

CAUTION:

Opioid Addiction

What Dentists Should Know about America's Prescription Opioid Problem



The statistics are alarming. In 2014, more people in the United States died of a drug overdose than in any other year on record, according to the Centers for Disease Control and Prevention (CDC). That same year, overdoses involving opioids killed more than 28,000 people. More than half of those deaths were from prescription opioids, reports the CDC. Since 1999, overdose deaths from opioids, including prescriptions and heroin, have nearly quadrupled, and so has the amount of prescription opioids sold in the United States — although the amount of pain that Americans report has not changed.

The year 2016 appears to be a turning point for efforts to halt the opioid epidemic in the United States, though. On March 16, the CDC published new guidelines for prescribing opioids for chronic pain, and on March 22, the U.S. Food and Drug Administration (FDA) announced it would require class-wide safety labeling changes for immediate-release opioid pain medications, including a new boxed warning about the serious risks of misuse, abuse, addiction, overdose and death. (See sidebar on page 17 for more on recent legislative activity regarding opioids.)

"This is an enormous epidemic," says Martha C. Nowycky, Ph.D., a professor in the Department of Pharmacology, Physiology, and Neuroscience at Rutgers New Jersey Medical School. "[It] is hitting all socioeconomic classes and all regions."

Using Opioids for Pain Relief

Opioids are commonly prescribed because they are effective in relieving pain, and they have been known to be used following surgery and in patients with advanced cancer, according to the National Institutes of Health. According to the CDC, in 2012, health care provid-

ers wrote 259 million prescriptions for opioid pain medication — enough for every adult in the United States to have a bottle of pills. The most common types of opioids, the CDC says, are oxycodone (OxyContin®), hydrocodone (Vicodin®), morphine, and methadone.

According to the FDA: "Prescription opioids ... have both benefits as well as potentially serious risks. These medications can help manage pain when prescribed for the right condition and when used properly. But when misused or abused, they can cause serious harm, including addiction, overdose and death."

The National Institutes of Health also cautions that opioids are classified as narcotics and can be dangerous when abused. Because abuse of opioids can occur, it's important that dentists carefully consider whether an opioid prescription for pain relief is appropriate, says Daniel Becker, DDS, associate director of education, General Dental Practice Residency at Miami Valley Hospital in Dayton, Ohio.

Becker, author of "Pain Management: Part 1: Managing Acute and Postoperative Dental Pain," which was published in summer 2010 in *Anesthesia Progress*, says that dentists shouldn't "fall into the habit" of writing opioid prescriptions without first considering whether the drugs are absolutely necessary.

Almost any dental procedure, from a routine cleaning to an extensive surgical procedure, can cause pain and may require some form of analgesic. Choosing the right analgesic should include: an assessment of the level of a patient's pain on a 1 to 10 scale, a determination of whether the pain is chronic or acute, and an identification of the cause. According to Thomas A. Viola, RPh, CCP, and Edward M. Tirpack, DMD, MAGD, most dental pain is acute and should resolve within several days.

Nearly all pain associated with dental procedures, even invasive ones, can be treated more effectively with nonsteroidal anti-inflammatory drugs (NSAIDs), or a combination of NSAIDs and acetaminophen, than with opioids, according to a National Safety Council report, "Evidence for the efficacy of pain medications." NSAIDs treat the cause of the pain — inflammation.

Nowycky agrees. "In dentistry," she says, "an opioid should almost always be used as a last resort."

The key to successful pain relief using NSAIDs and acetaminophen is administering the drugs before any anesthetic has worn off and then making sure the patient continues taking the pills as directed, even if the pain has subsided. "You have to be positive," Becker says. "Tell your patients that this stuff really works if they take it the way you tell them to."

Tirpack recommends preparing the patient for pain management ahead of time. "I think patients do better if they know what to expect, pain-wise," he says. In addition to NSAIDs, Tirpack suggests using non-pharmaceutical aids, such as ice packs, to help reduce inflammation.

