

Responsibilities and Requirements of Prescribing Schedule II Opioid Drugs

Course Description:

The training aims to help dentists understand the complex issues associated with substance use disorders and how dental professionals can address the opioid crisis by screening for substance use disorders, referring patients for sobriety and recovery support, and providing evidence-based pain management. This course contains all the required coursework relating to the prescribing of Schedule II opioid drugs. This course satisfies the 2 hours of mandatory opioid training for Vermont dental licensees and 2 hours of the DEA MATE requirement for registrant renewal.

Educational Objectives and Practice Gap Statements:

1. Identify patients at risk or with a substance use disorder
PG: Dental professionals need to be able to screen, identify, and refer patients with substance use disorders to deliver safe and optimal patient care. More than 48.5 million Americans satisfy the DSM V criteria of a substance-use disorder and this activity seeks to address gaps in professional knowledge in how to screen patients for substance use disorders.
2. Comply with state regulatory requirements for prescribers of opioids including utilization of the PDMP databases
PG: Evidence shows that 46,6% of dentists, in a cross-sectional study conducted by the American Dental Association, reported never accessing a PDMP database, with the most common reason being lack of awareness. This activity seeks to address gaps in compliance with opioid prescribing and accessing state databases that monitor prescription drugs.
3. Identify opioid and non-opioid strategies for dental pain management.
PG: Dentists need to understand evidence-based guidelines for pain management that can improve opioid prescribing practices and minimize associated opioid-related risks including misuse, dependency, addiction, diversion, overdose, and death. This activity seeks to close the gap in dentists' knowledge of appropriate pain management strategies.

Glossary of Key Terms:

Pain-an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage

Opioids-synthetic drugs that bind to and are agonists at opiate receptors

Evidence-based pain management-the use of the best current evidence to improve the care quality of individual patients with pain

Substance-use disorders (SUD)- a treatable mental disorder that affects a person's brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications. Symptoms can be moderate to severe, with addiction being the most severe form of SUD

Dependency-state of physical and psychological reliance on a drug that results in tolerance and withdrawal symptoms

Tolerance-decreased responsiveness to a drug following repeated exposures requiring an increase in dosage to produce the initial response

Withdrawal- physical and psychological symptoms that occur after drug use is terminated

Addiction- chronic, relapsing brain disorder characterized by compulsive drug seeking and use despite adverse consequences

Schedule II drugs- Drugs that have a currently accepted medical use in the United States or a currently accepted medical use with severe restrictions but have a high potential for misuse that can lead to severe psychological or physical dependence

- Fentanyl
- Hydrocodone (e.g. Vicodin, Norco)
- Morphine (e.g., Kadian)
- Oxycodone (e.g., Oxycontin, Percocet)
- Methadone (e.g., Dolophine)

Immediate-Release Opioids- faster acting opioids with a shorter duration of pain-relieving action and are indicated for the management of acute mild to moderately severe pain. Examples include Vicodin, Lortab, Percocet

Extended-Release Opioids- long-acting opioids that release the active ingredient over a longer period resulting in a slower onset of action and longer duration of pain relief. Examples include Oxycontin, Duragesic, Dolophine

Fentanyl-synthetic opioid agonist with a high potency of up to 100 times that of morphine

Glossary of Key Terms, (continued):

Naloxone-short acting opioid receptor antagonist used to reverse the respiratory depressant effects of opioid toxicity

Prescription Drug Monitoring Program (PDMP)-statewide electronic databases of Schedule II, Schedule III, Schedule IV, and Schedule V controlled substance prescriptions

Vermont Prescription Monitoring System- PDMP for the state of Vermont and is an electronic data system that collects information on the Schedule II-IV controlled substance prescriptions dispensed by Vermont-licensed pharmacies

MME's "Morphine Milligram Equivalent" (MME)- the number of milligrams of morphine an opioid dose is equal to when prescribed. This formula is frequently used by prescribers and is used to calculate differences in opioid drug type and strength

Diversion- unauthorized distribution of prescription drugs, including opioids, to individuals for whom they were not prescribed

Clinical Practice Guidelines for Dental Pain Management:

Guideline recommendations and guiding principles are grouped into four areas of consideration.



