Dental Management of Patients with a History of Substance Use Disorder

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America’s opioid epidemic just keeps getting worse…

And a Dentists’ role is greater than you think!
The CDC has pronounced this "The Opioid Epidemic"

- More than 33,000 death per year (2015)

- More than 72,000 deaths in 2017

- More deaths than from MVA plus Gun Homicides

- Affecting all ages, races and economic classes

CDC 2018
Magnitude of the Problem

- U.S. makes up 5% of world's population: Consumes 80% Oxycodone and 99% Hydrocodone.

- More than 11 million people used prescription opioids in 2016.

- Each day 1,000 people are treated in the emergency departments for opioid misuse.

- Economic impact of opioid misuse is $ 78 BILLION a year.

CDC 2018
“The estimated cost of illicit drug and alcohol use in America is $442 billion dollars a year in costs related to crime, lost work productivity and health care.”

CDC 2018
In 2017 “an estimated 134 Americans died every day from an opioid overdose”
States with the highest numbers of drug overdose deaths

1. West Virginia
2. Ohio
3. New Hampshire
4. Washington D.C.
5. Pennsylvania

Illicitly Manufactured Fentanyl (IMF) has contributed greatly to increases in overdose deaths

CDC 2017
“Past misuse of prescription opioids is the strongest risk factor for starting heroin use—especially among people who became dependent upon or abused prescription opioids in the past year.”

NEJM 2016
• Dentists accounted for 6.4% of all US opioids prescriptions in 2012!

• Although prescription opioid involved death rates were stable from 2016 to 2017, they remained high.

Also contributing to the problem:

As states cut adult dental Medicaid benefits in an attempt to reduce healthcare costs, these costs are simply shifted to the ER, most which only provide palliative care for preventable dental conditions.

**Trends in dental emergency department visits for adults by payer**

In 2015, Medicaid remained the top payer for dental emergency department visits among adults, having increased by nearly 11 percentage points since 2010. Meanwhile, the number of ED visits for dental conditions financed through self-pay declined by 14 percentage points from 2010-15.
Theories of Addiction

• Addiction is defined as the need for and use of a habit-forming substance despite knowledge the substance is harmful

• Addicted persons experience tolerance - more and more of the substance is required to achieve the same effect and in the absence of the drug, they experience withdrawal symptoms

• Addictions of all kinds result in substantial costs to individuals, families, and society.

• While addiction has been viewed historically as a moral failing or lack of individual self-control, it is now recognized and treated as a chronic brain disease often associated with relapses

From Dr. John Ogram, Addictions Virginia
Why we must think of Addiction as a Chronic Disease...

• After initial exposure to a substance, addiction is driven by neurochemical changes in the brain that occur as a result of substance exposure.

• Most addictive drugs directly or indirectly activate the brain’s reward system, creating the “high*” associated with drug use by markedly increasing the release of dopamine. Dopamine is a neurotransmitter regulating emotion, cognition, movement, motivation and pleasure.

• The brain reward pathway is associated with changes in behavior that reflect changes in neuron physiology and biochemistry. Therefore, addiction results in organ function changes similar to other chronic diseases

*Overstimulation of the brain reward pathway with dopamine produces intense euphoric effects sought by most drug users.

From Dr. John Ogram, Addictions Virginia
More re: Addiction

• Substance use has been documented within multiple generations of some families, indicating genetic predisposition. Research has confirmed 40%-60% of the predisposition to addiction can be attributed to genetics.

• Adolescents are more apt to engage in risk-taking behaviors, including experimenting with drugs, and thus experience marked risk for addiction.

• Some substance users typically exhibit pre-existing co-morbid traits such as novelty-seeking and antisocial behavior. Many of them choose the drug to self-medicate coinciding with the symptoms of the co-morbid psychiatric conditions.

From Dr. John Ogram, Addictions Virginia
Connecting Patients for Treatment

SAHMSA's Behavioral Health Treatment Services Locator

Welcome to the Behavioral Health Treatment Services Locator. Confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for alcohol/drug and/or mental health problems.

PLEASE NOTE: Your personal information and the criteria you enter into the Locator is secure and anon. SAHMSA does not collect or maintain any information that identifies you.

Enter a starting location to search facilities:
address, city, state or zip code

Or Call
SAMHSA’s National Helpline
1-800-662-HELP (4357) 1-800-487-4889 (TTY)
Free and confidential information in English and Spanish for individuals and family members facing substance abuse and mental health issues. 24 hours a day, 7 days a week.

