



Opioid Abuse and Prescribing in Massachusetts 2015

**Mina Paul DMD MPH
FACD FICD**

**Dental Director, Greater
Roslindale Medical and
Dental Center**



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

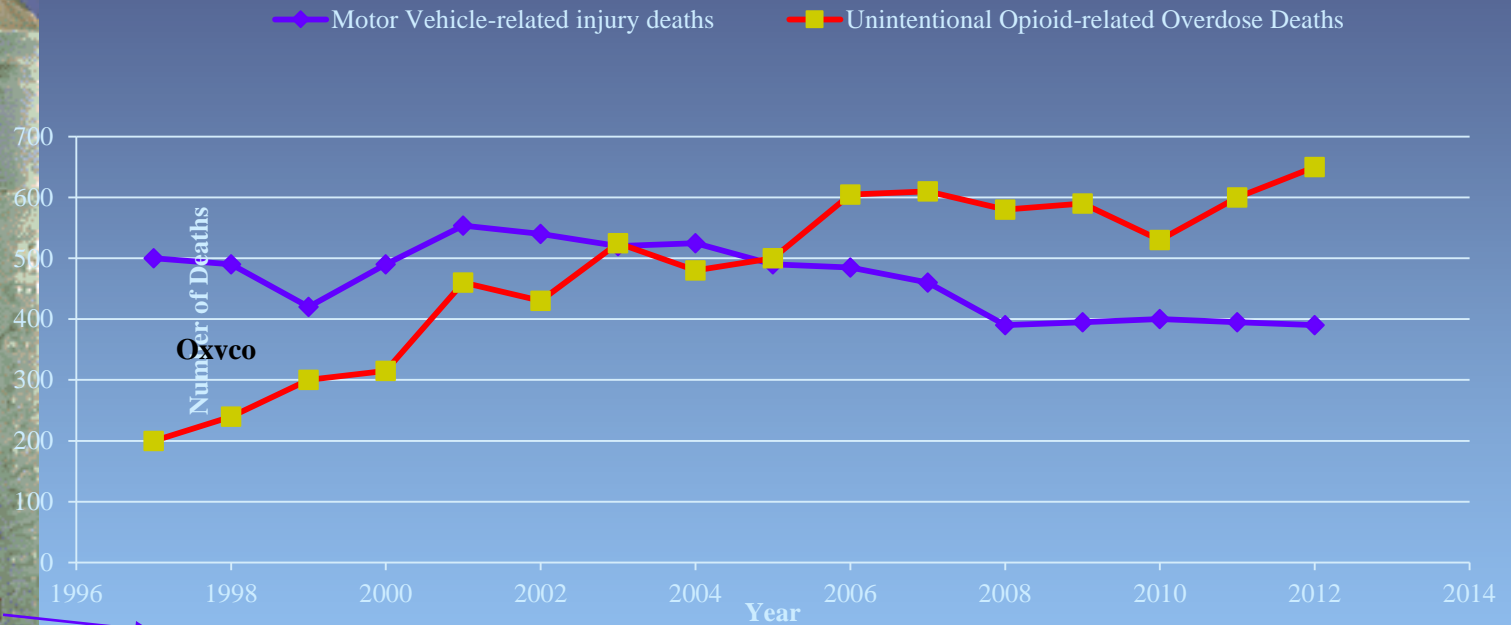
Cocaine

Benzodiazepines

Psychostimulants



Overdose Deaths Exceed DWI Deaths



Oxycodone



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



RX → ABUSE

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?



Tufts Healthcare Institute
12th Summit meeting in 2010

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