

# ALASKA DENTAL SOCIETY

## Resources & Guidelines

For Safe prescribing of Opioids and  
Non-Opiate Alternatives



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# A Message to our Members about Alaska's Opioid Crisis

As the opioid public health crisis in Alaska continues, we have the opportunity to serve a key role in educating our communities and our patients about the devastation of opioids, both by reducing the number of prescriptions written and by offering non-opiate alternatives for acute dental pain.

As ethical providers of healthcare, we have an obligation to educate ourselves about safe prescribing, about how to have a frank discussion with patients and, in the case of minors, their parents or caregivers, as well as how to identify possible abuse and recommend help.

While these guidelines address alleviation of acute dental pain, they are not intended to supersede an individual practitioner's assessment of their patient's condition or level of pain. The treatment of chronic pain is briefly discussed on page 6.

Please use this resource and share the information with your staff and patients.

Sincerely,

Evan Young, DDS  
*President, Alaska Dental Society*

*ADS Opioid Guideline Subcommittee*

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# Overview

There is a documented epidemic of opioid and heroin abuse in Alaska. The ADS has recognized the need for the responsible use and prescribing of prescription opiates by Alaskan dentists. The ADS is committed to informing our members of the latest research and to keeping you abreast of the latest findings on the efficacy of analgesics and responsible dosing. We share a special rapport with our patients allowing us to educate them about the addictive potential of prescribed opiates and change their expectations for opiate pain medications.

According to the [Centers for Disease Control & Prevention \(CDC\)](#), ***“More people died from drug overdoses in 2014 than in any year on record. The majority of drug overdose deaths (more than six out of ten) involve an opioid. And since 1999, the number of overdose deaths involving opioids (including prescription opioid pain relievers and heroin) nearly quadrupled. From 2000 to 2014 nearly half a million people died from drug overdoses. 78 Americans die every day from an opioid overdose.”***

In Alaska, the numbers are as sobering. While many dentists may believe their patients are not likely to be abusers, the fact is that drug abuse and overdose are on the rise across all demographic groups, regardless of income, ethnicity and age. Abuse among 18 to 25 year olds in the US has jumped dramatically – by 109% -- in the past ten years. **In Alaska in 2017 93 deaths were attributed to prescription opioid overdoses.** Among new heroin users, **approximately three out of four report abusing prescription opioids prior to using heroin.**<sup>1</sup>

In the following section, efficacy of opioids and non-opiate alternatives in the treatment of acute pain will be discussed. We respect our members’ judgment when prescribing and making health decisions with their patients and offer this information only as guidance. It is with this in mind that ADS urges its membership to review the data.

# Efficacy of Opioids and Non-Opiates in Acute Pain

Dentists have the choice of three different classes of medications when treating pain. We decide based on the perceived effectiveness of each medicine, its side effects, and the physical status of the patient. Acetaminophen can exacerbate pre-existing liver disease. NSAIDs are contraindicated with a history of kidney disease or stomach ulcers. Opioids pose a potential risk to anyone with a personal or family history of addiction.

Many have long believed that opioids are the strongest pain medications and should be used for more severe pain. Scientific literature does not support that belief. Studies have shown NSAIDs are just as efficacious as opioids.

Postoperative pain is most often studied. It is acute pain due to tissue trauma. It also occurs in a controlled environment (hospital or medical office) where rigorous study protocols can be followed.

The **Number Needed to Treat (NNT)** offers a measurement of the impact of a medicine or therapy by estimating the number of patients that need to be treated in order to have an impact on one person. The concept is statistical, but intuitive, for we know that not everyone is helped by a medicine or intervention — some benefit, some are harmed, and some are unaffected. The NNT tells us how many of each. The data below tell us about the NNT as it relates to the number of patients that are helped. A lower number means a more effective treatment.

