



Talk to your patients about using opioids safely

Opioid prescription
educational toolkit

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Overview

The opioid epidemic is a serious public health concern in Utah and across the U.S. Between 2019 and 2022, 10 Utahns died from a drug overdose each week; 7 of which were the result of opioids, 4 due to prescription opioids, and 3 due to fentanyl. Prescription opioids are responsible for 35% of the unintentional and undetermined drug overdose deaths in Utah. Although illicit opioids, specifically fentanyl, are increasing more rapidly.¹ On October 26, 2017, President Trump declared the opioid epidemic a national public health emergency under federal law.

Dentists are one of the leading prescribers of opioids. Used to alleviate pain, opioids are commonly prescribed after tooth extractions or surgical procedures. In particular, prescribing pain medication after the removal of 3rd molars (wisdom teeth)—most routinely performed during the teen years—has received significant focus since dentists prescribe the most opioids for this vulnerable age group compared to other providers.

What is dentistry's role in the opioid crisis

Between July 1, 2016 and June 30, 2017, a total of 209.5 million opioid prescriptions were dispensed in the U.S. The most common specialty groups among opioid prescribers were internal medicine (16.4%), dentists (15.8%), nurse practitioners (12.3%), and family medicine (10.3%).²

The specialty groups accounting for the greatest proportion of dispensed opioid prescriptions were family medicine (20.5%), internal medicine (15.7%), nurse practitioners (9.9%), physician assistants (9.3%), pain medicine (8.9%), and dentists (8.6%).²

Dentists often treat a higher proportion of patients who need opioid pain medications due to the acute nature of their work. As such, dentists have a role to play in preventing abuse, misuse, and diversion of opioids.

In July 2016, the American Dental Association ([ADA](#)), along with several other healthcare organizations, urged the passage of the Comprehensive Addiction and Recovery Act ([CARA](#)). The ADA believed CARA represented a first step by the United States Congress in attacking the opioid epidemic. As providers, the ADA appreciated the comprehensive framework of prevention, treatment, and recovery support that CARA's provisions provided.

What is the purpose of this toolkit

This toolkit provides resources to help you appropriately prescribe opioids in your practice. It provides links to prescribing guidelines and best practices for care, resources you can use with your patients, and information on laws and the Utah Controlled Substance Database (CSD). We encourage you to check the CSD before prescribing opioids to patients. Visit <https://dopl.utah.gov/controlled-substance-database/> to learn more about the CSD.

In 2018, the Utah State Legislature passed House Bill 127: Controlled Substance Database Act Amendments which requires prescribers, including dental professionals, to check the Controlled Substance Database prior to prescribing a scheduled II or III opiate to a patient.

The law can be viewed in its entirety at <https://le.utah.gov/~2018/bills/static/HB0127.html>.

Using the Controlled Substance Database

[Section 58-37f-304\(2\)](#) states a prescriber shall check the database for information about a patient before the first time the prescriber gives a prescription to a patient for a Schedule II opioid or Schedule III opioid. If a prescriber is repeatedly prescribing a Schedule II opioid or a Schedule III opioid to a patient, the prescriber shall periodically review information about the patient in the database or other similar records of controlled substances the patient has filed.

Prescribing controlled substances

[Section 58-37-6](#) states that a prescription for a Schedule II or Schedule III controlled substance that is an opiate and that is issued for an acute condition shall be completely or partially filled in the quantity **not to exceed a 7-day supply** as directed on the daily dosage rate of the prescription.

This does not apply to a prescription issued for a surgery when the practitioner determined that a quantity exceeding 7 days is needed, in which case the practitioner may prescribe up to a 30-day supply, with a partial fill at the discretion of the practitioner.

Controlled substance database

Tips for using the Controlled Substance Database (CSD)

1. Create an account at <https://dopl.utah.gov/csd/index.html>. Remember your username and password by saving that information in a safe and secure place.
2. Pick a trusted employee who will be designated as a proxy to access the CSD to review patient information on your behalf. Instructions for the proxy application can be found at <https://dopl.utah.gov/controlled-substance-database/proxy-access/>.
3. If the designated proxy leaves your practice or changes position, make sure their CSD access is removed. You should assign another proxy to take their place.
4. The day before a new patient arrives, have the proxy review the CSD to see if there is information you will need to provide the proper care.
5. Stay up-to-date on continuing education regarding screening, brief intervention, and referral to treatment (SBIRT) at <https://cme.utahmed.org>.



