, physical medicine/rehabilitation, emergency medicine, surgery and dentistry—will always see a higher proportion of these patients than others. It is inherent to the type of medicine they practice." [2]

What is the Purpose of This Toolkit?

The purpose of this toolkit is to encourage dentists to utilize the Controlled Substance Database (CSD) prior to prescribing opioids to patients and to provide education o their patients on the potential dangers of opioids.

1. https://www.opidemic.org/
2. https://www.adea.org/policy/white-papers/preventing-opioid-prescription-drug-misuse.aspx

TALK TO YOUR PATIENTS

What Does Utah Law Say?

In 2018, the Utah State Legislature passed Representative Fawson sponsored House Bill127 Controlled Substance Database Act Amendements which requires prescribers, including dental professionals, to **check the controlled substance database prior to prescribing a schedule II or III opiate to a patient**.

Ths law can be viewed in its entirety at le.utah.gov/~2018/bills/static/HB0127.html.

58-37f-304. Database utilization.
A prescriber shall check the database for information about a patient before the first time the prescriber gives a prescription to a patient for a Schedule II opioid or a Schedule III opioid.
If a prescriber is repeatedly prescribing a Schedule II opioid or Schedule III opioid to a patient, the prescriber shall periodically review information about the patient in: the database or other similar records of controlled substances the patient has filled.

Effective 5/8/2018
58-37-6. License to manufacture, produce, distribute, dispense, administer, or conduct research -- Issuance by division -- Denial, suspension, or revocation -- Records required -- Prescriptions.

A prescription for a Schedule II or Schedule III controlled substance that is an opiate and that is issued for an acute condition shall be completely or partially filled in the quantity not to exceed a seven- day supply as directed on the daily dosage rate of the prescription.

This does not apply to a prescription issued for a surgery when the practitioner determined that a quantity exceeding seven days is needed, in which case the practitioner may prescribe up to a 30-day supply, with a partial fill at the discretion of the practitioner.

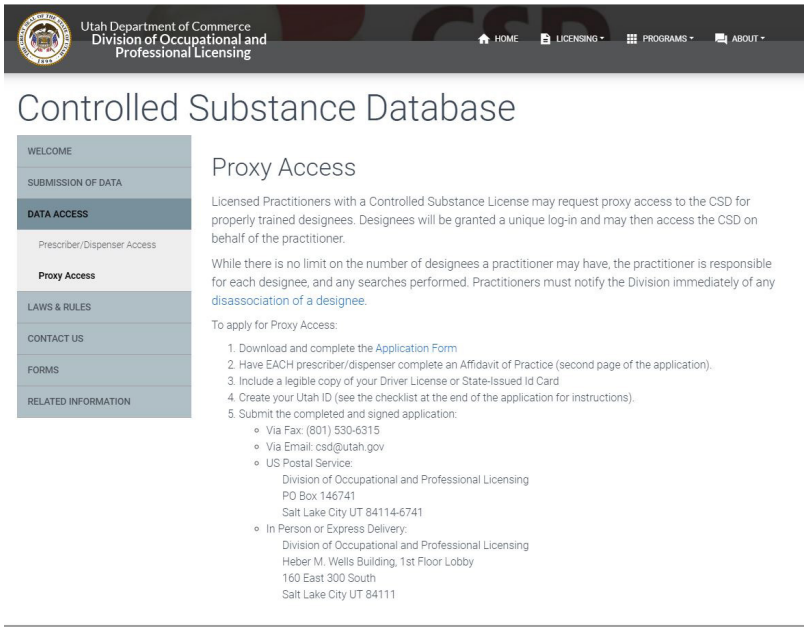
TALK TO YOUR PATIENTS

Controlled Substance Database

Tips for using the Controlled Substance Database (CSD)

1. Create an access account at dopl.utah.gov/csd/index.html. Remember your username and password by saving that information in a safe and secure place.
2. Pick one trusted employee who is designated to look up patients in the CSD (proxy access) (**Figure 1**).
3. Have the proxy access check new patients who have confirmed appointments in the CSD the day before their appointment.
4. Stay up-to-date on continuing education regarding Screening, Brief Intervention, and Referral to Treatment (SBIRT) at cme.utahmed.org.

