NJDA

New Jersey Dental Association

New Jersey Guidelines and Resources

for Safe Prescribing of Opioids and Non-Opiate Alternatives

Contents

A Message to Our Members.. 2

Overview.. 3

Efficacy of Opioids and Non-Opiates in Acute Pain....................................... 4

Dispensing Opioids in the Dental Practice.. 6

Patient Communication & Informed Consent.. 7

Safe Disposal of Unused Medications... 8
  Prescribing for Chronic Pain

NJ Prescription Monitoring Program/AWARxE.. 9
  Doctor Shopping & Pill Mills
  Safeguarding Prescription Pads

References & Resources.. 10

NJDA
New Jersey Dental Association

A Message to our Members about New Jersey's Opioid Crisis

As the opioid public health crisis in New Jersey 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 treating of chronic pain is briefly discussed on page 8.

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

Sincerely,

Elisa Velazquez, DMD
Chair, NJDA Council on Governmental and Public Affairs

NJDA Opioid Guideline Subcommittee
Mark A. Vitale, DMD
Gregory LaMorte, DDS
Mitchell Weiner, DMD
Kevin Corry, DDS

NJDA
New Jersey Dental Association

Overview

There is a documented epidemic of opioid and heroin abuse in New Jersey. The NJDA has joined with the ***Partnership for a Drug Free NJ*** to advocate for the responsible use and disposal of prescription opiates. The NJDA is committed to informing our members of the latest research. We want to keep you abreast of the latest findings on the efficacy of analgesics and responsible dosing. We share a special rapport with our patients. We are in an excellent position to educate them about the addictive potential of prescribed opiates.

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 New Jersey, 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. Among new heroin users, approximately three out of four report abusing prescription opioids prior to using heroin.[1]

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 NJDA urges its membership to review the data.

NJDA New Jersey Dental Association

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 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 are many of the currently available opioid-containing formulations.[2]”

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***.[3]

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.

  ◊ 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 ***NJ Prescription Monitoring Program*** database must be accessed prior to writing a new Schedule II prescription for a patient of record or a new patient. NOTE: NJPMP will migrate to AWARxE in November, 2016.
- The dose and duration should be for as short a time period as possible.
- Opioid combination medications including acetaminophen should not exceed 3,000 mg/day of acetaminophen for adults.
- In general, it is not appropriate to prescribe via phone request or to patients who are new to the practice without a thorough evaluation.
- Mandated by NJ law, ***safe disposal instructions***, must be given to patients, to ensure unused medications are not misused or improperly disposed of.
- The NJDA Opioid Guideline Subcommittee recommend that dentists include in the patient record the signed ***informed consent***, developed by the NJDA, outlining the possible deleterious effects of opiods.

NJDA
New Jersey Dental Association

Patient Communication & Informed Consent

Having a 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 NJDA 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 NJ Prescription Monitoring Program before prescribing and if/when a refill is requested or needed. Explain the NJPMP 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.

NJDA New Jersey Dental Association

Safe Disposal of Unused Medications

NJ law requires prescribers to provide a notice about ***drug take back programs*** upon dispensing to each patient a controlled dangerous substance (CDS) prescription medication. Specifically, the new law requires prescribers to furnish to each patient, with any CDS prescription drug or medicine dispensed for that patient a notice prepared by the Division of Consumer Affairs .

The NJ Division of Consumer Affairs has devised a notice in ***English*** and ***Spanish*** for you to give your patients.

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.***

NJDA
New Jersey Dental Association

The NJ Prescription Monitoring Program (NJPMP/AWARxE)

The ***NJPMP*** is a statewide database that collects prescription data on Controlled Dangerous Substances (CDS) dispensed in outpatient settings. The purpose of NJPMP is to help stem the tide of the dangerous practice of “doctor shopping” and the equally dangerous prevalence of “pill mills.” Beginning November 16, 2016, the NJPMP software will be upgraded to a new platform, AWARxE. NJPMP also offers a free app for Android and iPhones.

Doctor shopping is the practice of individuals visiting multiple medical and dental practitioners to obtain prescriptions for the same 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 NJ law.

As of November 1, 2015 all prescribers holding CDS registrations need to register to access the NJPMP. Additionally, any practitioner who dispenses or prescribes Schedule II medications must refer to the database for new prescriptions for a patient of record or a new patient.

The database is updated daily. NJPMP is able to generate reports on unusual prescribing patterns related to specific patients. These reports are intended to help practitioners and pharmacists discuss drug misuse and abuse with the patient and refer the individual for help.

Safeguarding Prescription Pads

All licensees are required to notify the ***Office of Drug Control*** in the New Jersey Division of Consumer Affairs within seventy-two (72) hours of being made aware that any New Jersey Prescription Blank has been stolen or forged. A New Jersey Prescription Blank Incident Report Form must also be completed and filed within seven (7) days after notification.

NJDA New Jersey Dental Association

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***

New Jersey Prescription Monitoring Program (NJPMP):
- ***http://www.nj.gov/lps/ca2/pmp/***

NJ Division of Consumer Affairs Drug Take Back Program:
- ***http://www.njconsumeraffairs.gov/meddrop***

NJ Office of Drug Control (Reporting stolen or forged prescription blanks):
- ***http://www.njconsumeraffairs.gov/dcu/Pages/default.aspx***

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***

Partnership for a Drug Free NJ:
- ***http://drugfreenj.org/***

American College of Preventive Medicine. Doctor/Patient Conversations (#10):
- ***http://www.acpm.org/?page=useabuserxclinref&terms=%22drug+and+abuse%22***

NJDA
New Jersey Dental Association