

# College Update

Summer 2018

## Opioid Prescribing: Do No Harm

*"I can't make a rational decision. I have no control anymore. I love my job, but I can't do it because I can't function at all. I'm so very ill, there is no 'normal' for me. No night or day. Days without sleep. I ask myself *how dare I live like this?* But the truth is I can't stop. It's not me anymore."*

This is an excerpt from a recent conversation I had with Marie\*, a young woman whose life has been devastated by the disease of addiction.

Although valued and loved by her family, she is a heartbroken mother

who has been denied access to her children by virtue of her disease.

Until recently, Marie was a poster child for sustained recovery, but as we know well, relapse is the nature of the disease. It is a constant, real and lifelong threat. This disease is not curable.

Don't be deceived. This could be a colleague, friend, or your child. It could happen to any one of us.

Addiction is not just a result of street drugs. The first access may be as simple as your bathroom medicine cabinet, to which your teenagers and their friends have unfettered access. It may be an unlocked drug cupboard in your practice or a prescription you

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wrote for a vulnerable person whose genetic predisposition was unknown to you. It may be long term use of opioids because of chronic pain from a serious disease or injury.

#### **Do no harm**

As prescribers, we must remain acutely aware that this disease is a killer; it destroys lives and for every life destroyed numerous others are profoundly negatively impacted. The impact on humanity is immeasurable.

As a profession we are asking serious

\* Story used with permission. Name and some details have been changed to protect privacy.

questions about our prescribing practices. How have we contributed to the current situation? Does our approach to prescribing need re-evaluation and modification?

The privilege of being a dentist in this province comes with a great responsibility to our patients. This area of our practice demands mindfulness and careful consideration.

Historically, medical and dental practitioners were criticized for ineffective pain management, including complications arising from neuroplasticity. Opioids were presented by pharmaceutical companies as extremely effective, low-risk analgesics with minimal side effects; however, we now know that opioids themselves cause profound brain changes. They usurp the normal executive function of the frontal lobe and establish control over the individual. We are witnessing the horrors of this misleading and erroneous marketing.

### **Changing ideas about healthcare**

Remember the heyday of smoking? It was the image of sophistication. Advertisers even told us smoking was embraced by doctors.

Now we know better. Dentists see firsthand the human suffering and cost of diagnoses of oral cancer, lung cancer, cardiovascular disease, advanced periodontal disease and other smoking-associated health risks. Research and disease incidence has confirmed that smoking kills, so today we actively counsel our patients about those risk factors.



Image source: <http://blog.modernmechanix.com/more-doctors-smoke-camels-than-any-other-cigarette/>

Do you remember when there were X-ray machines in shoe stores? Actually they were fluoroscopy machines, which deliver high dose continuous X-radiation. Customers, including children, were encouraged to examine their bones and wiggle their toes inside new shoes to determine the fit. There were no warning signs posted. It was fun for children. Radiation is good for you, right?

Research and an accumulated body of knowledge and experience have taught us that smoking, radiation and now opioids, do have extremely serious harmful effects and they do kill. Harm to human populations directly as a result of opioids has reached a pinnacle in North America. This knowledge seems intuitive in 2018, but there was a time when the risks were simply unknown. Healthcare providers have—belatedly—become aware that opioids pose a serious public health and safety concern.

### **The rise of opioid use**

Historically, alcoholism was identified as a significant social issue and a

major cause of violence and death. In the late 1800s, in an effort to deal with the problem of alcoholism, opium was promoted as a cure. Morphine, a derivative of opium, was developed as a pain killer.

Morphine was considered a miracle drug because it was so effective for the management of severe nerve pain associated with trauma. And it came with the side effect of a blissful state of euphoria. The result: an exponential rise in addiction. Then a new drug called heroin was developed in Germany. At the time it was promoted as a safe, non-addictive replacement for morphine. Now we know differently.

Until 1920, all these drugs were unregulated. Fast forward to 1980, when a letter was published in the *New England Journal of Medicine*, which was widely cited and is thought to be the genesis of the current opioid crisis. Why is that? Because the short letter written by a group of medical researchers made the assertion that despite widespread use of narcotics in hospitals, addiction is rare provided the patient has no history of addiction. This coincided with prescribers in both the medical and dental professions being told they were not managing pain appropriately.