Controlled Substance Database

Welcome

Elimination of DATA-Waiver Program

A DATA-Waiver registration is no longer required to treat patients with buprenorphine for opioid use disorder. For more information about the elimination of the DATA-Waiver requirement, please refer to this document: [DOPL Notice of Elimination of DATA-Waiver Program](#)

Utah's Controlled Substance Database Program (CSD) is a resource that assists prescribing practitioners and pharmacists in providing efficient care for their patients and customers usage of controlled substances.

The Utah Controlled Substance Database Program was legislatively created and put into effect on July 1, 1995. The CSD collects data on the dispensing of Schedule II-V drugs from all retail, institutional, and outpatient hospital pharmacies, and in-state/out-of-state mail order pharmacies. The data is disseminated to authorized individuals and used to identify potential cases of drug over-utilization, misuse, and over-prescribing of controlled substances throughout the state.

[Click for information regarding approved Controlled Substance Continuing Education Courses](#)

[Log in to CSD](#)

You may also access the CSD from the Utah Dental Association website, <https://www.uda.org/government-affairs/controlled-substance-database>.

ADA policy on opioid prescribing

In October 2018, the American Dental Association (ADA) adopted the below policy for opioid prescribing. You can view the policy at <https://www.ada.org/about/governance/current-policies#substanceusedisorders> as well as other substance use related policies.

Policy on Opioid Prescribing (2018)

Resolved, that the ADA supports mandatory continuing education (CE) in prescribing opioids and other controlled substances, with an emphasis on preventing drug overdoses, chemical dependency, and diversion. Any such mandatory CE requirements should:

1. Provide for continuing education credit that will be acceptable for both DEA registration and state dental board requirements,
2. Provide for coursework tailored to the specific needs of dentists and dental practice,
3. Include a phase-in period to allow affected dentists a reasonable period of time to reach compliance,

and be it further

Resolved, that the ADA supports statutory limits no opioid dosage and duration of no more than 7 days for treatment of acute pain, consistent with Centers for Disease Control and Prevention (CDC) evidence-based guidelines, and be it further

Resolved, that the ADA supports improving the quality, integrity, and interoperability of state prescription drug monitoring programs.

The Utah Division of Professional Licensing offers interactive, personalized educational support for prescribing providers. Visit <https://dopl.utah.gov/controlled-substance-database/academic-detailing/> to learn more.

Oral and maxillofacial surgeons:
The experts in face, mouth and
jaw surgery*



American Association of Oral and Maxillofacial Surgeons



Prescription Drug Abuse and Prevention

America remains in the midst of a prescription opioid epidemic. It is estimated that in 2021, 9.2 million Americans, or 3.3 percent of the population, 12 years and older were nonmedical users of opioids – defined as prescription pain relievers and heroin. Of these nonmedical users, and over the course of the previous year, 8.7 million reported the misuse of only pain relievers.

As lawful prescription drug prescribers, oral and maxillofacial surgeons (OMSs) know that when used as prescribed, prescription opiates enable individuals with acute and chronic pain to lead productive lives and recover more comfortably from invasive procedures. AAOMS also recognizes, however, that acute pain medication prescribed following oral and maxillofacial surgery may frequently be the first exposure many American adolescents have to opioid prescriptions, and that roughly 6.4 percent of all immediate-release opioid prescriptions in the United States are related to dental procedures.² Dentists, including OMSs who primarily manage acute pain, have a responsibility to ensure they do not exacerbate a growing public health risk while ensuring their patients receive the relief they need following complex dental procedures.

Over the past decade, a number of approaches have been proposed to address this issue. AAOMS provides the following positions in response to several of these proposals.

Prescription Drug Monitoring Programs

Prescription drug monitoring programs (PDMPs) implemented and updated by dispensers – if properly funded – are valuable tools for detecting a practice known as “doctor-shopping” and preventing the diversion of prescription opioids. AAOMS believes federal and state efforts to develop these programs should be supported and properly funded. AAOMS further believes that in order to prove useful in preventing abuse and diversion, dispensers should enter data into a PDMP in real time. In addition, if the prescription is for a period of less than seven days,

it should not be mandatory to check a PDMP for acute pain patients who receive an opioid following an invasive surgical procedure, as the risk of abuse and diversion is low in these instances. Furthermore, because checking the PDMP is an administrative task, AAOMS believes approved auxiliary personnel should be authorized to access the system on the doctor’s behalf.