Or Walk Video Tour
Click here for instructions on using the Locator.

Understanding Opioid Dependence

Opioid dependence treatment

You are not alone. In 2016, there were approximately 21 million people in the U.S. who had a diagnosable opioid use disorder, including approximately 7.5 million people who had ever used heroin and about 4.9 million people who were currently using prescription pain relievers, including non-heroin prescription pain relievers. Find a treatment provider here, who can provide treatment closest to where you live.

For opioid dependence, SUBOXONE® (buprenorphine and naloxone) Sublingual Film (Sublingual Film) is a treatment option.

FIND A TREATMENT PROVIDER

Search to find a doctor, nurse practitioner or physician assistant to treat opioid dependence

Your ZIP code

For more information, visit www.samhsa.gov
Treatment for Addictions

Medication-Assisted Treatment (MAT) = Medicine + Therapy

- Methadone Maintenance
- Buprenorphine/Naloxone (Suboxone®)
- Naltrexone (Vivitrol®)
MAT

Aren’t you just replacing one drug for another?

Yes, the difference is one is produced per federal guidelines while the illicit option could be anything (heroin, fentanyl, aspirin)

Buprenorphine keeps people from suffering withdrawal, providing them an opportunity to stop using heroin

From Paul Brasler LCSW, The Daily Planet Health Services
“It is important to realize that drug addiction is neither a weakness in character nor a moral issue.”

- The management of substance use disorder patients can often become a daunting task
- Providers are skeptical about the medical necessity of opiates to treat pain in drug users
- The users fear that their provider is deceiving them because the assessment of pain is mostly dependent self-reporting

**Drug users feel mistreated. They can perceive physician/dentist inconsistency and avoidance**
Oral Manifestations of Substance Use

• Many of the used substances have devastating consequences on oral health
• This can result from chronic malnutrition, poor oral hygiene due to impaired motor function, and drug-induced craving for high-calorie carbonated beverages
• And not being able to establish trust with a provider!
Heroin Use
“Meth Mouth”

The main components of meth can be found in fertilizers, matchboxes, and batteries!
HIV
Oral Candidiasis from MAT (Suboxone)
What can WE do about this...

- Most case of dental pain are acute.
- Most cases of postoperative dental pain include an inflammatory component.

- Avoid Opioids and prescribe NSAIDs

Many studies have proven that Acetaminophen + Ibuprofen is synergistically more effective at managing dental pain than Opioids.
Some patients may require opioid analgesics after dental surgery but before prescribing...

• Perform a health history and risk of SUD
• Query the Prescription Monitoring Program
• A prescription for an opioid shall be a short-acting opioid in the lowest effective dose; not to exceed seven days
• Prior to exceeding 120 MME/day, the dentist shall refer the patient to or consult with a pain management specialist

• Many states now require a minimum of two (2) hours of CE related to controlled substance prescribing biennially
Controlling Dental Pain

<table>
<thead>
<tr>
<th>PAIN SEVERITY</th>
<th>ANALGESIC RECOMMENDATION*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>Ibuprofen (200-400 milligrams) q↑ 4-6 hours: prn‡ for pain</td>
</tr>
<tr>
<td>Mild to Moderate</td>
<td>Ibuprofen (400-600 mg) q 6 hours: fixed interval for 24 hours Then ibuprofen (400 mg) q 4-6 hours: prn for pain</td>
</tr>
<tr>
<td>Moderate to Severe</td>
<td>Ibuprofen (400-600 mg) with APAP (500 mg) q 6 hours: fixed interval for 24 hours Then ibuprofen (400 mg) q 6 hours: prn for pain</td>
</tr>
<tr>
<td>Severe</td>
<td>Ibuprofen (400-600) with APAP (650 mg) with hydrocodone (10 mg) q 6 hours: fixed interval for 24-48 hours Then ibuprofen (400-600 mg) with APAP (500 mg) q 6 hours: prn for pain</td>
</tr>
</tbody>
</table>

Moore, PA, Hersh, EV, Combination Ibuprofen and acetaminophen for acute pain management after third molar extractions. JADA 2013; 144(8) :898-908
Strategies to Mitigate this Crises