The result of reassurances based on false information from a number of sources, including the manufacturers of such drugs as OxyContin, was a spike in opioid prescribing over the past 20 years, leading to the current public health crisis.

## Considerations for Opioid Prescribing

Only prescribe opioids when the benefits outweigh the risks. Consider the following:

- What does the patient's medical history reveal?
- Have alternatives been carefully considered first? Is there a reasonable non-narcotic alternative?
- Is the patient a member of a known vulnerable population?
- Is the patient suffering from a mental health disorder such as anxiety, severe endogenous depression or diagnosed psychosis?
- What other CNS depressant medications are they taking? (e.g. Zopiclone, Lyrica, benzodiazepines)
- What is the psychosocial profile of your patient? Is there evidence of drug-seeking behaviour?
- Is there a suspicion the patient may be self-medicating with other pharmaceuticals?
- Have you considered consultation with the patient's medical practitioners?
- Should you ask the pharmacist to run a PharmaNet search before prescribing?
- What is the minimum number and dose for effective management of the patient's pain?

If you determine that prescribing an opioid is indicated, consider the following:

- Have you counselled the patient sufficiently regarding potential risks?
- Have you appropriately counselled the patient regarding judicious use?
- Have you discussed home storage and disposal of unused restricted drugs with the patient? Are there teenagers in the home of your adult patient?

### Careful weighing of risks and benefits

As healthcare providers, we should be in the vanguard of those advocating for careful management of opioids in response to the indisputable facts we now see before us.

As the regulator of a healthcare profession with prescribing privileges for restricted pharmaceuticals, CDSBC recognizes and affirms the judicious use of opioids.

The possible consequences of opioid prescribing can be extremely serious, life changing and irreversible.

Let's ask ourselves individually and as a profession:

What is best practice regarding opioid prescribing?

Is this not a serious enough issue that it is reasonable and necessary

to obtain legitimate informed consent in every case before writing the prescription?

If these medications were being prescribed for my child, wouldn't I want to be provided with in-depth knowledge regarding the risks and possible side effects?

### What is best practice regarding opioid prescribing?

As Hippocrates said:

"I shall adopt for the benefit of my patients according to my ability and my judgment and not for their hurt or any wrong."

As healthcare providers, we need to be mindful of how our actions benefit not only our own patients, but how our individual actions impact public health.

As true professionals, that is what we do. We adapt to new and changing evidence-based information because we are scholars, lifelong learners, who use knowledge to provide solutions. We learn, we lead, we teach, we collaborate, and we share our knowledge for the benefit of humanity.

*Dr. Meredith Moores is CDSBC's Acting Director of Professional Practice.*

*For the College's expectations for prescribing, please refer to the Standards & Guidelines document "Prescribing and Dispensing Drugs" in the CDSBC library at [www.cdsbc.org/library](http://www.cdsbc.org/library).*

*The College distributed an opioid prescribers information package to all dentists in December 2017.*

## Introducing the 2018/19 Board

### Elected Board Members

1. **Dr. Peter M. Lobb**, President
2. **Dr. Patricia Hunter**, Vice-President
3. **Dr. Doug Conn**, Treasurer
4. **Dr. Deborah Battrum**, Dentist Board Member (District 3: Southern Interior)
5. **Dr. Kenneth Chow**, Certified Specialist Board Member
6. **Dr. Jeffrey M. Coil**, UBC Faculty of Dentistry Board Member
7. **Dr. Richard Busse**, Dentist Board Member (District 4: Vancouver)
8. **Dr. Dustin Holben**, Dentist Board Member (District 5: Vancouver Island)
9. **Ms. Cathy Larson**, Certified Dental Assistant Board Member
10. **Ms. Sabina Reitzik**, Certified Dental Assistant Board Member
11. **Dr. Masoud Saidi**, Dentist Board Member (District 1: Fraser Valley)
12. **Dr. Mark Spitz**, Dentist Board Member (District 2: North)



### Public Board Members

13. **Mr. Gurdeep Bains**
14. **Dr. Heather Davidson**, PhD
15. **Ms. Dianne Doyle**
16. **Ms. Sabine Feulgen**
17. **Ms. Barb Hambly**
18. **Mr. Oleh Ilnyckyj**
19. **Ms. Dorothy Jennings**
20. **Mr. Carl Roy**
21. **Mr. Neal Steinman**
22. **Dr. Lynn Stevenson**, PhD



Learn more about our Board at [www.cdsbc.org/cdsbc-board](http://www.cdsbc.org/cdsbc-board)

# Three New Ways to Connect with the College

## 1 Online registration

Did you know that most dentists and certified dental assistants registering with CDSBC for the first time can now register online? Online registration applications are available for general dentists and CDA (Temporary and Practising) categories on the CDSBC website. If you know a dentist intending to register with us for the first time, refer them to [www.cdsbc.org/dentist-registration](http://www.cdsbc.org/dentist-registration), and refer CDAs to [www.cdsbc.org/cda-certification](http://www.cdsbc.org/cda-certification).

