

## Opioid Abuse and Overdose in Spokane County:

- ♦ One in 100 adults used an opioid medication to get high in the last 30 days.
- ♦ One in 10 high school students used an opioid medication to get high in the last 30 days.
- ♦ Overdoses from opioid medication increased significantly from 2000 to 2009:
  - ♦ 102 percent increase in emergency room visits
  - ♦ 213 percent increase in hospitalizations
- ♦ Deaths from opioid overdoses increased 178 percent from 2000 to 2006, but has since decreased. There were 14 deaths from unintentional opioid poisoning in 2010.

Opioid medication is useful in treating pain, but increasing opioid-related poisonings is a serious community problem. Providers prescribe opioid medication for legitimate pain control needs, but these medications may potentially be misused, abused or lead to addiction. Once pain is relieved, unused medication may be diverted to others for whom it is not prescribed. Pain medications get stolen, sold or given to others. Among Spokane County high school students who used a pain killer to get high, 30 percent used their own prescription and 28 percent got it from a friend. Use of opioid medication remains a valid treatment for pain control. But prescribers should consider the patient's need and history, alternative options, and be aware of the potential for abuse or diversion.

## Spokane Dental Society Members' Survey:

A recommendation from the 2010 summit meeting of Tufts Health Care Institute's Program on Opioid Risk Management was to better understand practice patterns for pain management and analgesic use among general dentists and dental specialists. Spokane Regional Health District sought a better understanding of practice patterns locally by surveying dentists in the community. A request for participation was sent to Spokane Dental Society members. Participating dentists (N=165) represented 51 percent of licensed dentists in Spokane County. Three-fourths of respondents were general dentists. The remainder practiced various dental specialties. The survey was approved by the Washington State Institutional Review Board.



### Benevolence

Dentists work to improve a patient's oral health. Managing pain is an important component of a patient's care.

### Knowledge

Dentists make important decisions for appropriate pain management therapy. Current knowledge of benefits and risks is necessary for decision making.

### Independence

Dentists have freedom in determining treatment plans. Consideration of community factors may impact pain management therapy of the individual.

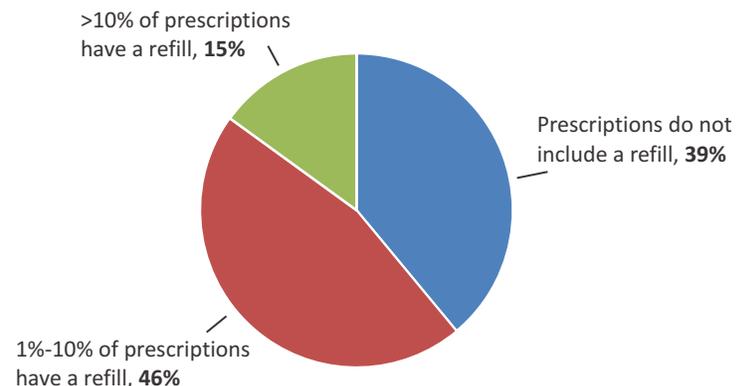
## Findings from the survey:

**Rx Type** - Most Spokane County dentists (93 percent) prescribed opioid medication in the last year. By far, the most preferred opioid prescribed was hydrocodone/APAP (i.e. Lortab, Vicodin). This was followed in preference by codeine/APAP (i.e. Tylenol® #3) and oxycodone/APAP (i.e. Percocet).

**Rx Refills** - Ninety percent of prescribing dentists provide an average of 0-25 short-acting opioid prescriptions per week. Thirty-nine percent of dentists do not include a refill when prescribing an opioid analgesic. However, a patient may request a refill or another prescription; 71 percent of dentists estimate 1 percent to 10 percent of patients request a refill.

Figure 1

### Proportion of Dentists That Include a Refill for Opioid Prescriptions



Information for dental providers.

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## Findings from the survey, continued:

**Rx Reason** - The most common procedure for which an opioid medication was prescribed was extraction (56 percent) followed by root canal (10 percent). For an extraction, the average number of opioid doses prescribed was 16, for an average of five days of treatment, and an average of two doses were estimated to be leftover.

**Rx Excess** - Only five percent of dentists estimate that patients do not have any leftover opioid medication after treatment. One-fourth of dentists estimate that 1 percent to 10 percent of patients have leftover medication.

**Rx Screening** - Four in five dentists (81 percent) screen patients for drug addiction or drug abuse before prescribing an opioid analgesic. Most dentists (96 percent) alter their prescribing practice of opioid analgesics if a patient acknowledges a current problem with or history of drug addiction or substance abuse.

### Percent of dentists that altered a prescription if a patient acknowledged drug addiction/abuse:

- 78% - Prescribed a non-addicting drug instead
- 53% - Refused to prescribe an opioid analgesic
- 40% - Decreased the amount of opioid analgesic prescribed
- 30% - Called another health care professional for recommendations
- 20% - Decreased the number of refills
- 9% - Recommended a partner control their medication
- 5% - Increased the dose due to potential for tolerance

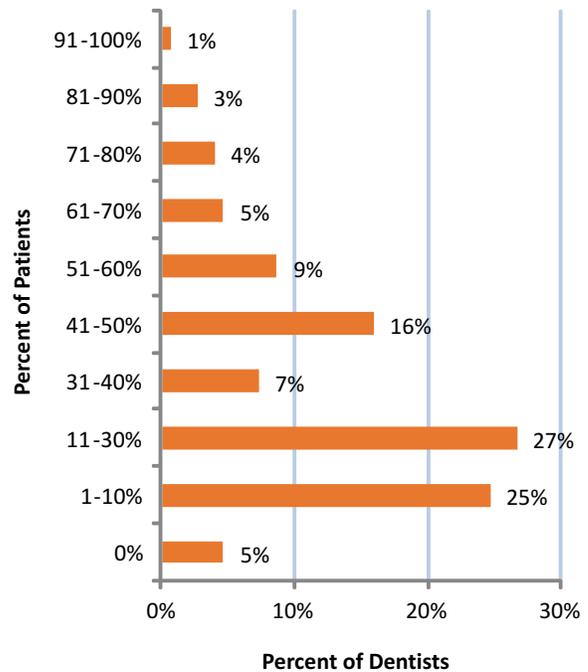
**Rx Fraud** - Two in three dentists (65 percent) believe they have been the victim of prescription fraud or theft.

### Reasons dentists felt they were a victim of fraud or theft:

- 89% - Fake pain symptoms
- 84% - Patient requested prescription from multiple providers
- 53% - Patient claims their prescription was lost or stolen
- 24% - Fake prescription phone-ins
- 16% - Altered number of refills
- 14% - Altered number of quantity ordered
- 14% - Forged written prescriptions
- 13% - Stolen prescription pads
- 5% - Stolen medications from office

Figure 2

## Percent of Patients Estimated to Have "Leftover" Opioid Analgesics



## THINK ABOUT...

### 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](http://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.

#### Sources:

1. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2010
2. Washington State Department of Health, Healthy Youth Survey, 2010
3. Washington State Department of Health, Centers for Health Statistics
4. Denisco RC, Kenna GA, O'Neil MG, et al. "Prevention of prescription opioid abuse: The role of the dentist," J Am Dent Assoc 142 (2011): 800-810