



Submitted by: Lionel M. Candelaria DDS, *Diplomate of the American Board of Oral and Maxillofacial Surgery, Diplomate of the National Board of Dental Anesthesia*

Current Concepts in Post-Operative Pain Management Part I.

The purpose of this series of articles is to provide guidelines for prescribing analgesic medication with consideration for effective postoperative pain control, minimizing potential adverse reactions, patient safety, public safety, environmental concerns and proper disposal of unused medications. Federal and State agencies have undertaken a campaign to increase regulatory measures and public awareness regarding medications used for pain control in health care. Their efforts are specifically focused on addressing an increased nationwide incidence of prescription narcotic abuse. With the goal of decreasing the overall cost in human suffering and the staggering cost to the healthcare system. As a consequence we are in the midst of a paradigm shift in prescribing commonly used medications postoperative pain control in dentistry. Specifically: educating patients on the potential dangers of narcotic use and abuse, proper disposal of unused medications and adopting the practice of individualizing postoperative pain control based on the procedure and anticipated analgesic needs of the patient. Additionally, providers must choose an appropriate combination of over the counter and prescription medications to maximize postoperative pain control whilst minimizing the potential toxicity for each drug. Also, advising the patient to take the least amount of medicine necessary for a suitable level of analgesia for the shortest period possible.

As healthcare providers and lawful prescription drug prescribers, we know that, when used properly under medical supervision, prescription opiates enable individuals with acute and chronic pain to lead productive lives and to recover more comfortably from medical procedures. It is estimated that 2.7% of all individuals in the United States are prescription drug abusers and only 17.3% of these individuals, or 0.47% of the total population, received their drugs from prescribers.¹ Therefore, the vast majority of the population obtains controlled substances from illicit sale or the acquisition of unused prescription medication. Of great concern is the rapidly growing trend among adolescents. Prescription and over-the-counter medications account for most of the commonly abused illicit drugs by high school seniors. Nearly 1 in 12 high school seniors reported nonmedical use of Vicodin; 1 in 20 reported abuse of OxyContin. When asked how prescription narcotics were obtained for nonmedical use, 70% of 12th graders said they were given to them by a friend or relative. The number obtaining them over the internet was negligible.⁵ Equally, alarming is a cultural phenomenon known as “pharming parties” or “punch bowl parties.” The participants obtain prescription drugs, particularly narcotics and tranquilizers,

from their parents or friend's parent's medicine cabinets. They get together with others, trade or mix the drugs and consume the various combinations with alcohol.

As dental providers we are on the front line of this issue can provide an important service to our community by educating our patients on the timely and proper disposal of unused medication.

NM State Household Pharmaceutical Disposal Program

FDA worked with the White House Office of National Drug Control Policy (ONDCP) to develop the first consumer guidance for proper disposal of prescription drugs. Issued by ONDCP in February 2007 and updated in October 2009. The NM State disposal program mirrors the Federal guidelines for proper disposal of unused medications.³ There is a two page FDA publication entitled "How to Dispose of Unused Medications."⁴ It is easily reproducible and makes an excellent patient handout. The following is a summary of the State program:

Trash disposal guidelines: pour medication into a sealable plastic bag. If medication is a solid (pill, liquid capsule, etc.), crush it and add water to dissolve it. Add an absorbent material such as kitty litter, sawdust, coffee grounds to the plastic bag trash bin, seal the plastic bag and place into the trash. Protect yourself by destroying all identifying information from medical containers before recycling. For more information go to www.smarxtdisposal.net

Communities take back program: medications can also be properly disposed by taking them to the Metropolitan Forensic Science Center, located at 5350 2nd St NW (behind the Gerald Cline Memorial Police Substation). Phone: (505) 823-4200 Hours: Thursdays 9am-4pm.

The New Mexico Prescription Monitoring Program (PMP).

Providers with a CS permit can access the PMP database as needed to make patient inquiries prior to writing controlled substance prescriptions. The database will make available to providers a detailed history of controlled substance prescriptions filled by patients. The benefits of the program include but are not limited to the following: avoidance of over prescribing of narcotic pain killers and curtailing the practice of "doctor shopping."

The Board of Pharmacy made changes to the Prescription Monitoring Program and the Controlled Substances rules. These apply to practitioners holding controlled substance registrations with the New Mexico Board of Pharmacy. *There is no automatic enrolment in the program with renewal of your state CS permit.* If you do not have an account with the PMP, you must register on line at: <https://pmp-web.rld.state.nm.us>, to obtain your user name and password to access the PMP database. Controlled Substance registration renewals will not be issued until the practitioner's PMP registration is verified. If you issue controlled substance prescriptions to your patients or administer controlled substances in your practice setting, no reporting to the PMP is required. The pharmacy will enter the controlled substance prescription data in the PMP data base when the prescription is filled.

If you *dispense* controlled substances directly to your patients, the controlled substance must be reported electronically to the PMP at least every seven days if: The quantity dispensed exceeds a three-day supply (i.e. 1 daily x 7 doses), or, The quantity dispensed exceeds 12 doses in a three-day supply (i.e. 2 every four hours x 36 doses).

Controlled Substances Rule changes

A new telephone prescription for any schedule III, IV, or V opiate shall not exceed a ten day supply, based on the directions for use, and cannot be refilled. Pharmacists will not be allowed to dispense more than a ten-day supply of any new prescription for an opiate drug telephoned into the pharmacy. This restriction does not apply to faxed prescriptions, written prescriptions, or electronically transmitted prescriptions complying with DEA rules. This does not apply to telephone authorization for refill of a previously dispensed written, faxed or e-prescribed prescription. Pharmacists cannot refill a schedule III, IV or V prescription before 75% of the drug is used, based on the directions for use, without authorization of the prescriber.²

References:

1. Substance Abuse and Mental Health Services Administration, *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011.
2. http://www.rld.state.nm.us/boards/Pharmacy_Prescription_Monitoring_Program.aspx
3. <http://www.cabq.gov/environmentalhealth/household-hazardous-waste/pharmaceuticals>
4. <http://www.fda.gov/downloads/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingOver-the-CounterMedicines/ucm107163.pdf>
5. <http://www.drugabuse.gov/publications/topics-in-brief/prescription-drug-abuse>