



It is interesting how often, and in how many ways, we humans struggle with the interconnectedness of conflicting forces. We gaze at the moon, and feel the oceans move. Our bluest northern sky means the coldest air. Those times the phrase “and/or” is the only one that will do. No photograph can keep time from changing the picture like clouds racing across the moon, but one can hold a moment as if we had made it stop.

There are other times when time itself seems to stop: a perfect day; a long look back from a different place; an unavoidable, irretrievable loss even when you have done all you can.

Here is our challenge: to find, to discover, the connections, and/or to make them. In every offering in this issue, you will find the intricacies of choice and chance, shared with you, and for you, not simply as bare facts, but in a context of possibilities with which to tackle them. Time and tide ... a subtle combination.

# The Personal Cost of Addiction: How Can Dentists Help?

**Brent L. Florine, D.D.S.\***

*Death is nothing else but going home to God, the bond of love will be unbroken for all eternity.*

Mother Teresa

The hopelessness of addiction claimed a second child from one family, and I just attended her Mass of Christian Burial. Heartbreaking. Lindsay was 31 years old, and this service remembering her life included the baptism of her four-month-old baby boy. The overwhelming grief of her family was raw and palpable: Two of four children lost to the disease of addiction; a baby to grow up without his mother. I last saw Lindsay when she was an adorable little girl, playing innocently with her identical twin. She was ultimately unable to escape the unforgiving grasp of addiction and depression. I treated Michael for a baseball mouth injury when he was in grade school. He later developed the addiction that took his life at age 26. Did I prescribe codeine elixir for him following the procedure? It was decades ago, and I don't remember. Would that have started him on the path toward addiction? How could it? He was a normal happy kid in a good family, living in a nice neighborhood. Wouldn't addiction start elsewhere?

The sadness permeating the service carried my thoughts to the genesis of addiction. How did hers start? What experiences and life events, what in her DNA, what else brought her to this tragic end? Where do dentistry and oral surgery fit into the picture

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*In Loving Memory of*



*Lindsay Frances Moosbrugger  
July 29, 1987 to July 2, 2019*



*Michael William Moosbrugger  
October 3, 1983 to March 21, 2010*

of abuse and addiction? As an oral surgeon I am an occasional prescriber of opioids, and I looked carefully at their risks several years ago after noting frequent headlines about the "opioid epidemic". At the time I questioned whether the media was overstating the problem, but soon realized we were, absolutely, in the midst of a true epidemic. I had placed dentistry at the periphery since we prescribe opioids for legitimate pain; not indiscriminately like the pill mills chronicled in the news. Now I'm not so sure.

Exposure of the rapidly developing adolescent and young adult brain to mood-altering substances, including

opioids, can permanently alter brain chemistry and leave one forever primed for addiction.<sup>1</sup> My children have been winding their way through middle school, high school, and now college, so they were, and remain, in the same "sweet spot" of vulnerability for opioid addiction occupied by most of our third molar patients. The sobering possibility of losing my own child to addiction (it can happen to anyone) led me to selfishly and relentlessly delve into the topics of opioid prescribing, abuse, and addiction. What I learned gave me a conviction to avoid prescribing opioids, if at all possible, for pain management needs in that age group.

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# Feature

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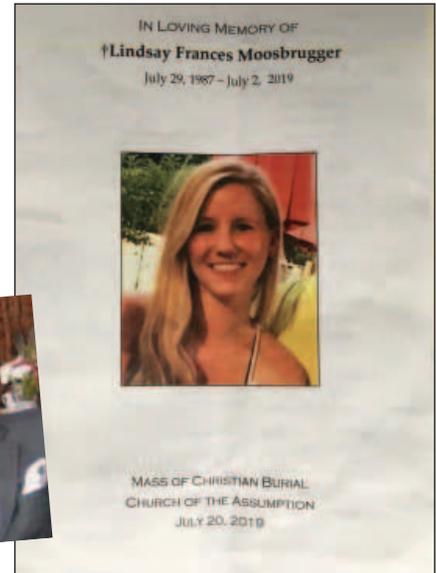
I made clear to my children that the addiction gene is present in our family history, which increases their risk even though they have not witnessed any of addiction's devastating effects first-hand. I developed the nagging reality that while I have done all I can, nothing will ensure their safety from addiction.

