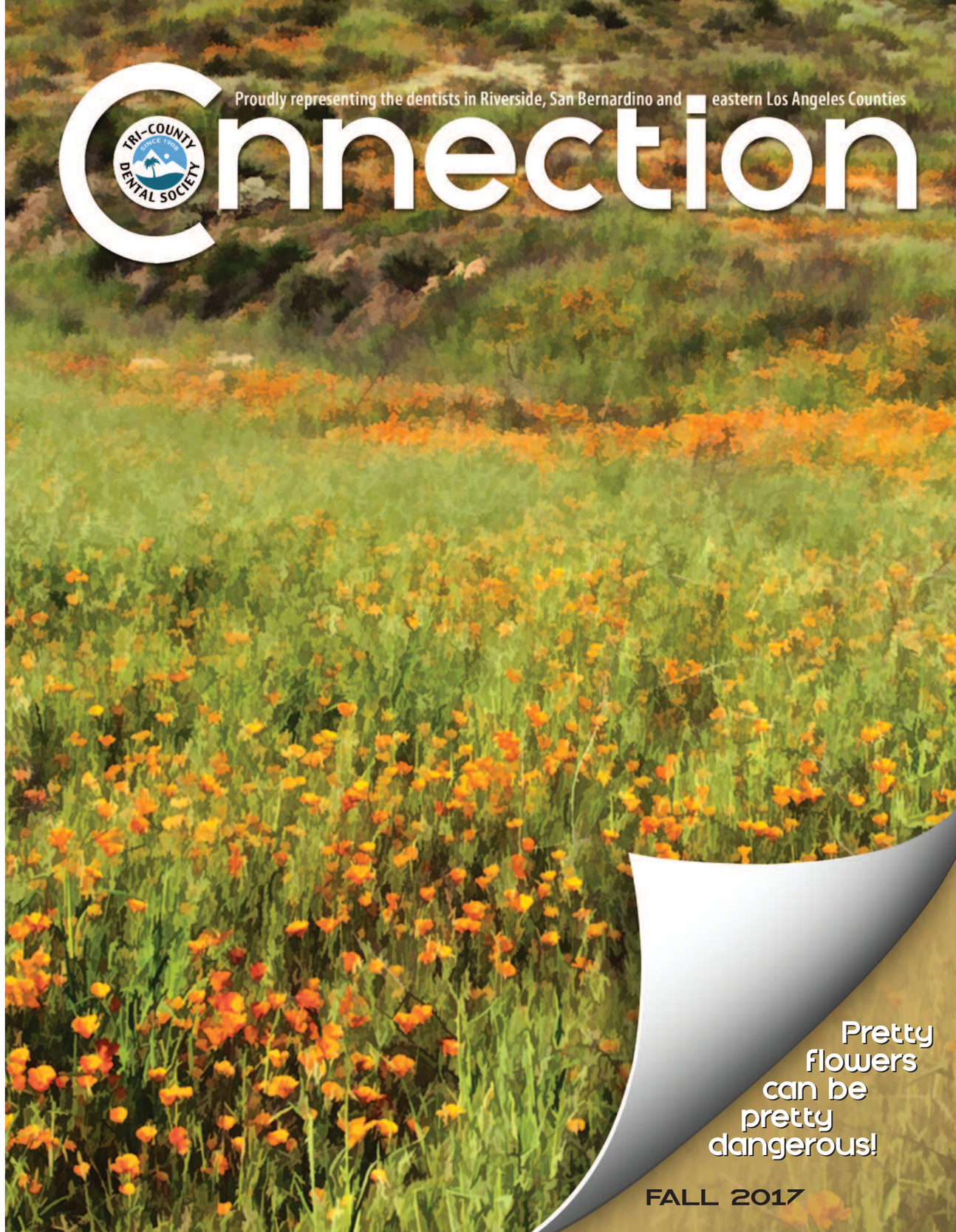
What's Happening?



Connection
Fall – 2017 Volume 1 No 3









In this issue

AADE American Association of Dental Editors

Mission Statement It is the Mission of TCDS to be the recognized source for serving the needs of its members and the dental community.

