GUIDELINES FOR PRESCRIBING MONITORED DRUGS (OPIOIDS) IN DENTAL PRACTICE

The College of Dental Surgeons of Saskatchewan

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INTRODUCTION

Certain prescription drugs, like opioids and benzodiazepines, are associated with serious harms like addiction, overdose, and death. These drugs can have a devastating impact on individuals and their families, as well as place a significant burden on our health, social services, and public safety systems. In countries like Canada, where these prescription drugs are readily available, the associated harms have become a leading public health and safety concern.

Prescription drugs are among the most commonly abused substances among Canadian youth. Improving prescribing practices for drugs, opioids in particular, have been identified as integral to addressing prescription drug abuse. Governments working collaboratively with health professionals and their regulatory colleges need to look at ways to ensure that prescription drugs are prescribed in an appropriate manner.

The College of Dental Surgeons of Saskatchewan provides this document to assist dentists with decisions related to the prescription of drugs for pain management in dental practice. This document complements the Saskatchewan Prescription Review Program that monitors the prescription and use of drugs that have a high addiction potential and are prone to misuse and abuse for non-medical purposes. Also, any dentist may utilize the Saskatchewan Pharmaceutical Information Program to assist in providing patient care.

PROVINCIAL AUDITOR OF SASKATCHEWAN 2019 REPORT VOLUME 1 CHAPTER 7 EXCERPTS

Canada is facing an opioid crisis driven by both illegal and prescription opioids. Prescribers commonly use prescription opioids as one of several approaches to address chronic pain. Unfortunately, opioids are associated with a high risk of addiction.

Opioids are causing a growing number of overdoses and deaths in Canada. The Government of Canada views this trend as a national public health crisis.

About 16 Canadians are hospitalized each day, and eight people die each day because of opioid-related poisonings. This is more than the average number of Canadians killed daily in motor vehicle collisions.

Canada is the second largest consumer of prescription opioids in the world, and a large percentage of youth report using prescription opioids for non-medical purposes. The International Narcotics Control Board reports that Canadians' use of prescription opioids increased by nearly 200% between 2000 and 2014. In addition, the Canadian Institute for Health Information found that between 2012 and 2017 the number of prescriptions has leveled off and decreased by one percent in Canada. Opioid poisonings resulted in an average of 16 hospitalizations daily in Canada in 2016-17.

Saskatchewan is also impacted by the national opioid crisis. For the six most prescribed opioids (i.e., codeine, hydromorphone, oxycodone, tramadol, morphine, and fentanyl) Saskatchewan's 2017 defined daily doses of 6,616 doses per 1,000 population is well above the national level of 5,479 per 1,000 population.

Among 19 Canadian cities with populations greater than 100,000, Regina ranked first for the highest rate of opioid poisoning hospitalizations with a rate of 28.3 per 100,000 people in 2016-17. The rate in Saskatoon was 26.1, higher than both Vancouver's rate of 20.5 per 100,000, and Toronto's rate of 7.9 per 100,000.

According to the Chief Coroner's April 2019 report, Saskatchewan had 119 deaths due to opioid drug toxicity in 2018 and 117 in 2017. It reported that, in 2018, overdosing of fentanyl (32), hydromorphone (31), methadone (26), and morphine (25) caused most of these deaths.

Pain is one of the most common reasons for seeking health care in North America. Recent research indicates that six million people in Canada report a form of chronic pain.

While opioid medication can bring significant improvements to patients' quality of life by relieving pain, it has a high-risk of misuse and abuse leading to addictions, overdoses, and deaths. According to the Centre for Disease Control and Prevention, taking opioids for more than three days will increase risk of addiction. Long-term use of opioids can lead to the development of physical dependence to opioids. Those who have developed a physical dependence can also experience withdrawal symptoms when the dose is lowered. The potential for addiction increases with repeated use of higher doses.

Professional health care practitioners with the ability to prescribe opioids to patients include physicians, dentists, and nurse practitioners. Pharmacists dispense these opioid prescriptions to patients.