- Continued efforts to ensure safe prescribing practices by following the CDC Guideline for Prescribing Opioids for Chronic Pain are enhanced by access to non-opioid and non-pharmacologic treatments for pain. Other important activities include:
  - increasing naloxone availability,
  - expanding access to medication-assisted treatment,
  - enhancing public health and public safety partnerships,
  - and maximizing the ability of health systems to link persons to treatment and harm-reduction services

CDC 2018
Role of the Oral Health Team

• Oral health professionals must learn to recognize when a patient might have a substance use disorder. We should all know how to briefly counsel these patients and refer them for appropriate treatment.
Screening, Brief Intervention, and Referral to Treatment (SBIRT)

• **Screening** — a healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools. Screening can occur in any healthcare setting.

• **Brief Intervention** — a healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice.

• **Referral to Treatment** — a healthcare professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services.
SBIRT Resources

- https://www.integration.samhsa.gov/clinical-practice/sbirt
- SAMHSA – HRSA Center for Integrated Health Solutions
- Massachusetts Bureau of Substance Abuse
  https://courses.cpe.asu.edu/browse/cabhp/courses/dentistry-sbirt-model
Valley Health Dental Health History

Valley Health Dental

Dental History

Have you ever had to have antibiotic premed in the past for joint replacement or heart conditions? Yes No

Do you smoke cigarettes (including e-cigarettes) on a daily basis? Yes No

If yes, how much in a day?

Do you use smokeless tobacco ("snuff" or "chew") on a daily basis? Yes No

If yes, how much in a day?

Do you consume alcohol on a daily basis? Yes No

If yes, how much in a day?

Do you currently use or have used in the past cocaine, marijuana, methamphetamine, heroin, or opioids for recreational purposes in the past 12 months? Yes No

Are you currently being treated or have been treated in the past for drug addiction? Yes No

Do you consume sugary drinks (e.g. "soda", "pop", "sports drinks", "juice")? Yes No

If yes, how much and how often on a daily basis?

Are you allergic to any of the following: Please circle all that apply

Codeine Sulfas Penicillin Latex Local Anesthetic Other

Are you or could you currently be pregnant? Yes No If yes, when is your due date

Are you currently breastfeeding? Yes No

Are you currently taking any medications? (OTC or prescriptions) Please write all medications. If you need more room for your medicine, you can write them on the back of this form.

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Role of the Oral Health Team

- Oral health care has positive effects in recovery from substance use disorder patients’ need for pain control, destigmatization, and employability. Our health care systems deliver services for substance use disorder, but most lack oral health care programs. Our CHC goal is to deliver substance use disorder services focusing on the treatment, prevention, and awareness of opioid abuse, and their integration into primary care. ORAL HEALTH IS PRIMARY CARE.
Medication Assisted Treatment MAT

- Medication assisted treatment (MAT) is the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorder. A combination of medication and behavioral therapies is effective in the treatment of substance use and can help some people to sustain recovery.
Dental Treatment Considerations for the Medication Assisted Therapy (MAT) Patient
What is Suboxone?

• SUBOXONE® (buprenorphine and naloxone) Sublingual Film (CIII) is a prescription medicine indicated for treatment of opioid dependence and should be used as part of a complete treatment plan to include counseling and psychosocial support. Buprenorphine is an opioid that fills the cravings for opioids without the high produced by other opioid substances, while naloxone, which also is given to patients suffering opioid overdose, helps protect against misuse of the product.
Suboxone (buprenorphine and naloxone) sublingual film
How is Suboxone taken?

Sublingual

Buccal
What is the Direct Oral Effect of Suboxone Use?

• Suboxone is acidic with a pH of 3.4 when dissolved in water

• Suboxone has a poor oral bioavailability and therefore patients are specifically instructed to keep the strip and accumulating saliva in their mouth as long as possible to maximize absorption of the medication through the oral mucosal surfaces.

• “Mountain Dew effect”
What are the Common Oral Side Effects of Suboxone?

