Integrating Controlled Substance Risk Assessment and Management into Dental Practice

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Massachusetts General Hospital/Harvard Medical School
July 21, 2021
To interact during the webinar:

- Questions for the Technical Team
- Questions for the presenter(s)
Educational Objectives

• At the conclusion of this activity participants should be able to:
  ▪ Recognize patient risk factors for misuse of controlled substances and risks for presence of a substance use disorder
  ▪ Review tools for assessing patient risk, including validated screeners and state prescription drug monitoring program databases
  ▪ Identify strategies for improved interprofessional care of complex patients with active substance use disorder
PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.

- PCSS Mentors are a national network of providers with expertise in addictions, pain, evidence-based treatment including medications for opioid use disorder (MOUD).
  - 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
  - No cost.

For more information visit: https://pcssNOW.org/mentoring/
PCSS Discussion Forum

Have a clinical question?

Ask a Colleague

A simple and direct way to receive an answer related to medications for opioid use disorder. Designed to provide a prompt response to simple practice-related questions.

http://pcss.invisionzone.com/register
PCSS is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

<table>
<thead>
<tr>
<th>Addiction Technology Transfer Center</th>
<th>American Society of Addiction Medicine</th>
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<tr>
<td>American Academy of Family Physicians</td>
<td>American Society for Pain Management Nursing</td>
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<td>American Academy of Pain Medicine</td>
<td>Association for Multidisciplinary Education and Research in Substance use and Addiction</td>
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<td>American Academy of Pediatrics</td>
<td>Council on Social Work Education</td>
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<td>National Council for Mental Wellbeing</td>
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<td>The National Judicial College</td>
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<tr>
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<tr>
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Educate. Train. Mentor

@PCSSProjects
www.facebook.com/pcssprojects/

www.pcssNOW.org
pcss@aaap.org

Funding for this initiative was made possible (in part) by grant no. 1H79TI081968 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.
Initial Public Policy Initiative
MA Dental Schools

- The Boston University Henry M. Goldman School of Dental Medicine
- Harvard School of Dental Medicine
- Tufts University School of Dental Medicine

Controlled Substance Risk Initiative

Massachusetts Dental Schools Respond to the Prescription Opioid Crisis: A Statewide Collaboration

David A. Keith, BDS, DMD; Ronald J. Kulich, PhD; Monica Bhamre, MD, MPH; Robert E. Booze, EdD; Jennifer Brownstein, PsyD; John D. Da Silva, DMD, MPH, ScM; Richard D’Innocenzo, DMD, MD; R. Bruce Donoff, DMD, MD; Ellen Factor; Jeffrey W. Hutter, DMD, MA; Jeffry R. Shafee, DDS, MS, MPH; Nadeem Y. Karimbux, DMD, MMSc; Helen Jack; Huw F. Thomas, BDS, MS, PhD

Abstract: The prescription opioid crisis has involved all sectors of U.S. society, affecting every community, socioeconomic group, and age group. While federal and state agencies are actively working to deal with the epidemic, medical and dental providers have been tasked to increase their awareness of the issues and consider ways to safely prescribe opioids and, at the same time, effectively treat their patients’ pain. The Commonwealth of Massachusetts, under the leadership of Governor Charles D. Baker and his administration, challenged the state’s four medical schools and three dental schools to improve their curricula to prepare the next generation of clinicians to deal with this crisis in an evidence-based, effective, and sympathetic way. This Perspectives article outlines the national prescription opioid crisis, details its effects in Massachusetts, and describes the interdisciplinary collaboration among the Commonwealth, the three dental schools, the Massachusetts Dental Society, and a concerned student group. The article also describes the efforts each dental school is undertaking as well as an assessment of the challenges and limitations in implementing the initiative. The authors hope that the Massachusetts model will be a useful resource for dental schools in other states.
Disclosures

- Coverys Community Healthcare Foundation
- RIZE Massachusetts Foundation
# Content Template: The Controlled Substances Clinical Management Checklist

