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Recommendations for Co-Prescription of Opioids and Naloxone in the Dental Office

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Patient Safety Is Our Priority

Recommendations for Co-Prescription of Opioids and Naloxone in the Dental Office

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Introduction

In the past, opioid analgesics were prescribed frequently as the first line of pain management after dental procedures and though non-steroidal anti-inflammatory drugs have risen to the top, opioids are still commonly prescribed. Historically, opioid analgesics, while an important tool in pain management, are associated with high rates of abuse, misuse, and addiction. In the United States, drug overdose deaths continue to rise and this trend is largely driven by prescription opioid analgesics.[10] In fact, 5 to 23 percent of all prescription opioid doses dispensed are used for non-medical purposes.[5] Though primary care physicians prescribe the bulk of opioids, certain specialties, such as dentistry, prescribe opioids at a higher rate.[10] All prescribers have a responsibility to minimize the potential for drug abuse, misuse, addiction, and overdose while still prescribing necessary opioids for patients in need of such opioid analgesia.[5] Some physicians have already begun co-prescribing naloxone along with opioids to minimize that risk. However, this practice is not currently common within the dental profession. Providing overdose prevention in the form of naloxone and opioid overdose response education, including assessment and stimulation of the victim, administration of naloxone, basic life support and aftercare, to drug users, their friends, and family can save lives. It is the dental provider's responsibility to respond to this call and stay informed on alternative forms of pain management and to know when and how to prescribe opioids safely to their patients. This paper will list and discuss several factors that relate to the decision concerning prescription of opioids and the co-prescription of naloxone. It will also attempt to provide a guideline for such prescriptions.

Naloxone

Naloxone is a potent opioid receptor antagonist used clinically to counter the effects of opiate analgesia.[19] It can and should be used in opioid overdose situations to counteract the life-threatening depression of the central nervous system and the respiratory system.[20] What makes naloxone unique is that though traditionally administered by healthcare professionals, laypeople can be minimally trained to safely administer it intranasally or intramuscularly making it ideal for treating overdose wherever and in whomever the overdose is identified.

Naloxone is available in several formulations including intravenous, intranasal and intramuscular auto-injectors. While intravenous administration is reserved for trained professionals, intranasal and intramuscular delivery methods are simple and safe for the layperson to administer. Administration of naloxone intranasally or intramuscularly produces effects within 2 to 5 minutes of administration that last between 30 – 120 minutes with a Tmax of approximately 19 minutes intranasally and 15 minutes intramuscularly.[4,6,12,14] Once administered, the patient's breathing should be monitored and if respirations do not return within 2 to 3 minutes or the patient relapses, both laypeople and trained healthcare professionals should administer an additional dose of naloxone with a new auto-injector until emergency assistance arrives.

In order to prevent overdose, two important steps must be taken, naloxone must be co-prescribed with the opioid and naloxone education must occur at the time of prescription writing and again at the time of the pharmacist dispensing the medication. When administered correctly, naloxone successfully reverses overdose in 82% of patients.[9] With such a high success rate and ease of use it is perplexing why naloxone is not more commonly co-prescribed with opioid prescriptions amongst dental professionals.

Why Practitioners Don't Co-Prescribe

There is no question that the opioid epidemic has continued to rise with 2.1 million people suffering from an opioid use disorder and 47,600 people dying from an opioid related drug overdose in 2017.[11] While one of the largest percentage drops in opioid-prescribing rates occurred in dentistry, the fact remains that opioid prescriptions are still common with more than 13 million prescriptions dispensed per month in the United States.[9,11] In April 2018, the US Surgeon General called for heightened awareness and availability of naloxone to reverse the effects of opioid overdose. Yet, still less than 1% of patients actually receive a naloxone co-prescription.[1] Binswanger, et al. found that prescribers were hesitant to prescribe naloxone with a patient's prescription opioid because of concerns about the patient engaging in risky behavior and fears of offending the patient.[2]

In fact, prescribers expressed they were more comfortable prescribing and more often prescribed to patients who were not necessarily those who could benefit most from naloxone.[2] Contrary to popular belief, there is no evidence that patients who are prescribed opioids and naloxone will increase their risky behavior and their dosage of the drug.[3] Additionally, the fear of insulting a patient should be inconsequential compared to the fear of the patient using the opioids irresponsibly or incorrectly and needing an antidote they were never given an opportunity to obtain. Similar to how a dentist discusses the risks and benefits of a procedure with a patient, they should also discuss the risks and benefits of taking opioids and the benefits of filling a prescription of naloxone as well to help reduce those risks. A conversation framed in a professional manner will not insult the patient and will make the patient feel comfortable and grateful that they have an opportunity to help themselves, a family member or a friend should an overdose occur.

Legal ramifications of prescribing naloxone to a patient who experiences an overdose is another commonly mentioned concern.[2] This belief goes hand in hand with the fear that prescribing naloxone will result in increased risky behavior that would not have occurred had the dentist not prescribed it in the first place. Burris et al. found that there are no likely legal risks to providers from prescribing prescription naloxone.[3] Given the plethora of information regarding the benefits of co-prescription, there is no legitimate reason to not co-prescribe naloxone with opioids. The practice of co-prescription is becoming more common among physicians and it should become common practice within the dental community.