## 2 Online consultation forum

Consultation with our registrants and the public provides valuable feedback to CDSBC. We have been taking steps to make our consultation and engagement efforts easier and more meaningful. Stakeholders will be able to post their comments on open consultations, see what others have to say, and respond. Visit [www.cdsbc.org/consultations](http://www.cdsbc.org/consultations) for more information.



## 3 Online complaint submission

Complainants can now submit a complaint entirely online at [www.cdsbc.org/submit-complaint](http://www.cdsbc.org/submit-complaint).

The new online complaint submission web form provides clarity to complainants about what information we need from them when they submit a complaint.

This will not change any aspect of the complaints process for registrants.

## Basic Complaints Process Information Now Available in Multiple Languages



An overview of key complaints information has been translated into additional languages and posted on the CDSBC website.

This overview is designed to help potential complainants understand CDSBC's mandate and our complaints process before they submit a complaint.

The translations are available in the following languages:

- Chinese (traditional and simplified)
- French
- Hindi
- Korean
- Punjabi
- Spanish
- Vietnamese

Visit [www.cdsbc.org/submit-complaint](http://www.cdsbc.org/submit-complaint) to view the documents.

### Are you receiving our monthly eNewsletter?



If not, you may need to update your contact information. As a registrant, it is your professional responsibility to ensure CDSBC has your current address, phone number and email address.

Log in to your account to update your contact information at [www.cdsbc.org/contact-info](http://www.cdsbc.org/contact-info).

## Public Notification

### Dr. Larry G. Podolsky Abbotsford, B.C.

Dr. Larry Podolsky is registered as a general dentist and is the registered owner of Fraser Valley Dental Specialists (FVDS). He has signed a Memorandum of Agreement and Understanding (MAU) with the College acknowledging concerns that deep sedation services were provided at FVDS between January and May 2017 when the facility was not authorized by CDSBC to do so.

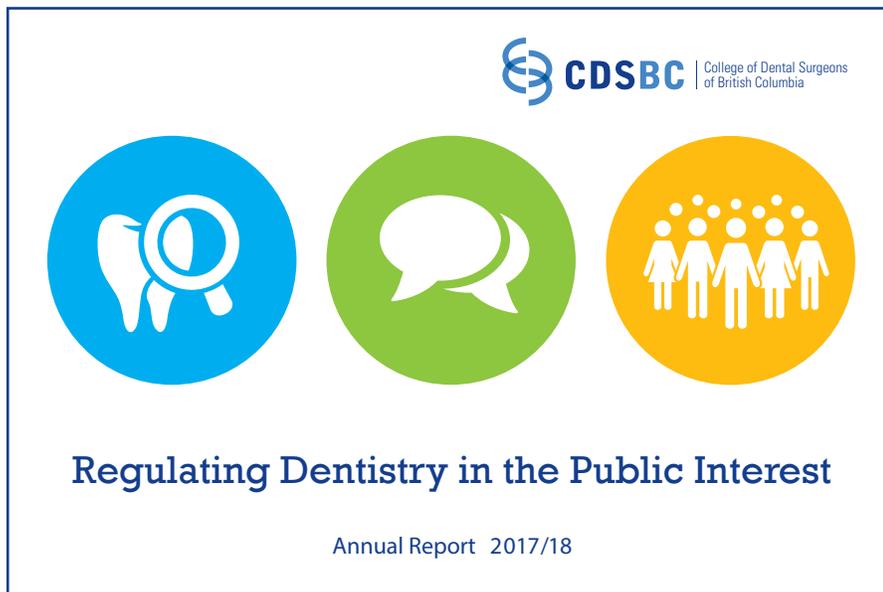
Dr. Podolsky was reprimanded and required to pay a fine, and agreed that deep sedation services will not be provided at the FVDS facility until it has received authorization from CDSBC. The facility received notice of approval from CDSBC on 3 October 2017.