Figure 1. Proxy Access



You can also access the CSD from the Utah Dental Association website at **www.uda.org/government-affairs/controlled-substance-database**.

ADA Policy on Opioid Prescribing (Oct 2018)

Below is the ADA official policy on opioid prescribing, as adopted by the ADA House of Delegates in October of 2018.

Resolved, that the ADA supports mandatory continuing education (CE) in prescribing opioids and other controlled substances, with an emphasis on preventing drug overdoses, chemical dependency, and diversion. Any such mandatory CE requirements should:

1. Provide for continuing education credit that will be acceptable for both DEA registration and state dental board requirements. For more information vist cme.utahmed.org/.
2. Provide for coursework tailored to the specific needs of dentists and dental practice.
3. Include a phase-in period to allow affected dentists a reasonable period of time to reach compliance, and be it further
4. **Resolved**, that **the ADA supports statutory limits on opioid dosage and duration of no more than seven days for the treatment of acute pain**, consistent with the Centers for Disease Control and Prevention (CDC) evidence-based guidelines, and be it further
5. **Resolved**, that the ADA supports improving the quality, integrity, and interoperability of state prescription drug monitoring programs.
6. Review the Utah Clinical Guidelines on Prescribing Opioids for Pain.

Oral and maxillofacial surgeons: The experts in face, mouth and jaw surgery®

White Paper

American Association of Oral and Maxillofacial Surgeons

Opioid Prescribing: Acute and Postoperative Pain Management

Oral and maxillofacial surgeons must demonstrate safe and competent opioid prescribing for acute and postoperative pain in their patients. Responsible prescribing of opioids must be a priority, including accessing the state's prescription-drug monitoring program as well as educating the patient and family about potential risks – and the safe use, storage and disposal – of opioid analgesics. Because prescribing protocols evolve over time, practitioners also should stay informed of the latest public health trends, including possible alternatives to opioid pain treatment.

It is the position of AAOMS that the practitioner-patient relationship must be upheld, allowing for practitioner judgment in the management of a patient's pain – including drug types, dosages and treatment durations. Pain management decisions should be individualized and only determined after a careful assessment of the level of risk to – and condition of – the patient. While oral and maxillofacial surgeons should ultimately make all final prescribing decisions, the recommendations in this AAOMS White Paper are intended to provide direction and serve as a supportive resource.

Considerations and recommendations for the management of acute and postoperative pain include the following:

- A nonsteroidal anti-inflammatory drug administered pre-emptively may decrease the severity of postoperative pain.
- A perioperative corticosteroid (dexamethasone) may limit swelling and decrease postoperative discomfort after third-molar extractions.
- A long-acting local anesthetic (e.g., bupivacaine, etidocaine, liposomal bupivacaine) may delay onset and severity of postoperative pain.
- The oral and maxillofacial surgeon should avoid starting treatment with long-acting or extended-release opioid analgesics.
- Providers should prescribe non-steroidal anti-inflammatory drugs (NSAIDs) as first-line analgesic therapy, unless contraindicated. If NSAIDs are contraindicated, providers should prescribe acetaminophen (N-acetyl-p-aminophenol [APAP]) as first-line analgesic therapy.
- 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 overdosage.
- When indicated for acute breakthrough pain, consider short-acting opioid analgesics. If opioid analgesics are considered, start with the lowest possible effective dose and the shortest duration possible.
- When prescribing opioids, state law may require prescribers to access the state prescription drug-monitoring program (PDMP). If there is any suspicion of patient drug misuse, abuse and/or addiction, the OMS should access the PDMP. To assess for opioid misuse or addiction, use targeted history or validated screening tools.
- All instructions for patient analgesia and analgesic prescriptions should be carefully documented.
- When deviating from these prescribing recommendations – or those required by state laws or institutions – the oral and maxillofacial surgeon should document the justification for doing so.