For the six most prescribed opioids, Saskatchewan's prescribing of opioids is well above the national level. Physicians prescribe almost all opioids in Saskatchewan.

Physicians wrote nearly all of the prescriptions for opioids (95%) in Saskatchewan for the 12-months ended December 2018. Dentists and nurse practitioners each write a similar number at 2% for the same period.

Work with the College of Physicians and Surgeons of Saskatchewan to promote physicians reviewing patient medication profiles before prescribing opioids. Professional bodies in other provinces like Alberta and British Columbia require physicians to do so for high-risk drugs like opioids. Such reviews may help physicians identify a patient's potential misuse of opioids or over-prescribing.

The Ministry is responsible for monitoring the prescribing and dispensing of opioid medications within the province under *The Prescription Drugs Act*.

Opioid misuse affects people in communities across Saskatchewan. Actively monitoring prescribing and dispensing of opioids helps ensure only appropriate patients experiencing chronic pain receive opioids. In addition, it can lower or prevent risks of harm related to opioids and help identify patients potentially at risk of addiction. Ineffective monitoring of prescribing and dispensing of opioids may result in increased abuse of

opioids and diversion leading to overdoses and death, as well as additional costs to the health care system.

Opioid medications are some of the controlled substances under *The Controlled Drugs and Substances Act* (Canada) and *The Narcotic Control Regulations* (Canada). This Act and related Regulations provide a framework for the control of substances that can alter mental processes, and may produce harm to an individual or society when diverted to an illicit market.

The Regulations set out prescribing and dispensing rules that practitioners and pharmacists must follow. Practitioners include all persons who, by law, are entitled to write opioid prescriptions (e.g., physicians, nurse practitioners, dentists).

The Ministry recognizes that tackling the opioid crisis is a national effort. It knows it must work with health care professionals who prescribe and dispense opioids, their related professional bodies, along with those responsible for training and educating.

The Ministry recognizes that, by law, each of these professional bodies are self-regulated, with responsibility to set and maintain standards of competency and conduct for its members. We found that the Ministry fully realizes that each body, and not the Ministry, is responsible for supervising their members and enforcing those standards by disciplining members who fail to adhere to them. Ministry staff noted they must be respectful of the role of these professional bodies when determining its opioid reduction strategy.

The main strategies of the Ministry consist of:

- Supporting the education of health care providers about best practice in pain management, prescribing opioids, and identifying opioid misuse.
- Helping self-regulated health care professional bodies protect the public through supporting a program to identify prescribers with inappropriate prescribing practices, and patients possibly misusing high-risk medications.
- **The Ministry needs to work with the regulatory Colleges of Saskatchewan, as professional bodies of key prescribers are responsible for setting the standards of practice for their members, to consider requiring its members to review patient medication profiles prior to prescribing opioids.**

ACUTE PAIN

Pain is defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage.

Acute pain is pain that is caused by disease, pathology, or injury and is associated with musculoskeletal spasm and nervous system activation.

Most of the pain experienced by dental patients is acute in nature. Chronic centralized pain is fortunately far less common to occur as a result of the provision of dental care.

ACUTE PAIN MANAGEMENT IN DENTAL PRACTICE

Pain management is an essential component of dental practice. This requires appropriate education, training, skill and professional judgement to comprehensively diagnose, evaluate treatment options, and provide appropriate treatment that may include the use of analgesics and other drugs.

For many patients and dentists, the management of pain and the use of prescription analgesics are often linked. However, in most instances, dental pain is best managed with effective and timely treatment interventions, and the use of non-opioids, including acetaminophen and non-steroidal anti-inflammatory (NSAIDs) drugs. In those instances in which the patient's pain is unable to be managed with non-opioids, dentists must consider whether an alternate treatment or drug is clinically appropriate.

The management of acute pain implies the elimination of a causative disease or disorder, whereas the objective with chronic pain is generally management of the patient's symptoms and any related dysfunction.