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Screening for Risk in Office

Dentists are in a unique position as health care providers to screen for substance misuse and abuse due to the long-term relationship they are able to build with a patient. Screening is a quick and easy way to identify, prevent, and reduce problematic use and abuse of opioid prescriptions. One of the ways dentists can implement this is to use the Screening, Brief Intervention and Referral to Treatment toolkit.[11] By starting a conversation with every patient saying, “This is a screening process we now use for every patient,” the dentist opens up the opportunity to openly discuss potential or real substance abuse problems in a safe and non-judgmental way with no fear of insulting the patient. Besides the welfare of the patient, several billing codes have now been approved that allow the prescriber to be reimbursed for providing screening and brief intervention services.[16]

When to Consider Co-Prescription

The Centers for Disease Control and Prevention now recommends that prescribers of opioids consider a naloxone co-prescription if a patient’s opioid dosage exceeds 50 morphine milligram equivalents per day.[9] This should not be the only time that a dentist considers co-prescription of naloxone since there are many patients who are at risk of opioid misuse or abuse and can be identified through screening. Additionally, naloxone co-prescription is recommended for individuals with a history of opioid overdose or substance abuse disorder, those taking benzodiazepines with opioids, those with respiratory conditions, those with mental health disorders and those who are at risk for using high dose opioids when they are no longer tolerant.[11] Ideally, the co-prescription of naloxone should be considered for every patient. Even if the patient is safely taking the opioids prescribed, the main sources for obtaining prescription drugs that are used for non-medical reasons are through family and friends. Patients have a right to be able to help save someone from an overdose.[5]

Overdose Education and Naloxone Distribution (OEND)

Patient education is extremely important. Many patients fear that if they are prescribed naloxone and go to fill it, people will assume that they are an opioid drug abuser. Through education, dentists can mitigate patient’s fears of being stigmatized and can provide them with potentially lifesaving information. In addition to how to dispense naloxone, drug overdose prevention, recognition and response should be taught. In fact, one study found that implementation of overdose education and naloxone distribution (OEND) in communities was associated with lower rates of opioid related deaths from overdose.[4] Dentists should consider educating patients, about the benefits and uses of naloxone and prescribing naloxone to the patient of record.[19] Additionally, education of patients should include what to do with prescribed opioids after they are no longer needed for pain management. In one study, 72 percent of participants who were prescribed an opioid had leftover medication and 71 percent of those with leftover medication kept it creating potential for drug misuse in the future.[5]

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It behooves the dental professional to educate not only their patient on the proper use and disposal of opioids and naloxone, but also the friends and family of the patient if they are present with the patient or encourage the patient to inform them themselves. Part of the education process for family members and friends of the recipients of opioid prescriptions should include encouragement to obtain naloxone from their pharmacist or through insurance in order to be prepared should someone misuse the prescription.[7] In fact, any person concerned for their loved one’s can obtain naloxone from their local pharmacy in every state without a prescription.[7] It is also beneficial to remind the patient that they can call with any questions about the opioid or naloxone and its administration and a prescriber can also offer this service to friends and family. After all, the person who has overdosed is incapable of using naloxone to save themselves.

Support Insurance Coverage of Naloxone

Beyond what can be accomplished in an office setting, it is important that dentists provide their support of insurance coverage of naloxone. Though naloxone may be co-prescribed with opioids, it is still up to the patient to fill the prescription. Without proper education of the benefits of naloxone, many patients may forego filling the naloxone prescription due to added expense of a drug they may not view as beneficial or necessary. In 2018, patients with commercial insurance had the largest percentage of dispensed naloxone because they did not require out-of-pocket costs to fill the prescription.[7] Unfortunately, only 42.3 percent of prescriptions for naloxone did not require out-of-pocket costs.[8] That results in a large number of patients that potentially will not get naloxone even if it is prescribed due to cost.

Support Laws Mandating Co-Prescription of Naloxone with Opioids

Dentists have a duty to act for the benefit of others according to the Professional Code of Conduct from the American Dental Association and an obligation to use their knowledge for the improvement of dental health and wellbeing of the public.[18] One way that dentists can act beneficently is to raise awareness for and support laws mandating the co-prescription of naloxone with opioids. A study conducted by Minji Sohn, et al. found that the rate of naloxone dispensing per 100,000 patients increased significantly upon the implementation of legal requirements for naloxone prescription.[17] That is almost 7.75 times more dispensed naloxone compared with not having legal requirements.[17] In fact, states with naloxone access laws had an average of 15% lower incidence of opioid overdose compared with states without those laws.[17]

Summary

Opioid analgesics play an important role in pain management in the dental profession and due to the deleterious effects of opioid abuse and misuse, naloxone should be commonly co-prescribed along with the opioid prescriptions. Dentist’s first line of defense for pain management should be nonscheduled

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pain medications as well as other forms of non-pharmacologic management for the control of pain prior to prescribing opioids. However, it is understood that in some circumstances, a patient may require opioid analgesia for proper pain control. If opioid analgesics become necessary, dentists should make it a part of their common practice to write two prescriptions: one for the opioid and one for naloxone. Not only can naloxone help save the life of the patient, but through extension of opioid education and proper naloxone administration, potentially their friends and family as well. Naloxone is a unique drug in that it provides potentially life-saving pharmacological benefits, and also provides an opportunity for important conversations with patients regarding education on substance misuse and abuse.

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