- **Oxycodone 15 mg:** NNT is 4.6. Since it is hard to conceptualize 4.6 people, consider that you would have to treat 46 people for 10 to get 50 percent relief of their pain. Thirty-six of those 46 people would not get adequate pain relief. (Gaskell, Derry, Moore, & McQuay, 2009)
- **Oxycodone 10 mg + acetaminophen 650 mg:** NNT for this combination treatment (Equivalent to two 5 mg Percocet pills) is 2.7. Clearly this is better than oxycodone alone. Acetaminophen adds a significant benefit. (Gaskell et al., 2009)
- **Naproxen 500 mg (or naproxen sodium 550 mg):** NNT for this is also 2.7. Naproxen is an NSAID. Naproxen sodium is known to many by the brand name Aleve®. (C Derry & Derry, 2009)
- **Ibuprofen 200-600 mg + acetaminophen 500 mg:** The combination of these two OTC medicines provided the best pain relief of all, with an NNT of 1.6. (CJ Derry, Derry, & Moore, 2013)

A review article in the 2013 Journal of the American Dental Association addressed the treatment of dental pain following wisdom tooth extraction. It concluded that 325 mg of acetaminophen (APAP) taken with 200 mg of ibuprofen provides better pain relief than oral opioids. Moore et al. concluded: “The results of the quantitative systematic reviews indicated that the ibuprofen-APAP combination may be a more effective analgesic, with fewer untoward effects, than many of the currently available opioid-containing formulations.”<sup>2</sup>

In summary, regarding acute pain, many state that NSAIDs and acetaminophen should be used for mild to moderate pain, and opioids should be used for severe pain. There is, however, no scientific evidence to support this recommendation. In fact, the **evidence indicates that NSAIDs are more effective for severe pain**. The combination of acetaminophen and an NSAID may be the strongest option available for oral treatment of acute pain.

In some situations, limited use of opioids is appropriate. But for many situations in which opioid painkillers are used today, current literature tells us that there are more appropriate alternatives. When there is a treatment that is proven to be both more effective and safer, it is the treatment of choice.

*Note: This scientific content has been edited down from a National Safety Council position paper: <http://www.nsc.org/RxDrugOverdoseDocuments/Evidence-Efficacy-Pain-Medications.pdf>.<sup>3</sup>*

## Dispensing Opioids in the Dental Practice

Prior to prescribing, the dentist should observe the following protocols:

- **Conduct a thorough medical and dental history, including documentation of current medications taken.**
- **Consideration should be given to local anesthetics to assist in pain management.**
- **Use of NSAIDs as a first-line therapy, unless contraindicated.**

- ◇ Additionally, NSAIDs should be given- immediately prior to treatment, with continued dosing as needed following the procedure.
- ◇ Exercise caution when using NSAIDs in patients taking anti-coagulants as the combination poses a significant increased risk in bleeding.
- ◇ Monitor for adverse reactions to NSAIDs in patients with a history of renal (kidney) disease.
- ◇ Refer to the previous section of this guide for scheduled dosing of acetaminophen with NSAIDs.

## If Opioids are to be Prescribed:

- Pain therapy should be coordinated with the patient's other medical providers when possible, especially in cases where there is a history of substance abuse.
- The AK Prescription Drug Monitoring Program database must be accessed prior to writing a new Schedule II, III or IV prescription for a patient of record or a new patient except in the situations below.
- Prescribers are not **required** to access the database in the following cases but **should** do so if possible:
  - during the 48 hours following a surgical procedure
  - for a nonrefillable prescription in a quantity intended to last for not more than 3 days
  - in an inpatient setting
  - in an emergency room
  - in a hospice or nursing home with an inpatient pharmacy
- The dose and duration should be for as short a time period as possible.
- Prescriptions are limited to 7 days or less
- Prescribers must discuss all opioid prescriptions to minors with parents
- Opioid combination medications including acetaminophen should not exceed 3,000 mg/day of acetaminophen for adults.
- The ADS Opioid Guideline Subcommittee recommends that dentists include in the patient record the signed informed consent, developed by the ADS, outlining the possible deleterious effects of opioids.

## Prescribing for Chronic Pain

Dentists who need to prescribe for chronic conditions are urged to become familiar with the [CDC Guidelines for Prescribing Opioids for Chronic Pain](#).

# Patient Communication & Informed Consent

Having an open discussion with your patient and parent or guardian is vital to safe prescribing. **When the decision to prescribe an opiate-based medication is determined, dentists should:**

- 1) Discuss the possible side effects, including addiction and misuse, with the patient and parent or guardian. The ADS has developed an [informed consent](#) that can be used or adapted for use by the clinician.
- 2) Explain to the patient the dosage and scheduling of the medication.
- 3) Further explain how you will dispense refills if needed. Refill by phone absent a follow-up examination is discouraged.
- 4) Refer to the AK Prescription Drug Monitoring Program before prescribing and if/when a refill is requested or needed. Explain the AKPDMP to your patient.
- 5) Provide information on safe disposal of unused medications (see below).
- 6) If you suspect a patient is misusing prescription medications, the [American College of Preventive Medicine](#) offers tips on how to talk to your patients about misuse of prescriptions.