Explore the new FREE CE Programs and register for any event online at www.tcds.org or call (951) 787-9700

Upcoming events

What's Happening at Tri–County

Day/Date	Event Details
Wed. Nov. 8	Board of Directors Meeting TCDS Office 6:30 PM
Fri. Nov. 17 - Sun. Nov. 19	CDA Annual Meeting and House of Delegates Sacramento, California
Thur. Nov. 23 - Fri. Nov. 24	THANKSGIVING HOLIDAY – TCDS OFFICE CLOSED
Thur. Nov. 30	Volunteer Appreciation and Installation Ban quet (by invitation only) First Christian Church Fellowship Hall 4055 Jurupa Ave, Riverside, CA 92506 6:30 PM
Thur. Dec. 7	Continuing Education Program TCDS Office Registration/Social Hour: 5:30 PM Seminar: 6:30 PM– 8:30 PM "CPR & AED" Jim Rybicki 2 CEU's – Seating is Limited
Mon. Dec. 25 - Mon. Jan 1, 2018	HOLIDAY BREAK – TCDS OFFICE CLOSED

About this issue's cover...
While the pretty cover picture is of a California Poppy field, it can remind us of the dangers of its cousin the Opium Poppy and its resulting addictive drugs. Photo courtesy of Fred Lamb Design, publisher of the Connection ... shot in the Menifee area spring 2016.

President's Message

Dare to Dream

JUDY WIPF, DDS

"A" Tri-County gets an "A" grade for making great strides in 2017 and there are more accomplishments to come, before the year ends. Walt Disney once said, "Success comes from dreaming, believing, daring and doing" and as members of TCDS and CDA, dreaming, daring and doing is exactly what happened in 2017. To continue the momentum of accomplishments started this year, it is important for our new officers to have your support, as they lead one of the most progressive component dental societies in California.

The year started off with the complete redesign and modernization of the TCDS publication. The old Bulletin newsletter was updated to a new digital format and with that came a name change to the Connection. By changing our communication format, it allows TCDS to stay relevant in the digital age giving members the opportunity to connect faster and access information anywhere anytime. Members need to know what is happening in dentistry today both locally and statewide and this happens with an up-to-date digital newsletter.

Venturing to try something new and exciting, TCDS moved forward with an expanded CE program this year offering monthly CE courses and not going dark during the summer. Daring to be different and believing we could be successful, eight of these CE courses were provided at NO COST as a benefit to Tri-County members. To enhance these free courses, TCDS sponsored two block-buster 8-hour CE programs featuring Drs. Bruce Crispin and Raymond Bertolotti. Early in the year, a special course on Dealing with Third Party Payers presented by Dr. Gary Dougan was so successful we had to offer two encore presentations. Getting more creative and dreaming what could be done, a partnership was implement with Western University's Virtual U, to promote and offer online CE courses to TCDS members at a substantial discount.

2017 continued the society's strong business outlook with excellent financials through July 31 when Tri-County's net profit exceeded budget! To strengthen the future business, the board took on the daunting task of completing a review of the TCDS bylaws and updated to a new visual format.

Membership increased this year bringing TCDS closer to the goal of being the second largest dental society in the state. San Diego remains just 100 members ahead of TCDS, so the goal isn't too far away. The good news — among all 32 component dental societies in the state, TCDS experienced the greatest number of new members through June 2017!

The board continues to acknowledge the geographical challenges of a large dental society, so this year the board voted to begin coordinating more regionally focused CE and New Dentist activities. New regional locations will be in Temecula (South), Palm Springs (East), Victorville (North) and Pomona (West). The goal is to meet the needs of members and shift away from the central office in Riverside to offer services where our dentists live and work.

TCDS continues its strong relationship with CDA, the largest and most forward-thinking state dental association in the American Dental Association. In 2017, the California Dental Association launched The Dentists Service Company(TDSC), which solely focuses on helping CDA members navigate the business side of dentistry. TDSC is available to all members of CDA. The company specializes in practice management advising, group purchasing, sharing of expert insights, and business solutions. Built on the strength of CDA's 27,000 members and nearly 150 years of experience, TDSC empowers dentists to practice dentistry independently with the power of group purchasing. To learn more about how to purchase supplies at a reduced cost using group purchasing go to marketplace@tdsc.com. To find practice manage ment solutions and receive professional advice from TDSC specialists go to www.tdsc.com to get connected. Or, if you need to talk with a specialist just pick up your phone and call 888.253.1223 or send an email to practicemanagement@tdsc.com for one-on-one guidance.

With all that's been completed, 2017 is not over and there is so much more coming this fall. In October, TCDS had its annual Family Fun Day at Fiesta Village in Colton. Then in November, Tri-County will be taking 16 delegates to Sacramento for the annual CDA House of Delegates to address statewide policies. Make sure to check the TCDS website calendar for the remaining CE courses being offered this year and don't forget to make plans for the membership holiday party in December.

As I conclude my final activities of the year, it is my pleasure to welcome the incoming president, Dr. Wayne Nakamura, who will be an enthusiastic president with strong leadership skills to be further honed during his work on state legislative changes for dentists, plus he has excellent technology skills. Dr. Nakamura will be leading the new 2018 board. Other officers include: Michael Mashni, President-Elect; Dr. Katherine Cooke, Vice President; Dr. Hemant Joshi, Secretary-Treasurer. Dr. Mauricio Dos-Santos will be joining the board as a new member, as Dr. Evangelos Rossopoulos leaves the board after many years of service. When you get the opportunity, please thank Dr. Rossopoulos for his dedication to TCDS.