Oral and maxillofacial surgeons also should:

- Address exacerbations of chronic or recurrent pain conditions with non-opioid analgesics, non-pharmacological therapies and/or referral to specialists for follow-up, as clinically appropriate.
- Limit the prescriptions of opioid analgesics to patients currently taking benzodiazepines and/or other opioids because of the risk factors for respiratory depression.

TALK TO YOUR PATIENTS

What If There is a Flag on a Patient in the CSD? -Intervene Appropriately

Patients may ask you or other staff about opioids, including the dangers of using opioids, signs of an opioid overdose, or how to safely store and dispose of unused opioid medications. A script and talking points have been provided to help you talk with patients about these sensitive issues. These can be printed and placed in your office and at staff work stations. The script is a great way to start a conversation with your patients.

Script

Opioids are often used to help control pain. But it's important to know taking these medications also has serious risks, such as dependency, addiction, or even an overdose.

It's important when you are taking these medications you know the signs of an overdose in case anything happens. This brochure goes over what an overdose can look like and what to do if something happens. *Hand patient the Stop the Opidemic brochure.*

I would also like to tell you about naloxone and how to properly administer it. Naloxone is a safe medication that can reverse an overdose. It is easy to administer and can save a life. Would you like a naloxone kit? *Hand the patient the Naloxone brochure.*

Lastly, here are some tips on how to safely store your opioid medications. It also tells you how to safely dispose of any unused opioid medications. *Hand patient the Use Only As Directed brochure.*

Do you have any other questions for me?

Substance Abuse and Mental Health

There are resources for people who are dealing with substance abuse or mental health disorders. The Utah Department of Human Division of Services Substance Abuse and Mental Health has a list of opioid treatmt providers by county locations.

TALK TO YOUR PATIENTS

Additional Educational Resources

Opioid Material Request Form

Printed materials can be ordered by filling out the Opioid Material Request Form below and emailing it to VIPP@utah.gov. Please add the quantity you are requesting for each type of material in the box provided. Please click on the images in this section to get a printable version.

OPIOID MATERIAL REQUEST FORM

Printed materials can be ordered by filling out this form and emailing it to VIPP@utah.gov. Please add the quantity you are requesting for each type of material in the box provided.

Multiple Orders

If you are ordering for more than one organization, please submit a contact list of the organizations' mailing information. When filling out this form, the quantity will be the number you want sent to each organization. For example, if you would like 50 brochures mailed to each location from your contact list write 50 in the quantity box.

Contact Name
Contact Email
Contact Phone
Organization's Name
Organization's Address
City
Zip

Materials

Brochures

Opioid Prescriptions *This brochure fulfills HB 399 requirement.
Naloxone
Use Only As Directed

Quantity

Pill Bottle Sticker

The stickers come in rolls of 2,000. Orders need to be made in 2,000 quanities. One quanity equals 2,000.

Quantity

Posters

Five posters are available in two sizes.

Naloxone
Do Your Part
Know the Risks
Common Opioids (V1)
Common Opioids (V2)

11 x 17
22 x 28

Naloxone Pocketcard

Quantity

Have you ordered materials from us before?

How did you hear about these materials?

Call 801-538-6864 if you have any questions.

ADA Opioids Education and Webinars for Dentists

Opioid Education for Dentists

The American Dental Association has been doing its part to combat the opioid crisis by informing dentists about how the drugs they prescribe in their offices can be potentially harmful. In a series of webinars, hosted by various speakers, dentists have learned about ways they can reduce opioid abuse, educate patients about the addictive qualities of painkillers, and preventing prescription opioid diversion.

