Opioid Abuse and Prescribing in Massachusetts 2015

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OPIATE OVERDOSES
A Global Problem

UK: Overdoses Exceed Traffic Fatalities (3250)

Ontario: 242% increase in the last 10 years

European Union: 70,000 lives lost in last ten years.

Australia: 4 overdose deaths every day
Impact of Opiate Crisis

7,000 a day in Emergency Rooms
80% of 42,000 OD deaths in 2012 were unintentional

2014: 1,256 deaths in Massachusetts (DPH)
57% increase from 2012

Since 1998, 117% increase in overall OD
53% of OD deaths re: to pharmaceuticals
RX Drug Abuse Epidemic in MA

National Average 2008-2009  4.8 %

MA Average 2008-2009  5.3 %
Opioid Abuse in MA

Deaths Significantly higher than

Cocaine
Benzodiazepines
Psychostimulants
Overdose Deaths Exceed DWI Deaths

Motor Vehicle-related injury deaths

Unintentional Opioid-related Overdose Deaths

Number of Deaths

Oxyco
How did this happen?

20 years ago attitude towards pain management was “stingy”
Today Aggressive attitude to manage pain
How Did Opioid Users Start?

Profile: 32 years, 75% white, gender parity, started in High School

36% with a Legitimate Doctors Script
68% Medicine Cabinet or Friend

93% of those not starting with heroin ended up using it
Who is most at risk?

Doctor Shoppers: Multiple Rx by Multiple Providers (No PMP)

Patients taking High Daily Dosages of Prescription pain killers

Individuals who misuse multiple abuse-prone prescription drugs
Drug with a high potential for abuse leads to Psychological or Physical Dependence → Abuse

FACT

Heroin epidemic on the rise
Cheaper than RX drugs, Easier to get
The Prescribers

Family Practice  15%
Dentistry        12%
Internal Medicine 12%

Immediate Release Opioids Annually
Nationwide response

2014 FDA reclassified Vicodin and Norco to a Schedule 11 drug

Many states have outlined regulations on prescribing practices and mandated use of the PMP
Regulatory and Professional collaboration

ADA and AMA Joint Task force
Most states have a policy on prescribing and PMP

Medical and Dental Society collaboration on guidelines for prescribing

Massachusetts Medical Society guidelines on prescribing
Prescription Monitoring Programs

Focus resources on patients at highest risk and prescribers who clearly deviate from accepted medical practice.
MA

2010- Prescription Monitoring Program into Statute

2012- Chapter 244  Automatic enrollment of prescribers and authorized use of delegates
Average prescribing practices of dentists

20 doses for a 3 day supply for an IR opioid

Is this too much or not enough?
36% of dentists expect patients to have left over drugs.
NEXT STEPS

Educate yourself
Educate patient
Explore alternatives…NSAIDS, etc…
Schedule a post follow up
Review pain management with pt.
Careful Patient Assessment

Should there be a screening tool for addiction?

Medical or Social hx Risk for Abuse and addiction?

Are there other questions we can ask the patient..

Partner with agencies (Gosnold)
Role of the Dentist

Be conscious of AMOUNT prescribing

Compare amount prescribed TO

What the patient actually needs for pain management
Medical-Dental partnering in CHC

GRMDC examples:
Share EHR (review Rx history and medical history) Provider Ex.

Flagging MD/DMD: personal history with MD/DMD

Hold seminars within facility-educate scope of practice for individual professions