After an exciting year, I will be moving into the Immediate Past-President's position. I don't know what is next but I am stepping forward and not down from the top leadership position at Tri-County Dental Society and will continue to serve the members of TCDS. I want to thank everyone for all the help and support along the way during my year as president. It has been my pleasure to lead a progressive and friendly dedicated staff and board. President, John F. Kennedy said, "Every accomplishment starts with the decision to try." Let us continue to keep trying, and we will make a difference.

Editorial

Poppies and the Opioid Crisis

Dan Jenkins DDS, FIAPA , CDE-AADEJ

The California Poppy is the official flower of the State of California. With this issue of the TCDS Connection emphasizing the Opioid Crisis that is receiving a lot of press I thought it was very appropriate to be on our cover. There is something about the Poppy that really catches the eye. It seems so calming, soft, and harmless. Maybe that is why it was chosen as the State flower?

How can such a pretty flower be so deadly?

However, as nice as the Poppy appears it is related to the opium Poppy from which all of our Opioid drugs are derived. In thinking about all the people affected by Opioids, (Ninety-one Americans die from them each day – twice as many as are murdered!), the Poppy doesn't seem to be as sweet as it appears.

For the last year I have been lecturing in other states about the Opioid Crisis. Some other states are now requiring CE on drug abuse, with an emphasis on Opioids, for relicensure. Of course, as the year has gone by I have kept accumulating more information on this epidemic and attending lectures and webinars to gather more information to share.

In this issue you will find six separate articles on the Opioid Crisis. I have set them separately on the history of drugs in the development of the Opioid Crisis, general information about Opioids, ethical considerations for dentists, and what we as dentists can do about the Opioid crisis. In addition there are two articles by people who were affected by the Opioid crisis through dentistry. One, is by a dentist whose life has been in great turmoil due to their own addiction and subsequent consequences. The other is a tragic story by a dental consultant whose nephew was introduced to Opioids when he had his third molars removed.

I hope many of you will utilize the references with the four articles to learn more. I have also listed several articles in the "Short Abstract" section for more information.

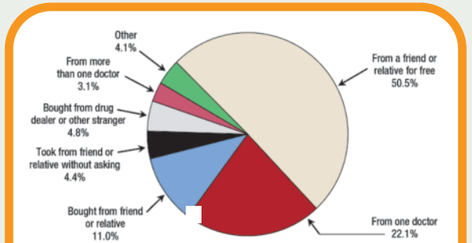
I invite our members to submit stories that they are aware of regarding the Opioid crisis. This will help all of our members in addressing this attack on our society.

Those members of TCDS who are unfortunately already hooked on Opioids or other drugs can receive help through a CDA program. They can call the TCDS office for connection information in confidentiality. If they have a TCDS colleague they trust that knows of their problem the colleague could call for them. The bottom line in this situation is to please seek help. Otherwise it will lead to nothing good.

The federal agencies, AMA, and ADA tri-partite are all placing more emphasis on prescription drug abuse. More regulations and liabilities are being discussed. Will a dentist be held liable for a patient's addiction after writing an "excessive" prescription for Vicodin? "Excessive" is currently being discussed as more than eight pills upon third molar removal! Many dentists write prescriptions for thirty to forty pills after dental surgery. Will the restrictions on Opioid prescriptions get to the point to where dentists will completely cease to write DEA Schedule II prescriptions? Will dentists just refer a patient to their primary care physician when requesting more than the Tylenol-Ibuprofen combination for pain control? If that is the case – Does a dentist really need a DEA license since prescriptions for antibiotics do not require the DEA license?

Remember also to protect your family by not keeping prescriptions around in the medicine cabinet. Kids get into medicine cabinets. Treat the medications like they are – potentially dangerous to kids and adults. I have no doubt that soon we will see locked medicine cabinets in Home Depot.

I will add that I have had several patients and friends over the years whose lives were ended as young, middle age, and older people due to drugs – I miss them!