Continuing Education

The training received during their residencies implicitly qualifies OMSs to manage their patients’ pain – and, in particular, acute pain – following invasive procedures. Nevertheless, AAOMS encourages its members to be aware of public health trends that may impact patient care and encourages voluntary provider participation in continuing education (CE) programs that focus on drug abuse and responsible prescribing practices. AAOMS worked with the National Institute on Drug Abuse (NIDA) to develop an educational course to help prescribers, including oral and maxillofacial surgeons, talk to adolescents about substance use and abuse. It also helped develop and encouraged members to participate in the Substance Abuse and Mental Health Services Administration (SAMHSA) online training on Safe Opioid Prescribing for Acute Dental Pain. Prescribing, while important, is but a small part of the overall care that is provided to each patient. AAOMS believes that to be most effective, CE should be managed at the state level, be appropriately proportionate to other CE requirements and be customized so that it is relevant to each type of prescribing situation. AAOMS further believes provider specialty organizations such as itself should be included as accepted practitioner training organizations for CE requirements. Finally, a need remains beyond prescriber CE to educate patients and the public at large about opioid abuse and diversion. AAOMS supports such collaborative education efforts that include governmental agencies, nonprofit organizations and prescriber organizations.



Prescribing Guidelines

AAOMS appreciates the development of prescribing guidelines, which may be helpful to practitioners as they determine the proper course of postoperative treatment for their patients. In 2017, AAOMS released the white paper *Opioid Prescribing: Acute and Postoperative Pain Management*, which provides recommendations for the prescribing of opioids for pain. AAOMS encourages all OMSs to consult this document for the management of acute and postoperative pain in their patients and to follow the recommendation that non-steroidal anti-inflammatory drugs (NSAIDs) – rather than opioids – be utilized as a first-line therapy to manage a patient’s acute and postsurgical pain. AAOMS also recognizes and encourages its members to refer to the CDC’s 2022 Clinical Practice Guideline for Prescribing Opioids for Pain.³ AAOMS further supports educational efforts currently underway by many OMS residency training programs and encourages all training programs to develop and utilize acute prescribing guidelines that instruct all practitioners to calculate the total morphine milligram equivalents prescribed to a patient to ensure safe prescribing. If government entities seek to develop prescribing guidelines, AAOMS encourages them to recognize the unique care provided by OMSs by involving them in the development process and to avoid a one-size-fits-all approach, as pain management needs varies from patient to patient. AAOMS encourages provider and/or patient discretion by allowing them to partially fill a prescription with the option to acquire the remaining amount only when necessary. Implementation of such a practice will lessen the risk of diversion of unused medications.

Supporting Practitioner Judgment

Only the treating practitioner, not subjective policy, can determine a patient’s medical needs. It is the position of AAOMS that the patient-practitioner relationship must be upheld, allowing the practitioner to have the final say regarding the management of a patient’s pain, including drug types, dosage and treatment duration. Practitioners should be informed of the latest public health trends, including possible alternatives to opioid pain treatment; but in the end, practitioners should be trusted to treat their patients according to their best professional judgment. As with any issue, if a practitioner is shown to be practicing contrary to the standard of care, the practitioner should be referred first for peer review, followed by prescription writing counseling/continuing education and then, if necessary, punitive remediation.

References:

- 1 *Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health. Substance Abuse and Mental Health Services Administration. October 2021. Retrieved from [samhsa.gov/data](https://www.samhsa.gov/data).*
- 2 *JADA. July 2018; 149(4): 237-245.*
- 3 *CDC Clinical Practice Guideline for Prescribing Opioids for Pain, Recommendations and Reports. 71(3); 1-95. November 2022.*

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Patient conversation support

Intervene appropriately

Patients may ask you or other staff about opioids, including the dangers of using opioids, signs of an opioid overdose, or how to safely store and dispose of unused opioid medications. A script and talking points have been provided to help you talk with patients about these sensitive issues. These can be printed and placed in your office and at staff work stations. The script is a great way to start a conversation with your patients.

Script

Opioids are often used to help control pain. But it's important to know taking these medications also has serious risks, such as dependency, an overdose, or addiction. ([Hand the patient the Stop the Opioid epidemic brochure](#)). This brochure outlines what opioids are and some of the risks.

It's important when you are taking these medications you know the signs of an overdose in case anything happens. This brochure includes what an overdose can look like and what to do if something happens. ([Hand the patient the Opioid pain medication: What you need to know brochure](#)).

I would also like to tell you about naloxone and how to properly administer it. Naloxone is a safe medication that can reverse an overdose allowing medical help to arrive. It is easy to administer and can save a life. ([Hand the patient the Naloxone \(NARCAN®\) written instructions](#)). There is a standing order in place for naloxone. This means you can get naloxone from a pharmacy without a prescription. Call your pharmacy before arriving to make sure they have naloxone in stock.

Do you have questions for me?