View on-demand webinars:

- Analgesic Prescribing in the Opioid Overdose Epidemic [Webinar]
- The NIH Response to the Opioid Crisis from a Research Perspective [Webinar]
- Opioids: Current Status of the Crisis, Response, and Future Direction [Webinar]
- Adolescent Pain Management and NSAID Considerations [Webinar]
- Federal Law, Regulations, and the Dispensing of Controlled Substances [Webinar]
- Opioid Prescribing in Dental Medicine [Webinar]
- Reducing Opioid Abuse [Webinar]
- Legal and Ethical Issues of Opioid Prescribing for Acute Dental Pain [Webinar]
- Preventing Prescription Opioid Diversion [Webinar]
- Prescription Drug Monitoring Programs [Webinar]
- Safe Use, Storage, and Disposal of Medicines [Webinar]
- Peer Assistance for the Dental Team Member with Opioid Dependency [Webinar]

Gabapentin and Prescription Opioids

Gabapentin and Prescription Opioids

Report 2018

UTAH DEPARTMENT OF HEALTH

The greatest threat of gabapentin occurs when used with a prescription opioid.

Gabapentin prescriptions increased dramatically from 39 million prescriptions in 2012 to 64 million prescriptions in 2016, making gabapentin the 10th most prescribed medication in the United States.[1]

In 2016, 35 Utahns died from an overdose where both gabapentin and an prescription opioid were present.

Females accounted for 64% of the overdose deaths involving gabapentin and a prescription opioid from 2014-2016, in Utah.

45-54 Years

Gabapentin and prescription opioid overdose death rates were highest among Utahns aged 45-54 from 2014-2016.

(801) 538-6864 | vipp@utah.gov | www.health.utah.gov/vipp 1

TALK TO YOUR PATIENTS

Naloxone Administration Instructions

Naloxone (NARCAN®) Nasal Spray

Naloxone (Narcan®) is a drug that can reverse overdoses from heroin or prescription opioids such as oxycodone, hydrocodone, methadone, morphine, and fentanyl. There is no potential for abuse and side effects are rare; however, a person may experience abrupt withdrawal symptoms and may become aggressive or agitated.

Before administering naloxone call 911. Naloxone may work immediately or may take up to five minutes. The effects of naloxone can last 30-90 minutes, so more than one dose may be needed.

REMEMBER, NALOXONE WORKS FOR OPIOIDS ONLY!

NARCAN® Nasal Spray 4mg may be distributed to 1) a person at risk of experiencing an opioid-related overdose or 2) a family member, friend, or other person(s) in a position to assist a person at risk of experiencing an opioid-related overdose.

NARCAN® Nasal Spray may be given every 2 to 3 minutes, if available. **Important Note: This spray is for use in the nose only.**

- Do not remove or test the NARCAN® Nasal Spray until ready to use.
- Each NARCAN® Nasal Spray has 1 dose and cannot be reused.
- You do not need to prime NARCAN® Nasal Spray.

Signs of an Overdose:

- Very limp body and very pale face
- Blue lips or blue fingertips
- No response when you yell his/her name or rub hard in the middle of their chest (sternal rub)
- Slowed breathing (less than 1 breath every 5 seconds) or no breathing
- Making choking sounds or a gurgling, snoring noise

Opioid Overdose Risk Factors:

- Taking high doses of opioids for long-term management of chronic pain.
- Having a history of substance abuse or a previous non-fatal overdose.
- Having lowered opioid tolerance as a result of completing a detoxification program or recently being released from prison or jail.
- Using a combination of opioids and other drugs such as alcohol or benzodiazepines (Klonopin, Valium, Xanax).
- Being unfamiliar with the strength and dosage of prescription opioids and the purity of street drugs like heroin.
- Being alone when using street or pharmaceutical drugs.
- Smoking cigarettes or have a respiratory illness, kidney or liver disease, cardiac illness, or HIV/AIDS.

UTAH DEPARTMENT OF HEALTH
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(801) 538-6864 | vipp@utah.gov | www.health.utah.gov/vipp

Prescription Opioid Deaths

UTAH DEPARTMENT OF HEALTH
Violence & Injury Prevention Program

PRESCRIPTION OPIOID DEATHS

Every month in Utah, 24 individuals die from prescription opioid overdoses.