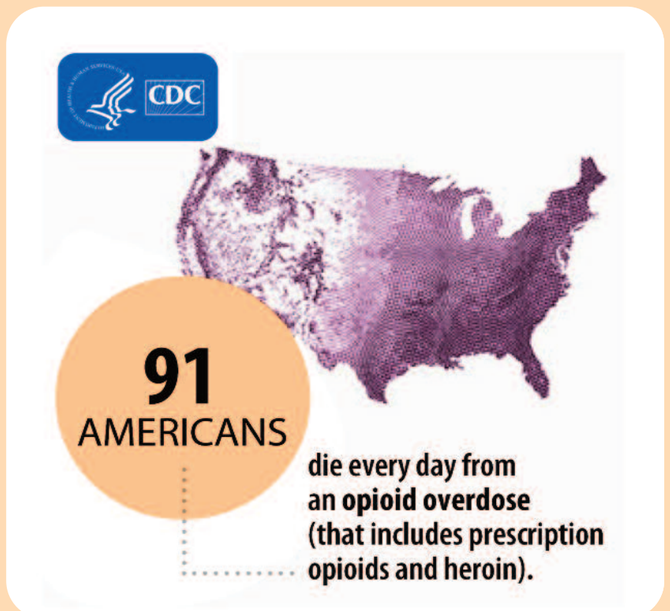
- 70% of people who have abused prescription painkillers reported getting them from friends or relatives. Most people don't know that sharing opioids is a felony.
- Four out of five new heroin users started by misusing prescription painkillers
- Middle-aged adults have the highest prescription painkiller overdose rates.
- One out of five adults has shared prescribed opioid medication with another person, according to a new study in JAMA Internal Medicine.

Questions: Are You a Drug Abuser?

1. Have you ever taken a drug that was not specifically prescribed for you?
2. Have you ever "loaned" or borrowed a drug to/from someone else?
3. Have you ever taken more medication than prescribed?
4. Have you ever written a prescription for yourself using a family member's name?

If so…YOU may be a drug abuser. So, don't judge…Here's your sign.

DRUG ABUSER



Executive Director's Message

Count Your Blessings...

John C. Fields

In the much beloved 1954 holiday movie, White Christmas, the legendary Bing Crosby sings a beautiful song by Irving Berlin, called "Count Your Blessings. A portion of the lyrics go something like this:

When I'm worried and I can't sleep
I count my blessings instead of sheep
And I fall asleep counting my blessings.

There's been a lot of pain and suffering in our tired old world lately and if you and your family are fortunate enough not to be touched by it, you need to count your blessings…

Disasters and crises come in many shapes and sizes. Some are large scale, while others are more personal. They may be earthquakes, hurricanes, senseless mass shootings or even an addiction to a drug or some other lethal behavior.

Consider the following…
A bit more than 60 days ago… on Monday, August 21, our Sun, Earth, and Moon aligned in such a special way that it produced a total solar eclipse, seen across much of the continental United States…. After that rare and unique occurrence, things began to take a strange turn for the worse…

Four days later… on Friday, August 25, Hurricane Harvey made landfall on the Texas Gulf Coast with winds topping 130 mph and up to 50 inches of rain, flooding the city of Houston for days and killing over 50 people…

Exactly two weeks later… on Friday, September 8, Mexico experienced an 8.1 earthquake, off the Pacific Coast, killing 58 people, mostly from a tsunami.

Just three days after that… on Monday, September 11, Hurricane Irma, the strongest storm on record outside the Caribbean and Gulf of Mexico, makes landfall in Florida and continues up the center of the state wreaking havoc in its wake.

Just eight days later… on Tuesday, September 19, Mexico is hit with a 7.1 earthquake with an epicenter south of Mexico City. Remember, Mexico City is one of the largest cities in the world, with a population in excess of 21 million! At least, 250 people were killed.

On the very same day… Hurricane Maria made landfall in Dominica. Maria was the tenth-most intense Atlantic hurricane on record, the worst natural disaster in Dominica in its recorded history, and the strongest hurricane to make landfall in Puerto Rico since 1928. Maria devastated Puerto Rico and took the lives of 78 people throughout the region.

Sadly, just as these herculean natural disasters had begun to finish taking their toll on innocent human life, then came the massive murder in Las Vegas.

Just twelve days after Maria cut her swath of destruction through the Caribbean… on Sunday, October 1, 2017, a gunman perched on the 32nd floor of the Mandalay Bay Hotel opened fire on a crowd gathered for a music festival on the Las Vegas Strip killing at least 58 people. This is the deadliest mass shooting in the United States.