Authorization for deep sedation is required to provide deep sedation services at any non-hospital facility in B.C.

In its resolution of this complaint file, the Inquiry Committee considered that, upon his learning of the non-compliance in May 2017, Dr. Podolsky acknowledged that deep sedation was provided to FVDS patients when it should not have been and immediately undertook to cease providing deep sedation services until the facility had obtained accreditation.

To read the full publication notice, visit [cdsbc.org/discipline-notices](http://cdsbc.org/discipline-notices).

## 2017/18 Annual Report Now Available



CDSBC's 2017/18 Annual Report describes CDSBC's work and activities from the last fiscal year. It highlights major accomplishments and reflects the commitment of those who devote their time and expertise to deliver on the College's duty to protect the public.

Read the full report at [www.cdsbc.org/annual-report](http://www.cdsbc.org/annual-report).

## A Better Quality Assurance Program

### We're working on an improved Quality Assurance Program and need your input.

Under the direction of the Board, the Quality Assurance Committee researched and proposed a new comprehensive Quality Assurance Program that will:

- promote career-long, hands-on learning;
- encourage collaboration among colleagues; and
- improve treatment outcomes for patients.

The proposed program was approved by the Board for consultation in February.

A summary document of the proposed changes to the Quality Assurance Program is included with this mailout.

The proposed program requires a high level of engagement with registrants and stakeholders. In the first half of 2018, we held three in-person consultation sessions in Vancouver and on Vancouver Island, with additional in-person sessions scheduled this fall (see page 8 for

## Reporting Lost or Stolen Prescription Pads

The Ministry of Health issues FanOut messages to pharmacies to communicate critical information about PharmaNet outages and lost or stolen prescription pads.

To report a lost, stolen or forged prescription pad, registrants must call PharmaNet services at 1-855-952-1432 and provide:

- Folio number(s)
- Prescriber's name, location and license/registration number
- Contact information

Visit [www.cdsbc.org/prescribing-and-dispensing-drugs](http://www.cdsbc.org/prescribing-and-dispensing-drugs) for more information.

upcoming sessions).

How can you join the discussion?

- Attend an in-person consultation session
- Participate in the online consultation discussion

To learn more about this initiative, visit [www.cdsbc.org/improved-QA-program](http://www.cdsbc.org/improved-QA-program).

## College Calendar

### 15 September 2018

#### Board Meeting

8:30 am

Terminal City Club, Skidmore  
Room  
837 West Hastings St.  
Vancouver, B.C.

*To attend as an observer, RSVP  
by 6 September 2018 to  
[registrarsoffice@cdsbc.org](mailto:registrarsoffice@cdsbc.org)*

### 14 and 28 September 2018

#### Improving the Quality Assurance Program (CE Eligible)

##### 14 September

Kootenay and District Dental  
Society Fall Lecture

Fairmont Hot Spring Resort,  
Fairmont Hot Springs, B.C.

##### 28 September

7-9 pm

North West Dental Society Meeting

Skeena Valley Golf and Country  
Club, Terrace, B.C.

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Visit [www.cdsbc.org/events](http://www.cdsbc.org/events)  
for registration details for both  
events

### 19 October 2018

#### Thompson Okanagan Dental Society (TODS) Meeting

8:30 am - 12 pm

Delta Grand Okanagan Resort  
Kelowna, B.C.

#### College Double Event

- Part 1: Improving the QA program: How will the proposed changes affect you?
- Part 2: What's trust got to do with it? Professional pressures and ethical decision-making

Register for the TODS meeting  
at [www.todsmeeting.com/  
registration](http://www.todsmeeting.com/registration)

\*The print version of this newsletter incorrectly stated that the fall 2018 Kootenay Dental Society lecture will be in Nelson. It will be at Fairmont Hot Springs Resort (as above).

To view and register for upcoming CDSBC events visit: [cdsbc.org/events](http://cdsbc.org/events)



College of Dental Surgeons of British Columbia

500 – 1765 West 8<sup>th</sup> Avenue Vancouver, BC V6J 5C6

Phone 604-736-3621

Toll Free 1-800-663-9169

[www.cdsbc.org](http://www.cdsbc.org)

Included with this issue: Outline of the Proposed Quality Assurance Program