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<td>▪ Communicate with other treating clinicians</td>
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<td>▪ Assess medical and psychosocial risk factors (Hx SUD, family SUD.....)</td>
<td>▪ Communicate with patient and family members/caregivers</td>
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<td>▪ Assess dental risk factors</td>
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<td>▪ Analyze relevant PE and/or MSE findings (observe!)</td>
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Kulich RJ, Keith DA, Schatman MJ (Eds) Controlled Substance Risk Mitigation in the Dental Setting, in Clinicals of North America. ELSEVIER, 1600 JFK Boulevard, Suite 1800, Philadelphia, PA 19103 USA
# The Controlled Substances Clinical Management Checklist cont’d

## Disposition & follow-up
- Determine/document *level of risk* prior to prescribing
- Individualized treatment recommendations
- Determine likelihood of *adherence/follow-up*
- Make appropriate referrals: MH, SA, pain care
- Instruct patient re: safe Rx disposal
- Assess need for continued monitoring and/or higher level of care

## Ongoing collaboration & assessment
- Communicate and collaborate with *other care providers*
- Perform periodic *reassessment* of pain, SUD risk, and mental health comorbidities
- Attend to *special at-risk populations* that develop over time: The NAS* patient, the patient requiring naloxone, adolescents, etc.

*Neonatal abstinence syndrome*
RISE IN OPIOID OVERDOSE DEATHS IN AMERICA

A Multi-Layered Problem in Three Distinct Waves

Nearly 450,000 people died from an opioid overdose (1999-2018)

- **1990s**: Mark a rise in prescription opioid overdose deaths
- **2010**: Marks a rise in heroin overdose deaths
- **2013**: Marks a rise in synthetic opioid overdose deaths

**Rx OPIOIDS**
- Include natural, semi-synthetic, and methadone and can be prescribed by doctors

**HEROIN**
- An illegal opioid

**SYNTHETIC OPIOIDS**
- Include fentanyl and can be illicitly made

Learn more about the evolving opioid overdose crisis: [www.cdc.gov/drugoverdose](https://www.cdc.gov/drugoverdose)

Source:
[https://www.cdc.gov/drugoverdose/data/analysis.html](https://www.cdc.gov/drugoverdose/data/analysis.html)
History of the “Opioid Crisis”

Initial Causes?

- **Unscrupulous marketing**

- **Kickback schemes**

- **Lucrative compensation for speaking as an incentive to prescribe**

- **Promotion of off-label use** *(not just opioids!)*
Causes of the Opioid Crisis (continued)

- “Pill mills,” e.g., dose equivalent of 500 oxycodone 5mg per day
  Pardo B. Addiction 2017;112(10):1773-1783.

- Unrealistic expectations regarding complete relief of pain

- Providers’ (PCPs) failure to adequately identify and monitor misuse and overuse
Dentists and Opioid Prescribing

Early Recommendations 20+ years ago:

“Dentists have an ethical obligation to move beyond simply refusing prescriptions for patients suspected to be chemically dependent; they should sensitively discuss the issue with these patients and be prepared to offer referral for intervention”

FIND CHAMPIONS?

Dentists and Opioid Prescribing

Recommendations by 2011:
“All prescribers have a responsibility to minimize the potential for drug misuse and diversion while maintaining legitimate access to opioids for patients in need of such analgesic treatment”

- Prescribing providers need to communicate with general dentists and, in some cases, PCPs
- Address leftover opioids
- Conduct screening for substance use disorders
- Offer a brief intervention and referral to treatment model (SBIRT-NIDA Quick Screen) ...and urine drug testing?

Dentists and Opioid Prescribing: Ethical Considerations

Recommendations coming together by 2016:

- “Rational prescribing” ≠ “not prescribing”
- Opioids can be best practice
- Non-opioid formulations are preferable
- Consider interventional & non-pharmacological strategies
- Assess & set realistic pain care expectations
- Evaluate acute & chronic pain concurrent while assessing controlled substance risk factors

Dental Education Core Competencies for the Prevention and Management of Prescription Drug Misuse, 2016
Prescribing Rates are Dropping

- **1998-2012** – Relative dental opioid prescribing decreased, from 15.5% of all US opioid prescriptions to 6.4%

- **In 2012**, dentists still ranked 2nd to PCPs as the top prescribers (for acute conditions)
Prescribing Rates are Dropping

Dental prescribing continued to decrease year after year since 2013

- accelerated drop after release of the 2016 CDC Guideline
- followed popular press reports, CE programs, and Board/Professional Organizations recommendations

“Continued vigilance among dental prescribers is warranted when considering opioids for pain management, particularly among adolescents and young adults given the potential risk conferred for future opioid use and abuse. Consistent with American Dental Association recommendations, dental prescribers should standardly consider non-opioid alternatives as first-line pain management options, and if prescribing an opioid, should utilize prescription drug monitoring resources and provide thorough patient counseling regarding pain management expectations and opioid risk mitigation strategies, e.g., secure storage, timely disposal.”  J. L. McCauley
It’s not just opioids!