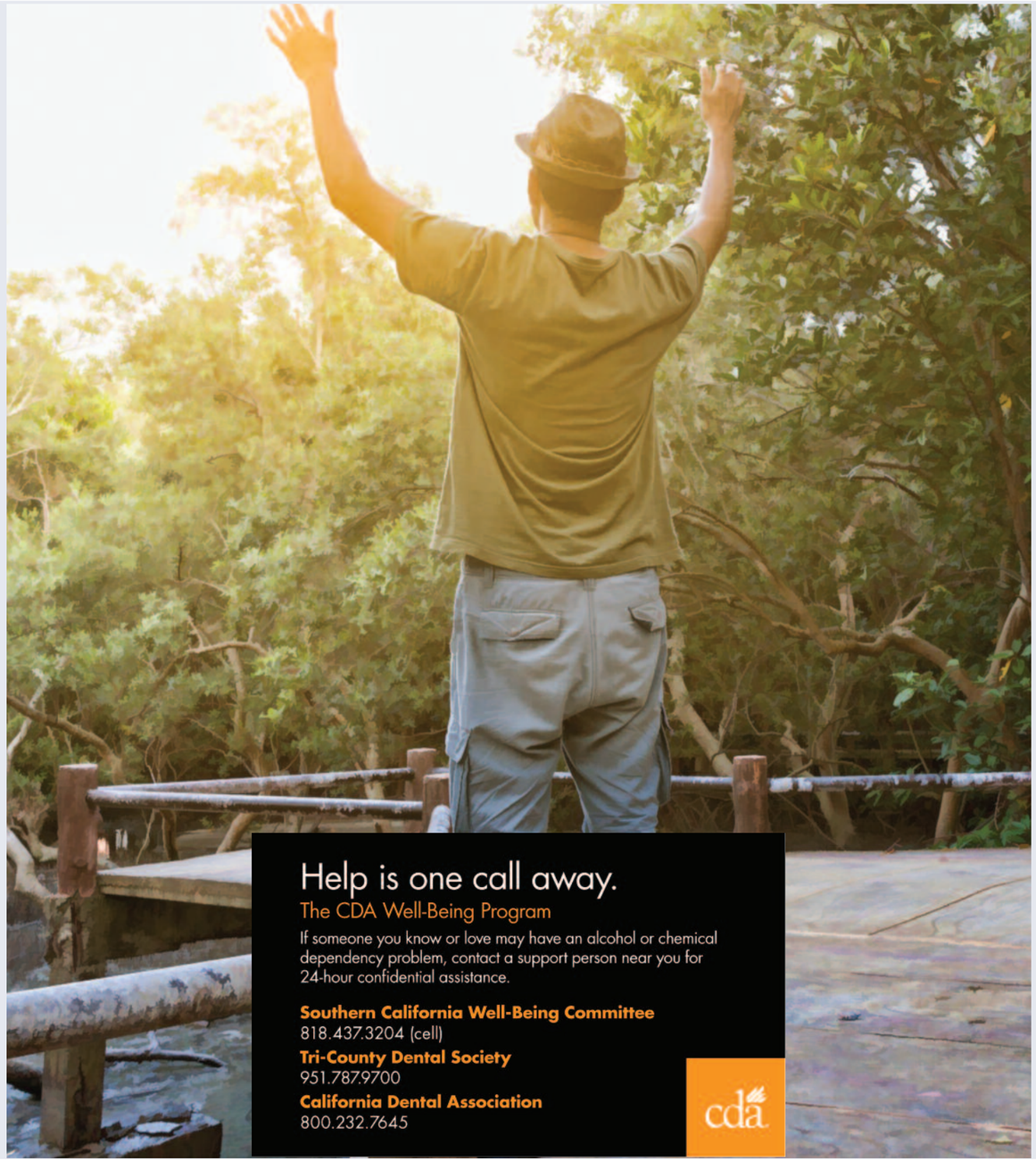
Today is Thursday, October 5 and as I sit to write this piece, the world is still numb and in shock. All of this massive death and destruction transpired over a period of just 43 days. Coincidence, you say… Well, maybe, and maybe not…but something is happening in our world…

Something is changing… This is not the world it was 100 years ago. This author has taken nearly 60 trips around the sun and has enough grey hair to sense that Mother Nature has decided to show us just how insignificant we really are. Mankind is not in control.

It doesn't take a gigantic leap to connect this scale of death and destruction to that seen in the recent opioid epidemic which is the central theme of this issue of the CONNECTION.

I'd just like to close my article for this issue by thanking Dr. Judy Wipf for her leadership, vision and compassion as our President during 2017. She has certainly been a blessing for me and for all of TCDS. I count her among my blessings.

Thanks,
John



That Call "Or should I say, that calling?"

By Sherran Beckmann

You probably have never heard of this South Texas girl. I'm not anyone special or well known, except for speaking out when I feel the need.

In 2015, early one morning in November, I received a 5:30 a.m. call. Those are usually not good calls that early in the morning. My brother often calls me early knowing I arise early to begin my day as I have said, "I get up before the world does. No one else is up to have ruined my day yet". I am kidding most of the time. Just not this day.

