Prescribing Opioids to Your Dental Patients Toolkit
Acknowledgements
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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. 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.”

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 to their patients on the potential dangers of opioids.

1. https://www.opidemic.org/
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.

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

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.
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 visit 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.
TALK TO YOUR PATIENTS

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:

- 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.
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 Epidemic 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 treatment 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

As a part of our commitment to helping you and your team address the opioid crisis, please list the quantity you are requesting for each type of material in the box provided.

Have you ordered materials from us before?
22 x 28
11 x 17

Materials

Brochures

Opioid Prescriptions
Naloxone Pocketcard
How did you hear about these materials?

Common Opioids

Common Opioid

Naloxone Do You Know the Risks

Pill Bottle Sticker

How did you hear about these materials?

ADDA Opioids Education and Webinars

Gabapentin and Prescription Opioids

for Dentists

Gabapentin and Prescription Opioids

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

Gabapentin is one of the most prescribed medication in the United States. In 2016, 35 Utahns died from an overdose where both gabapentin and an opioid were involved.

Recognize Overdose Warning Signs:

• Small pupils that do not respond to light
• Making choking sounds or a gurgling, snoring noise
• Slowed breathing (less than 1 breath every 5 seconds) or no breathing
• No response when you yell his/her name or rub hard in the middle of the chest (sternal rub)
• Blue lips or blue fingertips
• Very limp body and very pale face

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

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Prescribing Opioids for Women of Reproductive Age: Information for Dentists

Background

The management of pain in the oral healthcare setting can be challenging. For women of reproductive age, pain management is necessary for successful dental treatment. When opioid analgesics are used, it is crucial to understand the potential risks and benefits. Women of reproductive age may be particularly vulnerable to the effects of opioids due to their unique physiology.

Pharmacological Considerations for Pregnant Women

<table>
<thead>
<tr>
<th>Pharmacological Agent</th>
<th>Indications, Contraindications, and Special Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen</td>
<td>May be used during pregnancy. No known risk to the mother or fetus. (See pregnancy category A)</td>
</tr>
<tr>
<td>Aspirin</td>
<td>Use in the first trimester is associated with an increased risk of birth defects. Use with caution. (See pregnancy category D)</td>
</tr>
<tr>
<td>Codeine</td>
<td>Not recommended for use during pregnancy. (See pregnancy category X)</td>
</tr>
<tr>
<td>Hydrocodone</td>
<td>Not recommended for use during pregnancy. (See pregnancy category X)</td>
</tr>
<tr>
<td>Morphine</td>
<td>Not recommended for use during pregnancy. (See pregnancy category X)</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>Not recommended for use during pregnancy. (See pregnancy category X)</td>
</tr>
<tr>
<td>Sufentanil</td>
<td>Not recommended for use during pregnancy. (See pregnancy category X)</td>
</tr>
</tbody>
</table>

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

phone: 800-822-2229

text: 855-999-3525

e-mail: expertinfo@mothertobaby.org

chat: www.mothertobaby.utah.gov
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 opioid overdose.
- Have received opioid treatment as a result of completing a withdrawal 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.
- Are alone when using drugs.
- Smoker or have a respiratory illness, feeling ill in the chest, heart disease, 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 legal repercussions for illegal possession of a controlled substance or illicit drug.
- **Naloxone Law (House Bill 119):** Permits physicians to prescribe naloxone to third parties or to inmates or prisoners or to a potential bystander to a person at risk for an overdose; permits individual to administer naloxone without legal liability.

**RESCUE OVERDOSE TRAINING LESSONS:**
- 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)
- Normal breathing (less than 16 breaths every 5 seconds) or no breathing
- Making clacking 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!

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**Prescription Pain Management Safe Use Storage Disposal Brochure**

**Opioid Pain Medication What You Need to Know 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.
A Toolkit to Help Utah Dental Professionals Talk to Patients About Prescription Opioids