Opioid Prescribing
Spokane County Dentists
One in 10 high school students used an opioid medication to get high in the last 30 days.
Nonmedical Use of Pain Relievers in Past Year, 12 or Older

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2008 and 2009.
Unintentional Prescription Opioid Overdose Deaths
Washington State, 1995-2010

Source: Washington State Department of Health, Death Certificates
Amount of Prescription Painkillers Sold by State per 10,000 People

SOURCE: Automation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 2010
From Treatment to Diversion

Opiate medication is valuable for pain management.

Unused medication may be misused, given to someone else, stolen, or sold.
Collecting Information

2010 summit of Tufts Health Care Institute’s Program on Opioid Management

Recommendations published in The Journal of the American Dental Association, July 2011

Better understand the practice patterns for pain management and analgesic use among general dentists and dental specialists

Used a 2010 survey of dentists in West Virginia as a template.

Presented at the October 2011 Spokane Dental Society meeting.

Mailed survey to SDS dentists November 2011.

Paper or electronic options available

51% of licensed dentists in Spokane County participated in the survey.

The survey was approved by the Washington State Institutional Review Board.
Demographics

Washington State Dentists
• 18% female
• 38% >55 years
• 77% general practice
• 4% pediatric
• 2% public health
• 17% other specialties

Survey Respondents
• 14% female
• 39% 55+ years
• 75% general practice
• 5% pediatric
• 20% other specialties
Prescribing Practices

• 93% prescribed opioids in the last year.

• The most preferred opioid to prescribe was hydrocodone/APAP (Lortab, Vicodin).
  – Second choice was codeine/APAP (Tylenol®#3)
  – Third choice was oxycodone/APAP (Percocet)
Prescribing Practices

• 90% prescribe 0-25 per week.

• 61% include a refill on some prescriptions.

• 71% estimate 1-10% of patients request a refill.
Prescribing Practices

- Extraction was the most common procedure for prescribing an opiate.
  - 16 doses
  - 5 days of treatment
  - 2 doses leftover

- Only 5% estimate patients do not have leftover medication.
Prescribing Practices

• 81% screen patients for drug addiction or drug abuse.
  – 78% prescribe a non-addicting drug instead
  – 53% refuse to prescribe an opioid analgesic
  – 40% decrease the amount prescribed

• 65% have been the victim of prescription fraud or theft.
  – 89% fake pain symptoms
  – 84% using multiple providers
  – 53% claim lost prescription
Developments
The Washington State Department of Health developed the Prescription Monitoring Program (PMP). As of January 2012, providers can access a patient’s prescription history before they prescribe. Use of the PMP is voluntary, but the more providers using it, the more effective it will be. Providers can register at www.wapmp.org.

Alternatives
Having specific office policies around prescribing opioids could help deter drug seekers and help change expectations of when a patient receives opioid medication. Some examples include requiring a patient to be seen to get a prescription or a refill, or starting treatment with a NSAID before prescribing an opioid.

Connections
Weekend and evening patients who call are challenging. Being able to remotely log in to a work system lets a dentist know if the caller is a patient and if they have a pending appointment. Contacting other dentists, physicians and pharmacies to coordinate care or notify of drug-seeking behavior will improve patient care.
Status of State Prescription Drug Monitoring Programs (PDMPs)

*The operation of Nebraska’s Prescription Monitoring Program is currently being facilitated through the state’s Health Information Initiative. Participation by patients, physicians, and other health care providers is voluntary.


This information was compiled using legal databases, state agency websites and direct communications with state PDMP representatives.
DOH’s Goals for Washington’s PMP

- To give practitioners an added tool in patient care
- To allow prescribers and dispensers to have more information at their disposal for making decisions
- To make sure that those who do need scheduled prescription drugs receive them
- To educate the population on the dangers of misusing prescription drugs
- To help stop overdoses
- To curb the illicit use of prescription drugs
- To get those who are addicted into proper treatment
Just What is the PMP?

• A secure online centralized database
• Dispensers of medication submit data
• Practitioners are able to review prescription history
Who Has Access to the PMP?

- Prescribers & dispensers – about their patients
- Licensing boards – for investigations
- Individuals – for prescriptions dispensed to them
- DOH/Vendor – about program operations
- Law Enforcement/Prosecutor – specific investigations
- Medical Examiner – cause of death determination
- HCA (Medicaid), L&I (Worker’s Comp), DOC (Offenders)
- De-identified information may be provided for research and education
What Dentists Say

• “When I'm on call for other offices and I get a call from a patient with a toothache, I call around different pharmacies and do a drug history check before I prescribe.”

• “I never give refills. If they need a refill, treatment not pills is indicated.”

• “This shows the need for a continually updated database for practitioners with a DEA# to log into to track pt.'s by their SS#.”
What Dentists Say

• “A central data bank accessible by practitioners would be extremely helpful.”

• “Hopefully we can get a better system to alert pharmacies and fellow doctors from patients who are obvious drug seekers.”

• “An active database allowing DEA# holders to log in to and track patients narcotic prescriptions will be the only solution that truly protects the prescriber and ultimately the patients.”
Actions

• SRHD: Community Health Assessment
  – Spokane Dental Society
  – Posted online
  – Dental Quality Assurance Commission
  – Spokane County Oral Health Coalition
  – WA State Joint Conference on Health, 2012
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Future Opioid Prescribing Educational Opportunities

• February 20, 2013, 2:00 PM (CT) – A Statewide Evaluation of Opioid Prescribing Patterns with an Emphasis on Drug Diversion and Substance Abuse – Michael O’Neil, Pharm.D

• April 2013, 2:00 PM (CT) – Dental Pain in the Emergency Room – Christopher Okunseri, DDS

• September 19-20, 2013 - American Dental Association Conference on Dentist Health and Well-Being/Opioid Education Track

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