"We lost Marcus last night", were his words. Marcus was his youngest child and only son. He was my favorite of all my nephews. Not that he was best or different, just special connection with me. "WHAT?" My words couldn't slow down enough for my brother's reply. "What do you mean lost?"

"Marcus died last night", my brother cried out. Not sure all of what happened, my ears began ringing and my heart pounding. I didn't have a response. He said he would call me back later but just needed me to know.

My brother is almost 6 years younger than me. I have been more like a Mom to him than older sister. Marcus therefor was like a grandchild, not nephew. I contacted my husband and he immediately returned home from work. We drove to Dallas to my brother's house.

Arriving at noon, my brother met me at the door and literally fell into my arms sobbing. My Sister-in-Law was sleeping curled in a fetal position in a recliner. Her face showed the tear stains as she awoke at our arrival. Her baby, youngest and only son, was dead. Unimaginable grief hit our entire family.

HOW? I began gathering information on what happened, where and exactly the circumstances surrounding Marcus death. He was 30 years old. Had a wonderful job in the power industry. He had recently purchased a new home, near his Mom and Dad's house. He had only a few weeks prior, purchased a new BMW sports car. He died of a drug overdose. WHAT?

No, I wasn't buying that. Marcus had been a great athlete in school. He was too short really to go pro as some of his friends tried to do. They were all over 6'5". Marcus was 5'10" and didn't play college ball as they did. We joked about why they weren't pro, they all admitted none were ever good enough.

All the guys, his friends, came to the house to be with his parents. One of Marcus' best friends and I privately talked. His friend said it maybe began in high school. Performance enhancing supplements handed out by the basketball coach. Then as they grew older, marijuana. His friend promised they never used anything stronger. He did say that marijuana got more than one of them "hooked" on seeking other drugs.

Marcus had his wisdom teeth removed. Pain medicine prescribed was hydrocodone. Okay, we all have done that. It began Marcus' life down a road to addiction. He used and abused everything he could get his hands on. Got into trouble, went through rehab, you know the "American Dream" story.

His friend told me honestly it was that first taste of a prescription drug that addicted Marcus. Some will argue, he was just an addict. Genetically?
Marcus died at home under suspicious circumstances. His door was open, he was found on the sofa… An autopsy was ordered.
Autopsy results: OPIOIDS, highly concentrated, Accidental overdose. Heroin, alcohol, depression meds,…???

Marcus was living a hard working, family oriented life. He loved his family, he loved his job, he loved his new home and new car. Familiar story? Wait until it happens to you!
Had he experienced drugs in the past? Yes. Had he a recent break-up with a girl he planned to marry? Yes. Was he depressed? Yes. Did he seek counsel? Yes. He was prescribed more drugs. Then the call from an old haunt. OPIOIDS. The old haunt brought Heroin "just in case".

Before you write that prescription, remember our family. You will never feel true pain until you stand over the casket of a child. He was well dressed, no bruises, no apparent disease that took our boy from us. Prescription medication lead to Marcus death. My brother's only son, dead of a preventable cause. The initial prescription lead to his addiction and eventual death.
The sadness is that I am in the Dental field and have been for more than 40 years. Our practice too has prescribed these same drugs - for years. My pain is real-even thinking I was potentially the cause of the death of someone else's child. My husband just returned from a procedure with our local Periodontist. A prescription was given and I didn't think twice about asking him what did he prescribe? Hydrocodone, 40 tabs. PRN. 40? The call hasn't been made but it will be soon.

If he performed a procedure that only prescribing 40 Hydrocodone would control- what was it? Yes, pain control is important. (He didn't want his golf game interrupted by a call?)
Sorry that this story seems extremely personal and possibly by a professional's account, over blown.

I pray that you personally never witness a 6'9", 30 year old man, Marcus' friend, in basketball shorts and tennis shoes, kneeling and praying in tears over a casket of a person you know. Let alone who you prescribed OPIOIDS to.

Marcus

Opioid Epidemic—in Dentistry?

Dan Jenkins DDS, FIAPA , CDE-AADEJ

91 Americans die every day from an Opioid overdose. [1] That's 33,215/year. (15,872 people were murdered in the USA in 2014.)[2] In 2015, almost 19 million people in the USA used prescription drugs in a non-medical manner.[3] Nationally, every 10 minutes a child younger than six is taken to an ER for medicine poisoning.[4] How did all of this destruction come about?

Historically, in the USA, drugs started a more common use in medicine for pain control. As dentists we know the word "anesthesia" means, "without pain." We try to alleviate or at least minimalize pain for our patients. The movies like to portray people using alcohol as a pain medication for dental procedures and it is true that it has happened. Sometimes it was mixed with mandrogora, cannabis, hembane, or opium.[5] As the Civil War developed the hypodermic needle and morphine came into existence as a more portable means of pain control versus ether and nitrous oxide.