- Substance Use Disorders & substance misuse remain at epidemic levels
- Overdoses are commonly the consequence of multiple substances
- Overfocus on opioids may distract from addressing comprehensive SUD assessment
  - We should be looking at all substances that pose risk
Substance Use Disorder Assessment
the Barriers of Stigma & Attitude

US Dentists

3/4
Report asking patients about substance misuse

US Dentists

2/3
Disagree that such screening is compatible with their professional role

Adapted from: McCauley et al., 2016, Parish et al., 2015, Hoang, Keith, and Kulich, 2019
US Dentists

86.2%

DID NOT BELIEVE SUBSTANCE USE DISORDER WAS A PROBLEM*

Dentists significantly underestimate the prevalence of substance abuse disorder

Bias and stigma cause reduced access to care, poor quality of care, and patient nonadherence

Health care providers may lack an understanding that substance use disorders are *reoccurring illnesses*, and *relapses are common*

*Priyadarshini et al. (2019)*
Substance Disorder Assessment: the Barriers of Stigma & Attitude

- 5-6% of dentists request medical records
- We found consistent pushback on this component of assessment among 20 national experts in orofacial pain and addiction
Familiarity with Common Drugs of Misuse

“To respond appropriately, dentists need to understand the terminology of prescription drug abuse; be able to identify and describe the drugs most often misused or abused; be able to identify individuals who may be at risk for prescription drug abuse; and be prepared to manage patients at risk in the dental setting”

### Opioids
- Heroin
- Morphine
- Hydrocodone
- Hydromorphone
- Oxymorphone
- Codeine
- Fentanyl
- Tramadol
- Methadone
- Diphenoxylate
- Oxycodone

### Not Opioids
- Stimulants
  - Cocaine/crack, amphetamine
- Sedatives/anxiolytics
  - Barbiturates, Benzodiazepines
- Hallucinogens/Psychedelics
- Alcohol
- Cannabis
- Tobacco
- Anticonvulsants
  - Gabapentin
- Inhalants
  - Nitrous oxide, solvents or aerosol products
CLINICAL EXAMINATION

ORAL MANIFESTATIONS

- Rampant Caries
- Gingivitis
- Poor Oral Hygiene
- Advanced Periodontitis
- Xerostomia
- High Percentage of Missing Teeth
- Traumatic Lesions
- Oral Infections
- Bruxism/Clenching
PDMP

Prescription Drug Monitoring Programs

Healthcare Providers

Law Enforcement

State Health Departments

Healthcare Licensure Boards

Pharmacies

State Insurance Programs
Prescription Drug Monitoring Programs
*(NOT just for opioids)*

- **WA State study** – Only 11% of dentists were registered with the PDMP and actually consulted with it
  

- **2019 national study** – 46.6% of dentists reported having never consulted with a PDMP
  

- **2020 study** – Only 49.5% of dentists were PDMP registered, less than physicians, PAs, NPs, and pharmacists
  

- **2021 review dental school e-record**
  
  - 24 out of 3k+ records showed documentation of a PDMP Check
  
  - 0-100% of orofacial pain programs were PDMP registered

Dental School Clinical Case

“I want to get my teeth fixed at a reasonable cost”

- 58 y.o. male, employed
- Height: 6’ 1”, Weight: 212 lbs. BMI: 28.0
- “Occasional” smoker, “one drink per week,” denies recreational drugs
- Reported **no regular use** of controlled substances, “drinks socially”
- Requires extensive dental work
- Records Reviewed: Presented acutely to dental ER 2 weeks earlier with request for care, given 8 oxycodone 5mg, booked follow-up

Plan:
1. **Assess acute dental needs**
2. **Check PDMP**
3. **Place call to PCP, + acquire medical records**
4. **Have a conversation with the patient**
# Prescription Drug Monitoring Results