(1) The following is a list of important concepts which dentists should consider and incorporate into their practices when managing acute pain. Dentists should:

(A) Comprehend that patients deserve effective, timely, and safe pain management;

(B) Complete and document a thorough patient history and evaluation, including clinical examination, diagnostic imaging, and testing as indicated;

(C) Determine a specific or differential diagnosis and establish a clinical connection for the treatment prescribed;

(D) Eliminate the source of the patient's pain directly through dental procedures whenever possible;

(E) Utilize local anesthetic as an adjunct for managing acute dental pain. Long acting local anesthetics can be particularly useful in managing acute dental pain and may reduce the requirement for opioid analgesia;

(F) Appreciate that the use of any drug involves potential risks;

(G) Comprehend the use of an analgesic must be individualized, based on the patient's medical history and the level of anticipated post-operative pain;

(H) Comprehend the dose and frequency of an analgesic should be optimized before switching to another analgesic;

(I) Prescribe a non-opioid (i.e. acetaminophen or non-steroidal anti-inflammatory drugs (NSAID)) drug prior to adding an opioid;

(J) Comprehend the prescribing of a loading dose of an NSAID prior to treatment may be effective to reduce post surgical discomfort and inflammation;

(K) Comprehend the long-term use of any analgesic should be avoided, whenever possible;

(L) Comprehend that for older individuals, the analgesic dose should be reduced;

(M) Comprehend that for children, the analgesic dose should be calculated on the basis of weight;

(N) Comprehend that odontogenic pain is generally mild to moderate in intensity. As a result, non-opioid medications are indicated as first line for the management of acute dental pain;

(O) Comprehend that postoperative pain is generally most significant for approximately two to three days post-operatively, after which it is expected to diminish. Thus, in most situations, analgesics should be prescribed for the management of postoperative pain for three days, with declining amounts needed thereafter;

(P) Comprehend that acetaminophen should be the first analgesic to consider and is usually sufficient for mild to moderate acute pain associated with dental disease and surgical treatments;

(Q) Comprehend that non-steroidal anti-inflammatory drugs (NSAIDs), when not contraindicated, are an effective approach in managing moderate to severe acute pain associated with dental disease and surgical treatments as they target the inflammatory cascade which is responsible for the pain and inflammation;

(R) Comprehend that alternate or combination dosing of acetaminophen and an NSAID can be very effective in managing acute dental pain;

(S) Be familiar with the potential drug interactions and contraindications to the use of acetaminophen and NSAIDs;

(T) Be familiar with the maximum dosing of acetaminophen and NSAIDs;

(U) Comprehend that only in a minority of situations is an opioid required.

OPIOID ANALGESIC PRESCRIPTION IN DENTAL PRACTICE

Opioids are often prescribed for acute postoperative pain and other painful dental conditions for patients in dental practices. Patients deserve pain relief and adequate relief of pain is a metric of patient satisfaction and may prevent chronic postsurgical pain. However, opioid use for acute pain is associated with increased risk of long-term opioid use. Multiple studies have reported an increased risk of new persistent opioid use after prescription of opioids for acute pain in opioid naïve patients. Importantly, postsurgical opioid prescription in opioid naïve patients is also associated with an increase in overdose and misuse.

(2) If a decision is made to prescribe an opioid, the dentist should consider the following:

(A) Prior to prescribing a monitored drug to which the Prescription Review Program applies, dentists shall review the patient's medical profile and prescription history within the Pharmaceutical Information Program to permit best drug therapy decisions for their patients;

(B) Dentists must be familiar with the potential drug interactions and contraindications to the use of opioids;

(C) The dentist must be aware of the patient's current medications and the risk of drug interactions which result in either an increase or decrease of the plasma level of the opioid;

(D) Certain medications, such as antidepressants, can interfere with the metabolism of some prescribed opioids and can increase the risk of adverse events;