In the 1800's there was not any control of drugs. (Even Sears advertised Cocaine in its catalog!) The Wiley Act of 1806 allowed complete freedom to market; no requirement for testing or approval; Failed to regulate medical devices or cosmetics; gave the Bureau of Chemistry the authority to test food and drugs for adulteration or misbranding; and promoted accurate labeling and purity of food and drugs. Essentially, it was to make sure the contents were what the manufacture said was in the bottle.

In 1937 it was found Sulfanilamide tablets and powders were effective against strep throat infections. There was a demand for the drug to be in liquid form as there were a lot of

children that would not swallow the tablets or take the powder. With the demand, the pharmaceutical company found out what while the Sulfanilamide would not dissolve in alcohol, it would dissolve in di-ethaline glycol. This liquid ended up with killing over 100 people nationwide – ethaline glycol now commonly called "Anti-freeze!" Therefore, a new more stringent drug enforcement law was enacted in 1938.[6]

In the 1950's there was an increase in the use of drugs for weight control – and it was socially acceptable.[7] Amphetamines were used mainly by women to lose weight to conform to what they felt society wanted them to look like. This lead to more governmental control and most likely made it more socially acceptable for some to obtain the drugs in some way other than under the law.

The 1960's opened up the "drug revolution" with a push toward an open use of marijuana and LSD – as well as amphetamines. With the awareness of drugs and their use in a manner the individual deemed acceptable I feel it set the stage for the misuse of additional drugs. One of the big concerns in the 70's was whether a drug would make a person an "addict." I remember a cardiac surgeon stating that he had no problems giving a patient morphine for two weeks after surgery as he had not had a patient get "hooked" on morphine in that length of time. With my perspective today I wonder if a patient that was hooked would have told him. At that time medicine felt there was a difference between physical addiction and psychological dependence.[8]

While the Opioid, morphine, had been around since the 1860's the use of it had always been in disfavor and in fact, heroin was preferred for many years. Medicine sought a drug that would not be "addictive." In the 1990's a new Opioid came into being which was thought to fill the bill – OxyContin. The thought was that if the patient was not addicted before surgery they would not get addicted.[8] RIGHT! I'm sure many dentists would have felt the same.

1. Nov, 2011; https://www.cdc.gov/vitalsigns/PainkillerOverdoses/index.html
2. https://www.cdc.gov/nchs/fastats/homicide.htm
3. www.samhsa.gov/data/sites/default/files/NSDUH-FFR2-2015/NSDUH-FFR2-2015.htm
4. http://mottnpch.org/sites/default/files/documents/041612poisoningreport.pdf
5. Pirok DJ, Finley JM, Galiene RL, Kokos R, Parey M, Page D, Opdahl JH, and VanBladel TJ. The evolution of pain control in dentistry. Journal of the American Dental Society of Anesthesiology, May 1964; 156–180.
6. Sulfanilamide Disaster, FDA Consumer magazine, June 1981 Issue, Taste of Raspberries, Taste of Death, The1937 Elixir Sulfanilamide Incident.
7. Am J Public Health. 2008 June; 98(6): 974–985. doi: 10.2105/AJPH.2007.110593
8. SoberNation, NADIA SHEIKH, The History of Opioids in America: Pain Patients or Prescription Addictions? 10-03-16, https://sobernation.com/the-history-of-opioids-in-america-pain-patients-or-prescription-addictions/

ADA:

ADA asks FDA to expand opioids efforts to include managing dental pain

By Jennifer Garvin: ADA News July 18, 2017

Silver Spring, Md. — The ADA is asking the Food and Drug Administration to better address the nuances of managing dental pain in its opioid prescriber education and training programs.

In May, FDA requested public comment on the "FDA Education Blueprint for Health Care Providers Involved in the Management or Support of Patients with Pain," which broadens the current blueprint to include information on pain management, including the principles of acute and chronic pain management; nonpharmacologic treatments for pain; and pharmacologic treatments for pain (both non-opioid analgesic and opioid analgesic).

In comments filed July 17, ADA President Gary L. Roberts and Executive Director Kathleen T. O'Loughlin urged FDA to expand its efforts to include the "nuances of managing acute, short-term pain following a one-time outpatient surgical procedure, particularly in dental settings."

CDA:

Message from CDA President Butch Ehrler, (TCDS member!):

If a member is not using TDSC for their supply purchases they are throwing money away.

The average office will save $7500 in supply costs by using TDSC Marketplace. That's five times the cost of their ADA-CDA-TCDS dues.
Butch Ehrler

ARE UNIFORMS CONTAMINATED?