# The AK Prescription Drug Monitoring Program (AKPDMP)

The **AKPDMP** is a statewide database that collects prescription data on Controlled Dangerous Substances (CDS) dispensed in outpatient settings. The purpose of AKPDMP is to help stem the tide of the dangerous practice of “doctor shopping” and the equally dangerous prevalence of “pill mills.” Beginning July 1, 2017, all prescribers in Alaska with a Drug Enforcement Agency (DEA) prescribing number will be required to register for the AKPDMP.

**Doctor shopping** is the practice of individuals visiting multiple medical and dental practitioners to obtain prescriptions for the same or similar medication. The prescriptions, filled at different pharmacies, are either used by the individual or sold as street drugs.

**Pill mills** are clinical practices that dispense CDS drugs outside the legitimate scope of practice and in violation of AK law.

The AKPDMP database is updated weekly. Prescribers can easily see trends in opioid overuse and multiple prescribers.

For questions on the AKPDMP contact Dr. Logan at 907.563.3003.

## Safeguarding Prescription Pads

Prescription pads should be stored in a safe, secure area away from patient access. Additionally prescription pads should be inventoried and monthly audits done. If a prescriber becomes aware of missing or stolen prescription pad(s) they should immediately contact local law enforcement. Prescriptions, under no circumstances, should be pre-signed without patient information, prescription type and dosage included.

# Disposing of Opioids

Consumers and caregivers should remove expired, unwanted, or unused medicines from their home as quickly as possible to help reduce the chance that others may accidentally take or intentionally misuse the unneeded medicine. This is especially crucial when children are present or visit the place of residence. Consumers on chronic opioid pain medication should consider purchase of a secure device to store their medication such as a safe.

Medicine take-back programs are a good way to safely dispose of most types of unneeded medicines. The U.S. Drug Enforcement Administration (DEA) periodically hosts National Prescription Drug Take-Back events where collection sites are set up in communities nationwide for safe disposal of prescription drugs. Local law enforcement agencies may also sponsor medicine take-back programs in your community. Likewise, consumers can contact their local waste management authorities to learn about medication disposal options and guidelines for their area. If there are no readily available options, and especially if there are children in the house or who visit the house, return the unused portion to the pharmacy the prescription was obtained from.

# References

1. Muhuri PK, Gfroerer JC, Davies MC; Substance Abuse and Mental Health Services Administration. Associations of nonmedical pain reliever use and initiation of heroin use in the United States. CBHSQ Data Review. <http://www.samhsa.gov/data/2k13/DataReview/DR006/nonmedical-pain-reliever-use-2013.pdf>. Published August 2013. Accessed October 2016.
2. Moore PA, Hersh, EV; Combining Ibuprofen and Acetaminophen for Acute Pain Management after third-molar extractions JADA. <http://jada.ada.org/article/S0002-8177%2814%2960509-2/pdf>. Published August 2013. Accessed October 2016.
3. Teater, D; Evidence for the efficacy of pain medications. <http://www.nsc.org/RxDrugOverdoseDocuments/Evidence-Efficacy-Pain-Medications.pdf>. Published October 2014. Accessed October 2016.

# Resources

Centers for Disease Control and Prevention:

<https://www.cdc.gov>

<http://www.cdc.gov/drugoverdose/index.html>

Alaska Prescription Monitoring Program (AKPDMP):

<https://alaska.pmpaware.net/login>

The American Medicine Chest Challenge (Disposing of unused medications):

<http://www.americanmedicinechest.com/>

American Dental Association:

<https://www.ada.org/en/advocacy/advocacy-issues/prescription-drug-abuse>

Alaska Division of Public Health

<http://dhss.alaska.gov/dph/Director/Pages/heroin-opioids/prevent.aspx#opioids>

Alaska Opioid Task Force:

<http://dhss.alaska.gov/AKOpioidTaskForce/>

American College of Preventive Medicine. Doctor/Patient Conversations (#10):

<http://www.acpm.org/?page=useabuserxclinref&terms=%22drug+and+abuse%22>



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