(E) Opioids should not be administered in combination with benzodiazepines, other centrally acting sedating medications, or concurrent use of alcohol due to the increased risk of serious adverse effects, including death, when these medications are used together;

(F) Special consideration must be given when prescribing opioids to patients with severe respiratory disease or obstructive sleep apnea syndrome as they do act centrally on the respiratory center and may result in an increased risk for opioid-induced adverse events;

(G) Opioids should be prescribed only when necessary and only for conditions that typically are expected to be associated with more severe pain;

(H) A major barrier to appropriate dosing of opioid analgesics is that it is difficult to predict the intensity and duration of pain after an injury or surgery. Pain varies depending on the type of injury or surgical procedure; patient demographics; cultural/ethnic factors; prior history of alcohol, drug, or opioid use; and history of anxiety or depression;

(I) A greater amount of initial opioid exposure (ie, higher total dose, longer duration prescription) is associated with greater risks of long-term use, misuse, and overdose;

(J) Opioids should be prescribed in the lowest effective dose to achieve the desired effect;

(K) Opioids should be prescribed for the shortest duration necessary and should rarely exceed three days;

(L) If a patient requires opioids beyond three days, they should be reassessed clinically prior to being prescribed more opioids;

(M) The dentist should choose the lowest potency opioid necessary to achieve the desired effect. However, there is little clinical evidence to support the systematic choice of one opioid over another, either in terms of efficacy or tolerability;

(N) Non-opioid analgesics must be continued in patients who are prescribed opioid analgesics;

(O) If prescribing an opioid combined with another analgesic medication (eg. Non-opioid), care must be taken to ensure the maximum total dose of each of the constituents are not exceeded;

(P) Short acting or immediate release opioids rather than long acting or extended release opioids, should be used exclusively for treatment of acute pain in opioid naïve patients. Immediate release opioids reach peak effect within 45–60 minutes, compared with three to four hours for extended release opioids. Thus, rapid titration to effect is safer and easier with immediate release drugs. Unintentional overdose may be more likely if opioid therapy is initiated with long acting opioid;

(Q) Long-acting or extended-release opioids should be avoided for the treatment of acute dental pain;

(R) If long acting or extended-release opioids are prescribed, the dentist should have specialized training and experience with these formulations;

(S) Patients who return with reporting prolonged pain, particularly when there is no clinical findings of ongoing pathology or inflammation, should not be prescribed opioids. The dentist should consider referring the patient to an appropriate dental or pain specialist for consultation;

(T) When treating patients whom are receiving chronic opioids, have a history of opioid abuse, or whom are high risk for aberrant drug-related behaviour, the dentist should consult the patients primary care physician and/or pain specialist whenever possible;

(U) Patients with chronic pain either as a result of prior dental treatment or as a result of another process are best managed in a collaborative manner. This should include consultation with the patient's primary care physician, pain specialist, and pharmacist when indicated. A single prescriber of opioids in this setting is the best approach to managing the patient's pain;

(V) If the dentist suspects a patient is misusing, diverting, or has a substance abuse disorder, they should discuss their suspicions with the patient and encourage them to seek counseling with their primary care physician or other appropriate support services;

(W) Dentists who prescribe opioids should provide patients with instructions on safe disposal of unused medications to ensure these medications are not available for possible diversion or misuse;

(X) Clinicians should be aware of and understand current federal and provincial laws, regulatory guidelines, and policy statements that govern the prescribing of controlled and monitored substances.

Dentists must exercise reasonable professional judgment to determine whether prescribing an opioid is the most appropriate choice for a patient. These drugs are highly susceptible to misuse, abuse and/or diversion into illegal markets, and may result in harm. If there are no appropriate or reasonably available alternatives, the risk and benefits of prescribing an opioid must be considered especially when used long-term. Dentists who prescribe an opioid for a patient should place reasonable limits on their prescriptions, based on their clinical evaluation, which may help mitigate many of the potential risks associated with opioids.

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The College recognizes, with thanks, the contributions of these organizations to the development of this guideline.