Timothy F. Kosinski, DDS, MAGD, of Bingham Farms, Michigan, associate editor of *AGD Impact*, suggests routine pain monitoring after a procedure. He advises dentists to call patients the next day to ask how they are feeling. This can assist in preventing any pain or problems that could require additional treatment. It also helps in the development and strengthening of their relationship with the patient, which Kosinski says is "paramount."

There are some instances in dentistry in which a short course of opioids may be warranted, such as after an extensive surgical procedure or when the patient suffers pain that cannot be controlled by NSAIDs.

In these cases, patients should receive clear instructions on how and when to take the drugs and be prescribed a limited dose with no refills. Kosinski urges dentists to inform patients of the risk of addiction

associated with opioids and instruct them never to share drugs with others.

Recognizing Potential Opioid Abusers

Because pain following a dental procedure is typically acute, Viola says that any patient who complains of severe pain five days later should return to the office.

"If someone is in pain that long, then something with that procedure went wrong," he says. "If you have to prescribe more than [a few days' dose] of Vicodin, the opioids are just masking an underlying problem."

Tirpack says when patients call for opioid refills, he instructs them to come to the office for further treatment. When he encounters patients who complain of pain but say they don't have time to make an appointment, "it raises a big red flag."

Dentists who suspect someone is trying to satisfy a drug habit are encouraged to turn to the appropriate state-run Prescription Drug Monitoring Program (PDMP), which tracks opioid drug prescriptions and will show if a patient has been getting multiple prescriptions for narcotics.

Mark Parrino, president of the American Association for the Treatment of Opioid Dependence Inc., says the database can be especially helpful for dentists encountering patients seeking opioids. "That's where the PDMP comes in," he says. "It was designed to discourage drug-seeking behavior."

Viola calls the PDMP "a very useful tool." He says consulting the database and then declining to write the opioid prescription if it's appropriate is simply the right thing to do to help deter that patient from returning and getting the chance to possibly misuse the drug.

Opioids in the Context of Chronic Pain

While opioid abuse is a serious problem, it is important to note that not all opioid users are addicts; they may actually have chronic pain. According to the Institute of Medicine of The National Academies, 100 million Americans suffer from chronic pain.

Pain affects more Americans than diabetes, heart disease, and cancer combined, according to the American Academy of Pain Medicine.

"Pain becomes a disease in itself when it doesn't go away," says Paul Jordan Christo, MD, associate professor of anesthesiology and critical care medicine at The Johns Hopkins University. He's also the host of "Aches and Gains®" on Sirius XM satellite radio.

Christo and other pain specialists use a number of treatments — including opioid prescriptions — to ease chronic pain. "Opioids can be useful, but pain specialists don't necessarily turn to them first," Christo says.

Rather, they first determine the risk of addiction and any other contraindications before prescribing the drugs. "We start with the assumption that any patient is at risk [of abuse and addiction] and try to assess it using risk stratification methods, along with a patient history and physical exam," Christo says.

If he ultimately decides to prescribe opioids, Christo will monitor any at-risk patients, doing regular pill counts and administering random urine tests to make sure they aren't abusing them.

THE FDA ON TREATING PAIN

Annually, approximately 100 million people in the United States suffer from pain and 9 million to 12 million of them have chronic or persistent pain, while the remainder have short-term pain from injuries, illnesses, or medical procedures. Patients in pain should benefit from skillful and appropriate pain management, which may include the judicious use of opioid medicines in conjunction with other methods of treatment or in circumstances in which nonaddictive therapies are insufficient to control pain. Clearly, though, more research on pain control is warranted.

Source: U.S. Food and Drug Administration

It's possible that dentists could find themselves treating a patient with chronic pain. In this case, prescribing more opioids should be avoided, even if the dentist has performed a procedure that could warrant it.

