

From: LA Dental Society and Safe Med LA Prescription Drug Abuse Coalition of Los Angeles County

To: All Dentists in LA County

Subject: Advisory for Dental Practice on Safe Opioid Prescribing

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The Los Angeles Dental Society has joined with the Safe Med LA Prescription Drug Abuse Coalition of Los Angeles County to promote safe and appropriate opioid prescribing. We are following the lead of ADA President Carol Gomez Summerhays, who recently urged dentists everywhere to take steps to help prevent the widespread abuse of opioid pain medications (letter published in ADA News, July 5, 2016). The ADA recognizes that the misuse and abuse of opioid pain relievers—such as hydrocodone (Vicodin® and Lortab®) and oxycodone (OxyContin® and Percocet®)—have reached epidemic proportions in the United States. As prescribers of immediate-release and short-acting (IR/SA) opioid pain medications, dentists are well positioned to help keep these drugs from becoming a source of harm.

The new CDC Guideline on Safe Opioid Prescribing (3/15/2016) warns that long-term opioid use often begins with treatment of acute pain. <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

- When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids.
- Three days or less will often be sufficient; more than seven days will rarely be needed.

**We bring your attention to the following key recent clinical practice guideline statements affecting dental practice and urge you to incorporate into your dental practice, as appropriate.**

**Pennsylvania Dental Association Pennsylvania Guidelines on the Use of Opioids in Dental Practice** (6/15/2015)

[https://www.padental.org/Images/OnlineDocs/ResourcesPrograms/Practice%20Management/opioid\\_dental\\_prescribing\\_guidelines3\\_13\\_15.pdf](https://www.padental.org/Images/OnlineDocs/ResourcesPrograms/Practice%20Management/opioid_dental_prescribing_guidelines3_13_15.pdf)

- Clinicians should administer non-steroidal anti-inflammatory drugs (NSAIDs), as first-line analgesic therapy, unless contraindicated. NSAIDs have been demonstrated to be very effective for the treatment of dental pain, and indeed are often more effective than opioids. Consideration should be given to initiating NSAID therapy immediately before the procedure, then continuing dosing on a scheduled basis immediately following the procedure.
- Acetaminophen has been shown to be synergistic with NSAIDs with the efficacy of low dose opioids. When clinicians administer acetaminophen, it should be on a scheduled basis unless contraindicated
- If an opioid is to be administered, the dose and duration of therapy should be for a short period of time, and for conditions that typically are expected to be associated with more severe pain. Do not prescribe doses or amounts that are in excess to the expected opioid requirements.

- A. When opioids are indicated, the provider should choose the lowest potency opioid necessary to relieve the patient's pain.
  - *Prescribe opioid pills only in small dosages, which in most cases should not exceed three days or 10 tablets*
  - *Do not offer prescriptions with refills. Use caution if replacing prescriptions that were lost, destroyed, or stolen.*

[From The Oregon Pain Guidance group (OPG) *Pain Treatment Guidelines* with a RECOMMENDED OPIOID POLICY FOR DENTISTS (May 2016 update). ([http://professional.oregonpainguidance.org/wp-content/uploads/sites/2/2014/04/OPG\\_Guidelines\\_2016.pdf](http://professional.oregonpainguidance.org/wp-content/uploads/sites/2/2014/04/OPG_Guidelines_2016.pdf))]

B. Long-acting opioids or extended-release preparations are contraindicated for the treatment of acute procedural pain.

In addition, we have pooled together resources to organize a set of clinical practice guidelines to help you 1) recognize the signs of substance abuse, 2) follow reporting strategies, and 3) incorporate drug diversion prevention protocols in your practice.

Consolidated from the *ADA Practical Guide to Substance Use Disorders and Safe Prescribing*, these guidelines serve as a reference for you and your dental team. They have been simplified for easy reference. Further detail follows this memorandum and we have also included additional resources for more study.

Thank you for your attention to the current state of evidence and clinical guidelines, and for being part of the solution to the epidemic of opioid over-prescribing, overdose and unintentional deaths in our communities. If you have any questions or comments, please feel free to contact any of us, Safe Med LA or Los Angeles Dental Society.

Sincerely,

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## **Provision of Dental Treatment for Patients With Substance Use Disorders**

### **Identifying Prescription Drug Seekers**

- 1) Perform a prescription monitoring report on new and chronic patients receiving controlled substances
- 2) Request reports every six months to a year from PDMPs
- 3) Be careful about acting immediately on “hearsay” reports
- 4) In cases where a controlled substance AND a non-controlled substance is prescribed, follow up with the pharmacy to see if non-controlled substance is filled

### **Treatment Considers and Reporting Strategies**

- 1) Communicate with other practitioners about common patients
- 2) Provide at least a 30-day notice prior to discharging a patient for contract violations or criminal activities
- 3) Consider referrals to medical or surgical specialists to optimize therapeutic options
- 4) Maintain a list of local substance abuse treatment resources or facilities to refer when substance abuse is detected
- 5) Report criminal behavior on your premises

### **Drug Diversion Prevention Practices**

- 1) Request driver’s license, insurance cards, and delivery address from all new patients
- 2) Reinforce “no sharing” of medications with family and friends
- 3) Use a substance abuse/addiction questionnaire
- 4) Observe and be mindful of multiple reports of prescription loss or theft
- 5) Isolate patients who come with family or friends to try to assess patient’s true needs
- 6) Consider tapering controlled substances for prescriptions longer than 6-8 weeks
- 7) Set appropriate goals for pain management
- 8) Maintain thorough records of prescribed medications
- 9) Maintain a list of alternative medications for pain
- 10) Observe and be mindful of multiple requests for early refills of controlled substances
- 11) Establish a lock-up site for tamper-proof prescription pads
- 12) Observe and be mindful of requests for dosage increases early in treatment
- 13) Always perform background checks on medical and office staff



Additional resources:

**Provider's Clinical Support System Online Training for Opioid Therapies** ([www.pcss-o.org](http://www.pcss-o.org))

**CDA Presents** sessions in San Francisco and in Anaheim include courses on pain management in dentistry and regulatory requirements, such as the use of CURES. Additionally, in the November 2015 **CDA Journal**, dentistry and pharmacy collaborated to produce a themed issue devoted to pain management in dentistry and useful information on alternatives to opioids:

[http://www.cda.org/Portals/0/journal/journal\\_112015.pdf](http://www.cda.org/Portals/0/journal/journal_112015.pdf)