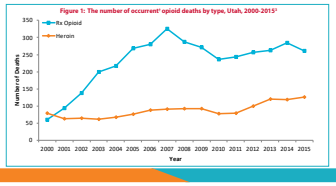
Introduction

- From 2013 to 2015, Utah ranked 7th highest in the nation for drug overdose deaths.[1]
- Drug poisoning deaths are a preventable public health problem that has outpaced deaths due to firearms, falls, and motor vehicle crashes in Utah since 2002.[2]
- In 2015, 24 individuals (residents and non-residents) died every month from a prescription opioid overdose in Utah (Table 1).[3]
- 2015 was the first time in six years that there was a decrease in the rate of prescription opioid deaths ages 18 years and older in 2015 (Table 1).
- Although Utah is seeing a decrease in the number of prescription opioid deaths since 2010, the number of heroin deaths that have increased in the same time period (Figure 1).[3]

Table 1. Count and rate of poisoning deaths by select categories, Utah, 2006-2015[3]

Year	Occurrent[1] Poisoning Deaths	Occurrent[1] Rx Drug Deaths	Occurrent[1] Rx Opioid Deaths	Rx Opioid Death, UT Residents 18+	Rx Opioid Death Rate per 100,000 UT Residents 18+	95% Confidence Interval
2006	416	308	280	274	15.8	(14.0 - 17.8)
2007	478	371	326	313	17.6	(15.7 - 19.6)
2008	430	321	289	278	15.2	(13.5 - 17.1)
2009	420	306	272	269	14.4	(12.7 - 16.2)
2010	369	278	236	227	11.9	(10.4 - 13.6)
2011	444	306	246	233	12.0	(10.5 - 13.7)
2012	536	327	268	257	13.1	(11.5 - 14.8)
2013	531	354	274	265	13.2	(11.7 - 14.9)
2014	531	363	301	285	14.0	(12.4 - 15.7)
2015	566	357	282	262	12.6	(11.1 - 14.2)

Figure 1: The number of occurrent[1] opioid deaths by type, Utah, 2000-2015[3]



Prescribing Opioids for Women of Reproductive Age: Information for Dentists

Prescribing Opioids for Women of Reproductive Age: Information for Dentists

Background

Pain management is necessary for some dental procedures. Most often, short-term prescriptions are needed for acute or episodic situations. In many cases, non-opioid over-the-counter (OTC) medication combinations can be as effective as opioid combinations, with fewer side effects.[1] In some other cases, small amounts of opioids, followed by acetaminophen or ibuprofen, may need to be prescribed.[2] Common prescription opioids include codeine, fentanyl, hydrocodone, morphine, oxycodone, and oxymorphone.[3]

Pharmacological Considerations for Pregnant Women[4]

The pharmaceutical agents listed below are to be used only for indicated medical conditions and with appropriate supervision.

Pharmaceutical Agent	Indications, Contraindications, and Special Considerations
Acetaminophen	May be used during pregnancy.[4] Oral pain can often be managed with non-opioid medication. If opioids are used, prescribe the lowest dose for the shortest duration (usually less than 3 days), and avoid prescribing refills to reduce risk for dependency.
Acetaminophen with codeine, hydrocodone, or oxycodone	
Codeine	
Meperidine	
Morphine	
Aspirin	May be used in short duration (48 to 72 hours) during pregnancy. Avoid in 1st and 3rd trimesters.
Ibuprofen	
Naproxen	

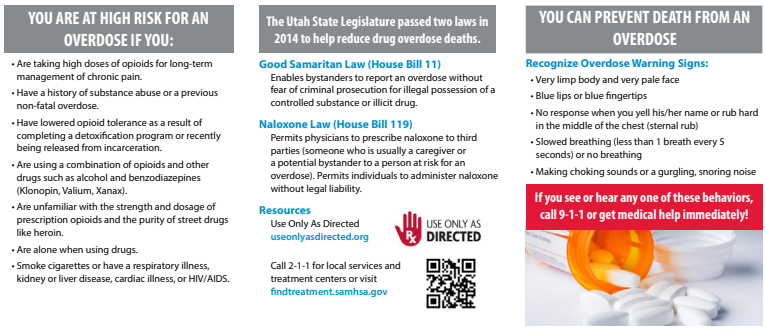
[4]Ensure that women understand that maximum dose of acetaminophen is 4,000 mg per 24-hour period and that many OTC medications contain acetaminophen.