- Xerostomia (dry mouth)
- Painful tongue
- Redness of the mouth
- Numb mouth
**Xerostomia (dry mouth)**

- Saliva has a buffering capacity and is the primary defense against dental caries (decay). Saliva is anticarogenic and maintains the health of the soft (gums) and hard (teeth) tissues of the mouth by neutralizing acidity in the mouth.
- Saliva has remineralization properties
Restorative Treatment is Doomed to Fail Without Treatment for Xerostomia (Dry Mouth)

- Drink plenty of water
- Use of commercially available lubricating agents
- Use of Xylitol products
- Apply Fluoride varnish / Silver Diamine Fluoride
- Home Fluoride application with custom trays
- Bicarbonate mouth rinse
Dental Treatment Considerations for MAT Patients

- Comorbidity / Infection Control
- Polypharmacy
- Anxiety / Dental Phobia
- Low Threshold to Pain
- Staffing
- Extent of Disease
- Treatment Time Considerations / Productivity
- Cost / Sustainability
Comorbidity / Infection control

- Hepatitis C
- Hepatitis A
- HIV
Infection and Prevention Control Program

• ECRI Institute and NNOHA (National Network for Oral Health Access) Webinar presented on July 10, 2018 entitled: “AN INFECTION CONTROL PREVENTION AND CONTROL PROGRAM FOR DENTAL SETTINGS”

• www.nnoha.org

• The purpose of an Infection Prevention and Control Program is to eliminate the risk of transmission of bloodborne pathogens and other potentially infectious material from patient to patient and from patient to healthcare personnel.
Components of an Infection Control and Prevention Program

- Food and drink policy
- Surface disinfection of common areas
- Hand hygiene policy
- PPE
- Dental operatory disinfection
- Safe injection practices
- Dental unit waterline quality
- Dental sterilization
- Spore testing / failed spore testing
- Immunization / Vaccination policy
- Post-exposure prophylaxis procedure
- Dental hazardous / regulated waste
- Dental radiation protection
- Spill policy
- Incident reporting
Polypharmacy

- Antidepressants, Antianxiety, Sedative drugs: Effexor, Paxil, Trazadone, Lexapro, Prozac, Remeron (most are Selective Serotonin Reuptake Inhibitors (SSRI))
- Antipsychotic drugs: Seroquel, Risperdal
- Antihistamines: Vistaril, Loratadine (Claritin)
- Colace, Miralax
Dental Anxiety/Dental Phobia

• Through Medical and Dental History
• Manage Expectations
• Staffing
• Tell, Show, Do
Low Threshold To Pain / Pain Management

• The amide local anesthetics including lidocaine, bupivacaine (Marcaine) and articaine (Septocaine) when given as single or limited injections have not been convincingly linked to instances of clinically apparent liver injury and liver toxicity but when given as constant infusions or repeated injections have been mentioned as possible causes of clinically apparent liver injury.

• Pre-operative loading dose of ibuprofen. Ibuprofen and other NSAIDS rarely affect the liver. Unlike acetaminophen (Tylenol) most NSAIDs are absorbed completely and have negligible first-pass hepatic (liver) metabolism.

• Stay ahead of post-operative pain
Technique = Pain Management
Technique = Pain Management
Post Operative Pain Management

- Ibuprofen (Advil, Motrin, Advil, etc.), naproxen (Aleve), and other nonsteroidal anti-inflammatory drugs (NSAIDs), are safe in hepatitis patients but no more than 3,200mg in a 24 hour period (one 800mg tablet every 6 hours at most). However, NSAIDS can be harmful if patient has cirrhosis. They are safe in hepatitis patients who do not have cirrhosis. If a patient has cirrhosis, then NSAIDs cannot be taken at all.

- If necessary, Acetaminophen (Tylenol) can be used in hepatitis patients but no more than 2,000 mg (2 grams) total over 24 hours (one 500mg tablet every 6 hours at most). In general, Tylenol is safe to use in cirrhosis at above frequency.
Post Operative Pain Management

• 2% Viscous Lidocaine, 100c, Swish with 2 teaspoons for 2 minutes q2h prn, spit out, do not swallow, no refills

• Medrol Dose Pack
Post Operative Pain Management

- Exparel is a long-acting, sustained-release formulation of bupivacaine HCL, a local anesthetic widely used for treating postoperative pain. Exparel was formulated using the DepoFoam lipid-based delivery system. DepoFoam technology encapsulates the drug in multivesicular liposomal particles which then release the drug over a desired period of time without altering the drug molecule.

- Exparel is specifically indicated for administration into the surgical site to produce postsurgical analgesia.

- The average wholesale price (AWP) of a 20-mL vial is $285
MAT Oral Health Program
Considerations

• Productivity considerations
• Reimbursement / Sustainability
• Provider burnout
Contact Us!

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