Becker recommends calling the patient's physician before performing the dental procedure, informing him or her about the surgery and the pain it may produce, and allowing that physician to prescribe more opioids if appropriate. While he or she may be difficult to reach, the call to the physician is crucial, and, Becker says, "should come from the dentist rather than the patient."

With such an epidemic underway, it is not uncommon for a dentist to encounter a patient who is abusing or misusing opioids. These are difficult situations for any medical professional to uncover, but looking out for others is key to an ethical and successful practice.

"Dentists have to be professional and mature enough to say [to the abuser] that 'you have a problem,' and we have to do what we can to get them help," Kosinski says. "We must always put the long-term benefit of the patient first." ♦

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RESOURCES

Centers for Disease Control and Prevention (CDC)

www.cdc.gov/drugoverdose

U.S. Department of Health and Human Services

www.hhs.gov/opioids

American Association for the Treatment of Opioid Dependence Inc.

www.aatod.org

American Society of Addiction Medicine

www.asam.org/public-resources/treatment

The Substance Abuse and Mental Health Services Administration
findtreatment.samhsa.gov

Prescription Drug Monitoring Program (PDMP)

www.pdmpassist.org

OPIOID LEGISLATIVE ACTIVITY AT A GLANCE

As public attention has increasingly been focused on the opioid epidemic, so too has legislation and regulation at the federal and state levels:

- **Jan. 8, 2014:** Gov. Peter Shumlin (D-Vt.) dedicated his 2014 State of the State address to the severity of the opioid epidemic in Vermont. During his speech, he stated: "[L]et's start treating drug addiction as the immediate health crisis that it is by dramatically increasing treatment across Vermont."
- **Feb. 2, 2016:** President Barack Obama proposed \$1.1 billion in new funding to expand access to treatment for opioid addiction. "This funding will boost efforts to help individuals with an opioid use disorder seek treatment, successfully complete treatment, and sustain recovery," according to a Feb. 2, 2016, White House release.
- **March 10, 2016:** The Comprehensive Addiction and Recovery Act of 2015 passed the U.S. Senate, 94-1. The legislation, sponsored by Sens. Sheldon Whitehouse (D-R.I.) and Rob Portman (R-Ohio), authorizes the creation of educational and recovery programs to address the opioid epidemic, as well as directs the U.S. Department of Health and Human Services to develop best practices for pain management and prescribing pain medication.
- **March 16, 2016:** The Centers for Disease Control and Prevention (CDC) published the *CDC Guidelines for Prescribing Opioids for Chronic Pain*, which provides recommendations for primary-care clinicians who are prescribing opioids. The guidelines address, among other things, when an opioid prescription should be initiated for chronic pain, dosage and duration of use, and assessing risk and addressing harms of opioid use. The guidelines document, along with other relevant information, can be accessed at cdc.gov/drugoverdose.
- **March 22, 2016:** The U.S. Food and Drug Administration announced changes to class-wide safety labeling for immediate-release opioid pain medications. The new safety labeling, including a boxed warning, is meant to inform patients about the serious risks of misuse, abuse, addiction, overdose, and death associated with opioid pain medications. In addition, the updated label will include information about harmful drug interactions, as well as a precaution that chronic maternal use during pregnancy can result in neonatal opioid withdrawal syndrome.

Prescription Drug Monitoring Programs

Currently, 49 states have prescription drug monitoring programs (PDMPs) that help track the prescribing and dispensing of controlled prescription drugs to patients. The information from PDMPs is intended to help identify patients who are considered high risk for opioid abuse. In 2016, there have been nearly 300 bills introduced in 16 state legislatures that are directly related to prescription drug monitoring programs.

CDC Grants for Outreach and Education

Beginning in 2015 and continuing through 2019, the CDC began issuing grants to states to assist health departments in addressing the opioid epidemic. A total of 29 states have received funds from the CDC that are intended to be used for outreach and educational efforts, policy evaluations, and maximizing and streamlining prescription drug monitoring.

— Michael Toner, Coordinator, AGD Government Relations