If you have additional questions regarding opioid use during pregnancy, contact Mother to Baby Utah.

phone: 800-822-2229
text: 855-999-3525
email: expertinfo@mothertobaby.org
chat: www.mothertobaby.utah.gov

TALK TO YOUR PATIENTS

Drug Overdose Pocketcard



YOU ARE AT HIGH RISK FOR AN OVERDOSE IF YOU:

- Are taking high doses of opioids for long-term management of chronic pain.
- Have a history of substance abuse or a previous non-fatal overdose.
- Have lowered opioid tolerance as a result of completing a detoxification program or recently being released from incarceration.
- Are using a combination of opioids and other drugs such as alcohol and benzodiazepines (Klonopin, Valium, Xanax).
- Are unfamiliar with the strength and dosage of prescription opioids and the purity of street drugs like heroin.
- Are alone when using drugs.
- Smoke cigarettes or have a respiratory illness, kidney or liver disease, cardiac illness, or HIV/AIDS.

The Utah State Legislature passed two laws in 2014 to help reduce drug overdose deaths.

Good Samaritan Law (House Bill 11)
Enables bystanders to report an overdose without fear of criminal prosecution for illegal possession of a controlled substance or illicit drug.

Naloxone Law (House Bill 119)
Permits physicians to prescribe naloxone to third parties (someone who is usually a caregiver or a potential bystander to a person at risk for an overdose). Permits individuals to administer naloxone without legal liability.

Resources
Use Only As Directed
useonlyasdirected.org

USE ONLY AS DIRECTED

Call 2-1-1 for local services and treatment centers or visit
findtreatment.samhsa.gov

YOU CAN PREVENT DEATH FROM AN OVERDOSE

Recognize Overdose Warning Signs:

- Very limp body and very pale face
- Blue lips or blue fingertips
- No response when you yell his/her name or rub hard in the middle of the chest (sternal rub)
- Slowed breathing (less than 1 breath every 5 seconds) or no breathing
- Making choking sounds or a gurgling, snoring noise

If you see or hear any one of these behaviors, call 9-1-1 or get medical help immediately!

Opioid Pain Medication What You Need to Know Brochure

Prescription Pain Management Safe Use Storage Disposal Brochure

Naloxone Brochure

TALK TO YOUR PATIENTS

Opioid Prescription Instruction

OPIOID PRESCRIPTION INSTRUCTION

Due to a dental procedure, you have been prescribed prescription opioids.

Ask your dentist or pharmacist the following questions before filling the prescription

- What is the goal of this prescription?
- When and how should I take these?
- Are there any risks for me from this medication?
- What do I do with any extra medication?

Opioids are widely used and effective in controlling postoperative pain, but their use poses risks that are important to understand.

Abusing opioids is extremely dangerous. To make opioids a safe and effective pain management tool, there are three steps you can take.

1. Monitor
2. Safely secure
3. Dispose

Monitor: Be aware of the prescription medications currently in your home. Take note of how many pills are in each of your prescription bottles or pill packets, and keep track of refills.

Safely Secure: Store the prescription safely out of sight and out of reach from children in a locked cabinet. Put the medication back immediately after taking any dose.

Dispose: Dispose of unused, unwanted or expired prescription medications safely and immediately to reduce the risk of another person taking these drugs for nonmedical reasons.

To find disposal sites, visit: UseOnlyAsDirected.org and click Safe Disposal.

TALK TO YOUR PATIENTS TOOLKIT

A Toolkit to Help Utah Dental Professtionals Talk to Patients About Prescription Opioids