## Summary

<table>
<thead>
<tr>
<th>Summary</th>
<th>Narcotics * (excluding buprenorphine)</th>
<th>Sedatives</th>
<th>Buprenorphine</th>
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<tr>
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<td>Current Qty: 0</td>
<td>Current Qty: 0</td>
<td>Current Qty: 0</td>
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<tr>
<td>Total Prescribers: 4</td>
<td>Current MME/day: 0.00</td>
<td>Current mg/day: 0.00</td>
<td>Current mg/day: 0.00</td>
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<tr>
<td>Total Pharmacies: 2</td>
<td>30 Day Avg MME/day: 0.00</td>
<td>30 Day Avg mg/day: 0.00</td>
<td>30 Day Avg mg/day: 0.00</td>
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</table>

## Prescriptions

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<tr>
<th>Fill Date</th>
<th>ID</th>
<th>Written</th>
<th>Drug</th>
<th>Qty</th>
<th>Days</th>
<th>Prescriber</th>
<th>Rx #</th>
<th>Pharmacy</th>
<th>Refill</th>
<th>Daily Dose *</th>
<th>Pymt Type</th>
<th>PMP</th>
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The High Risk Patient

https://tufts.box.com/s/i92estwdn8bk0gecdguz6pc28u8aeyf4
The Controlled Substances Clinical Management Checklist

- A time too step back and review the steps
- One step can include a NIDA
- PDMP, place a call?
- Consult and refer?

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NIDA Quick Screen Tool

- Developed by the National Institute on Drug Abuse (NIDA)
- Asks how often you have used alcohol, tobacco products, prescription drugs for non-medical purposes and illegal drugs in the past year and throughout your lifetime
- Patient risk level differs from drug to drug

https://www.drugabuse.gov/nmassist/
https://www.integration.samhsa.gov/clinical-practice/sbirt
### NIDA Drug Screening Tool

**NIDA-Modified ASSIST (NM ASSIST)**

In the past year, how often have you used the following?

<table>
<thead>
<tr>
<th>Alcohol (For men, 5 or more drinks a day. For women, 4 or more drinks a day)</th>
<th>Never</th>
<th>Once or Twice</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or Almost Daily</th>
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</table>

<table>
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<tr>
<th>Tobacco Products</th>
<th>Never</th>
<th>Once or Twice</th>
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<tr>
<th>Prescription Drugs for Non-Medical Reasons</th>
<th>Never</th>
<th>Once or Twice</th>
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<th>Illegal Drugs</th>
<th>Never</th>
<th>Once or Twice</th>
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</table>

Cannabis?

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**Actual consumption**

- 6 beers on the weekend
- Half a pack of cigarettes per day
- Cocaine once or twice a year

Risk-moderate to high
### Content Template: The Controlled Substances Clinical Management Checklist

#### Comprehensive risk assessment:
- Provide rationale for questions
- Assess pain
- Assess current substance use, including legal and illicit substances
- Assess medical and psychosocial risk factors
- Assess dental risk factors
- Analyze relevant PE and/or MSE findings

#### Data from special sources:
- Check PDMP and interpret findings
- Complete screening questionnaires (NIDA quick-screen)
- Communicate with other treating clinicians
- Communicate with patient and family members/caregivers
**Content Template:**

**The Controlled Substances Clinical Management Checklist cont’d**

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Disclosure to the patient and other healthcare providers

- When SUD Risk Factors are present
  - Frank discussion with the patient is always prudent.
  - Utilize Empathy & Motivational Interviewing techniques
- Discuss patient expectations, realistic & unrealistic
- PDMP meant to facilitate a conversation with the patient
  - opportunity to confer with co-treating providers
- Document the patient’s response and adherence to the plan
  - Record patient quotes
Interdisciplinary (Interprofessional) Assessment and Care

- Make the phone call, or send the email, e.g., the patient on suboxone may still be appropriate for short acting opioids
- Cross communication between providers permitted by HIPAA (Health Insurance Portability and Accountability Act)
- Caution! when the patient attempts to restrict cross-communication
- Share screening results, e.g., NIDA Quickscreen, PDMP
- Request & send narrative reports
- Establish relationships with local MH and SUD experts
- Utilized newly established resources*
- Beware! Not all collaborators provide optimal assessment and care

*SAMHSA Helpline
https://www.samhsa.gov/find-help/national-helpline
Integrate the dental hygienist and dental assistant into assessment and management process.