I began using the opportunity of pain management discussions following third molar surgery to inform parents about the risks of opioids as if their children were my own. Professional publications have allowed me to describe my experience with largely opioid-free pain management to a wider audience.<sup>2,3</sup> This advocacy is an attempt to avert sorrowful events like the one I experienced today. Hundreds of people came to mourn the loss of a single life. Countless others were surely grieving but unable to attend. The personal cost extracted by opioids is immense: More than 130 similar opioid overdose nightmares unfold every single day across the U.S. Each of these tragedies is a person, not a number, and the lives of family members and loved ones are forever diminished.

A perioperative opioid prescription for typical third molar patients dramatically increases their risk of persistent opioid use and subsequent abuse.<sup>1,4,5,6</sup> How many high school- or college-aged patients of a single oral surgeon will develop abuse problems if opioids are consistently prescribed following third molar removal? If recent data<sup>2</sup> is accurate, providing 16 such opioid prescriptions in any given week leads, on average, to an opioid-abuse-related disorder for

one of those 16 patients within 12 months. A conservative average of five such prescriptions per week, over a 30- to 35-year career, would suggest more than five hundred patients developing subsequent opioid-abuse-related diagnoses. Would any of those hundreds of individuals progress to full-blown addiction and overdose to spawn yet another gut-wrenching service like the one I just attended? On a visceral level, I cannot imagine such an outcome for even a single patient. Prescribing as taught in an accredited residency training program should not lead to catastrophic consequences. But bad things can come from good intentions carried out in good faith.

Those trusting us for safe treatment should not be put at risk by receiving an unnecessary opioid prescription unlikely to equal, and less likely to exceed, the efficacy of non-steroidal anti-inflammatory drugs (NSAIDs).<sup>7</sup> Dentists can protect their patients not only by making their own evidence-based, opioid-sparing prescribing decisions, but by insisting that the specialists to whom they refer their patients follow current data, guidelines, and state board regulations by endorsing NSAIDs as first-line oral analgesics, avoiding opioids altogether in most instances. Even if opioids were superior to non-opioids for dental pain management — and current data does not support that — what family would want to take an avoidable gamble with addiction? ■



*We can never know the journey a photo will take at the moment it is snapped, but the faces of those we love can and will touch many, many others in ways we cannot imagine.*

*Published with the blessing of Michael and Lindsay's family, hoping to help others prevent or battle the often-intertwined diseases of addiction and depression.*

## References

1. *Drug Dealer MD: How Doctors Were Duped, Patients Got Hooked and Why It's So Hard to Stop*, by Anna Lembke. Baltimore: Johns Hopkins University Press, 2016, pages 21-82.
2. Florine BL. Comment on "Investigation of an Opioid Prescribing Protocol After Third Molar Extraction Procedures". *J Oral Maxillofac Surg* 2019;77(7):1,322.
3. Florine, BL. Harnessing Placebo Analgesia: Another avenue to opioid reduction in oral surgery. *J Oral Maxillofac Surg* 2019; In-press corrected proof, <https://doi.org/10.1016/j.joms.2019.06.193>
4. Schroeder AR, Dehghan M, Newman TB et al. Association of opioid prescriptions from dental clinicians for US adolescents and young adults with subsequent opioid use and abuse. *JAMA Intern Med* 2019;179(2):145-152.
5. Harbaugh CM, Nalliah RP, Hu HM et al. Persistent opioid use after wisdom tooth extraction. *JAMA* 2018;320(5):504-506.
6. Harbaugh CM, Lee JS, Hu HM et al. Persistent opioid use among pediatric patients after surgery. *Pediatrics* 2018;141(1):1-9. Doi:10.1542/peds.2017-2439
7. Moore PA, Ziegler KM, Lipman RD et al. Benefits and harms associated with analgesic medications used in the management of acute dental pain. *JADA* 2018;149(4):256-265.

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