Determining whether or not to initiate opioids for pain



Deciding duration of initial opioid prescription and conducting follow-up



Selecting opioids and determining opioid dosages



Assessing risk and addressing potential harms of opioid use

Clinical Practice Guidelines for Dental Pain Management, (continued):

Adults

Ibuprofen (400-600 mg) and Hydrocodone/APAP (5/325 mg) qid for 24-48 hours, then Ibuprofen (400-600 mg) and APAP (500 mg) qid prn pain

Ibuprofen (400-600 mg) qid for 24 hours, then (400 mg) every 4-6 hours prn pain



Ibuprofen (400-600 mg) and APAP (500 mg) qid for 24 hours, then Ibuprofen (400 mg) and APAP (500 mg) qid prn pain

Resources:

Substance Abuse and Mental Health Services Administration (SAMHSA)

Facility Locator, www.findtreatment.samhsa.gov

National Help Line: 1-800-662-HELP

National Text Line: Text 'Zip Code' 435748

Treatment Locator: www.findtreatment.gov

State Well-Being Programs

Vermont State Dental Society- (802) 864-0115

Email: info@vsds.org

Vermont Practitioner Health Program-802-223-0400

Email: [Vermont Practitioner Health Program — Vermont Medical Society](#)

National Institute of Drug Abuse

NIDA.NIH.GOV | [National Institute on Drug Abuse \(NIDA\)](#)

Centers for Disease Control and Prevention, Clinical Practice Guideline for Prescribing Opioids for Pain-United States, 2022

[CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022 | MMWR](#)

Resources, (continued):

Patient Information Sheets-DEA Resource for parents, educators, and care providers
<https://www.getsmartaboutdrugs.gov/publication/drug-fact-sheets>

Sample Consent Form [ADAP EXAMPLE Acute Opioid Rx Informed Consent.pdf](#)

Substance Use Disorder and Mental Health Collaborative Care Training, CARE (Collaborative to Advance Mental Health Treatment and Substance Use Recovery for Everyone) Series of webinars and trainings to learn how to treat mental health and substance use disorders in primary care and other settings. Contact Robin.N.Miller@vermont.gov, Robin Miller RDH, MPH-Oral Health Director, Vermont Department of Health

Combining ibuprofen and acetaminophen for acute pain management after third-molar extractions: translating clinical research to dental practice, 2013. Moore PA, Hersh EV. J Am Dent Assoc. 2013 Aug;144(8):898-908. doi: 10.14219/jada.archive.2013.0207. PMID: 23904576

Evidence-based clinical practice guideline for the pharmacologic management of acute dental pain in children: A report from the American Dental Association Science and Research Institute, the University of Pittsburgh School of Dental Medicine, and the Center for Integrative Global Oral Health at the University of Pennsylvania. Carrasco-Labra A, Polk DE, Urquhart O, Aghaloo T, Claytor JW Jr, Dhar V, Dionne RA, Espinoza L, Gordon SM, Hersh EV, Law AS, Li BS, Schwartz PJ, Suda KJ, Turturro MA, Wright ML, Dawson T, Miroshnychenko A, Pahlke S, Pilcher L, Shirey M, Tampi M, Moore PA.. J Am Dent Assoc. 2023 Sep;154(9):814-825.e2. doi: 10.1016/j.adaj.2023.06.014. PMID: 37634915.

Harm Reduction: A Strategy to Improve Outcomes for Dental Patients with Substance-Use Disorders. Brown, R., Chan, W. Y., & Whyte, F. (2023). Journal of the California Dental Association, 51(1). <https://doi.org/10.1080/19424396.2023.2242570>.