- These colleagues:
  - Often know more about the patient’s psychosocial and comorbidity status
  - Can administer screeners and document risk factors
  - May be able to assist with access to Prescription Drug Monitoring Program (PDMP) results
Naloxone Education and Distribution

How Naloxone saves lives in an Opioid Overdose


Dental cases: “Opioid Addiction Results in Overdose Emergency at Dental Office” Sacramento Bee 5/12/2017
D Cohen DMD.

“Opioid Overdose happens outside the Dental Office” www.Healthfirst.com
Naloxone Education and Distribution

- Opioid reversal medication
- Safe medication
- Most commonly intranasal
- A critical component of the controlled substance risk assessment and management process
Naloxone Education and Distribution

- Fast acting (2-8 minutes) depending on person's metabolism, amount taken, and type of opioid used

- A person must be monitored closely as the effects of naloxone may dissipate before the effects of the opioid wear off

- An individual may require more intensive care and should be transported to the ER

- Specific for opioid overdose only

- Can be administered by all health care workers, family members, and others in the patient's circle of contacts

Recognizing the Ongoing Barriers

- Dentists are writing fewer opioids +
- Stigma associated w/at-risk patients +
- Discomfort with risk assessment
- Perception that the content is not relevant, e.g., “better for graduate students…”
- Isolation from co-treating healthcare specialists
- No validated screeners for dentistry
- E-Record Barriers
  - other records cannot be accessed
  - poor structure for dental e-records
- No financial incentives
- CE programs often designed for primary care physicians
- PDMP use & documentation is poor
- Limited assessment/Tx resources
Controlled Substance Risk Education

- Module 1: Historical Overview of Dentistry’s Role in Assessing and Managing the Complex Patient at Risk for Substance Misuse
- Module 2: Interviewing the Patient: Strategies to Identify Substance Use Disorders, Including Opioid Misuse and Abuse
- Module 3: Special Screening Resources: Strategies to Identify Substance Use Disorders, Including Opioid Misuse and Abuse
- Module 4: Managing Acute Dental Pain: Principles for Rational Prescribing and Alternatives to Opioid Therapy
- Module 5: Medical and Psychiatric Conditions Associated with Increased Controlled Substance Risk
Controlled Substance Risk Education

- Module 1: Historical Overview of Dentistry’s Role in Assessing and Managing the Complex Patient at Risk for Substance Misuse
- Module 2: Interviewing the Patient: Strategies to Identify Substance Use Disorders, Including Opioid Misuse and Abuse
- Module 3: Special Screening Resources: Strategies to Identify Substance Use Disorders, Including Opioid Misuse and Abuse
- Module 4: Managing Acute Dental Pain: Principles for Rational Prescribing and Alternatives to Opioid Therapy
- Module 5: Medical and Psychiatric Conditions Associated with Increased Controlled Substance Risk
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• Chapter 6: Assessment and Management of the High-Risk Dental Patient with Active Substance Use Disorder
• Chapter 7: Brief Motivational Interventions (MI): Strategies for Successful Management of the Complex, Non-Adherent Dental Patient
• Chapter 8: Interprofessional Collaboration and referral with Physicians and Mental Health/Addiction Medicine Specialists
• Chapter 9: Special High-Risk Populations in Dentistry: The adolescent patient, the elderly patient, and the woman of childbearing age
• Chapter 10: Management Liability Risks in the Patient with Controlled Substance Misuse and Abuse
Controlled Substance Risk Education

- Chapter 6: Assessment and Management of the High-Risk Dental Patient with Active Substance Use Disorder
- Chapter 7: Brief Motivational Interventions (MI): Strategies for Successful Management of the Complex, Non-Adherent Dental Patient

THESE MODULES CORRESPOND TO THE ARTICLES IN THE SPECIAL ISSUE OF CONTROLLED SUBSTANCE RISK MITIGATION IN DENTAL CLINICS OF NORTH AMERICA
JULY 2020
Access and Links to 10 Modules & Training

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