Educational resources

Opioid educational resources

Visit <https://opidemic.utah.gov> for resources and information on opioids, naloxone, and fentanyl test strips. These resources are available to educate and protect your patients and their families from potential opioid misuse or overdose.

You can also order printed materials from the Utah Department of Health and Human Services (DHHS) Violence and Injury Prevention Program (VIPP) using the [Opioid materials request form](#).

Substance use and mental health resources

Visit <https://sumh.utah.gov> for resources to help people who are dealing with substance use or mental health disorders.

Calculating safer daily dose of opioids (2 page fact sheet)



The greatest threat of gabapentin occurs when used with a prescription opioid.

This fact sheet provides information on the importance of calculating the total daily dose of opioids for safer dosages.

[Learn more](#)

Dental opioid prescription instructions (1 page fact sheet)

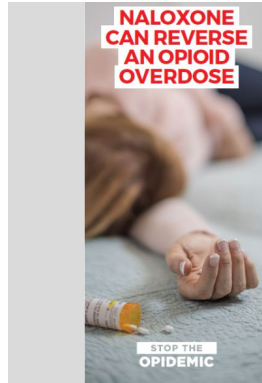


This guide provides questions to ask your dentist or pharmacist to make sure you understand how the opioid medication will help you and the risks associated with it. The fact sheet can be given to patients after surgery who are prescribed opioids for pain.

[Learn more](#)

Educational resources

Naloxone can reverse an opioid overdose (tri-fold brochure)



Educates patients on what naloxone is, how to use naloxone, signs and symptoms of an overdose, and Utah laws regarding naloxone.

[Learn more](#)

Naloxone written instructions (1 page fact sheet)



This fact sheet helps patients understand what naloxone is, signs and symptoms of an overdose, and how to administer naloxone.

[Learn more](#)

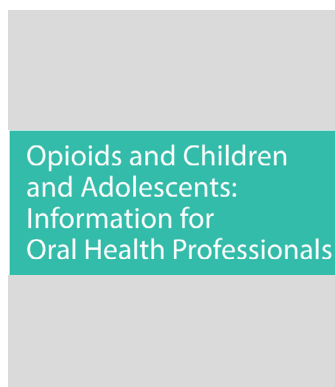
Opioids and pregnant women: Information for oral health professionals (4 page fact sheet)



This fact sheet outlines pharmacological considerations and opioid prescribing guidelines for pregnant women. It was developed by the National Maternal and Child Health Resource Center.

[Learn more](#)

Opioids and children and adolescents: Information for oral health professionals (6 page fact sheet)



This fact sheet outlines best practices for care when treating adolescents and youth for pain. It was developed by the National Maternal and Child Health Resource Center.

[Learn more](#)

Educational resources

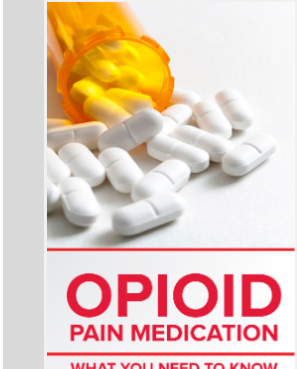
Opioids, dentistry and addiction: The dentist's role in treating pain.
American Dental Association
(webinar)



Webinar from the American Dental Association that outlines the role of dentistry in preventing overdoses. Approximately 1 hour in length.

[Learn more](#)

Opioids pain medication: What you need to know
(tri-fold brochure)




Find more about:

- What opioid are.
- The risk of taking opioids.
- How to safely manage pain.
- How to reverse an overdose with naloxone.
- Substance use disorder resources.

[Learn more](#)

Prescription opioids deaths in Utah
(4 page fact sheet)



Fact sheet with data on the number of opioid overdoses in Utah. Data was prepared by the Utah Department of Health and Human Services.

[Learn more](#)

Educational resources

Stop the opioid epidemic brochure (4-fold brochure)



This brochure is an introduction to what opioids are, the risks of opioids, and the opioid problem in Utah.

[Learn more](#)

Your prescription medicine: Tips for safe storage and disposal (1 page fact sheet)



This handout outlines how to safely store prescription medications and properly dispose any unused or expired medicine.

[Learn more](#)

References

1. Utah Office of the Medical Examiner (2023).
2. Gery P. Guy, Jr. [Opioid Prescribing by Specialty and Volume in the U.S.](#) National Library of Medicine. September 12, 2018.

Talk to your patients about using opioids safely

This toolkit was a collaboration of the Utah Department of Health and Human Services, Utah Dental Association, and the Utah Department of Commerce Division of Professional and Occupational Licensing.