Study Shows Nurses' Scrubs Become Contaminated with Bacteria in Hospitals. shea.online.org: Clothing worn by healthcare providers can become contaminated with bacteria, however having nurses wear scrubs with antimicrobial properties did not prevent this bacterial contamination from occurring, according to a study published online today in Infection Control & Hospital Epidemiology, the journal of the Society for Healthcare Epidemiology of America.
https://www.sheaonline.org/index.php/journal-news/press-room/press-release-archives/541-study-shows-nurses-scrubs-become-contaminated-with-bacteria-in-hospitals

CDA: Dental Board Licensure Fee Increases Anticipated in October

Dental licensure renewal fees were last raised in 2013, which was the first increase in 15 years. Although the Dental Board of California was facing an imminent budget shortfall and projected the need for a larger increase, it was limited by a statutory fee cap. The board subsequently sponsored legislation in 2015 to increase the cap, signaling it would return to reset fees in the near future. During this time, CDA urged the board to conduct an independent fee review to analyze expenditures and revenues, be more transparent with its budgeting process and develop a financial plan to provide a long-term, solid structural budget.

An audit, completed in December 2015, brought to light the substantial increase in expenditures the Dental board was experiencing related primarily to the costs of the Department of Consumer Affairs' Consumer Protection Enforcement Initiative, expenses for the BreEZe licensing system, CURES development and the general increase in the cost of doing business over the years. The audit committee made recommendations to bring each fee amount into closer alignment with its costs.

- Biennial licensure renewal — from $450 to $650
- Additional office permit renewal — from $100 to $250
- Fictitious name renewal — from $150 to $325
- Oral conscious sedation certificate renewal — from $75 to $136
- Oral and maxillofacial surgery permit renewal — $365 to $650
- General anesthesia or conscious sedation permit renewal — from $200 to $325
- General anesthesia or conscious sedation on-site inspection and evaluation fee — from $250 to $2,000

The complete list of proposed fee increases can be found on the dental board's website. The new fee schedule remains slightly above the mid-point of comparable California health professional licensing boards, currently ranging from $207-$820 for biennial renewal license fees.

Opiates for Dentists: A Personal Story

Name Withheld

I remember where I sat during a lecture in dental school about addiction among practitioners, and smugly thought that it would never be me! Ironically ten years later I have a suspended license, criminal record, and irreparable relationships as a direct result of my Opiate addiction.

I grew up in a stable home with a relatively normal childhood. I had tension headaches in college and was prescribed Vicodin. When that first pill took effect I knew immediately I loved it! In my fourth year of dental school I had an accident, and again was prescribed Vicodin. I loved how it instantly removed my stress and pain. I was on pain medication for a year, and was tapered off successfully by my physician.

In my first year of practice I realized how physically taxing, stressful and draining dentistry was and I became depressed that I would have to do it a long time to pay off $500K in student loans. My assistant asked me to write her prescriptions for Vicodin. I did, but stipulated she had to split them with me. Within months the split prescriptions were not enough. I started writing scripts in the names of my friends without their knowledge and asked staff members to fill prescriptions for me. Raiding medicine cabinets and stealing pills was normal. I also asked colleagues to prescribe me Vicodin. When I needed more I started using the DEA numbers of my colleagues to forge prescriptions for myself. I was using pills everyday after work and on weekends within a year of my first diversion. Six months later I was taking pills all day everyday and occasionally vomiting. I used my looks and organizational skills to stay undetected by pharmacists.

The assistant I shared pills with eventually reported my actions to the hospital and I resigned. I enrolled in a diversion program to protect my license but I kept taking drugs by substituting clean urine for the random drug tests. I was taking more risks and getting more creative to obtain my pills. At the height of my addiction I was taking 90 Percocet a day. Nobody knew I had a drug problem. I looked great, had tons of energy, and worked long hours. When I realized I couldn't stop taking Percocet on my own I saw an Addictionologist and started taking Suboxone, but disregarded the suggestion of therapy. I relapsed once I felt back in control. I waited until I "successfully" completed the diversion program before I applied for licensure in other states to keep my addiction a secret. Four days before a scheduled move I was arrested quietly at my office. I was charged with three felonies on 126 counts and went to jail. I was surprised they didn't find all of the bad prescriptions. I immediately smoked pot and took more pills upon release. After moving and the arrest, I entered a different diversion program that sent me to rehab for 52 days. I lied about everything, afraid that I would never get back to work if anyone found out how bad I was. I stayed abstinent for 5 months until I stole my mother's Vicodin. Again, I was beating observed drug tests and writing fraudulent prescriptions to feed my addiction. I was insane, unfazed by the increasing severity of my consequences.

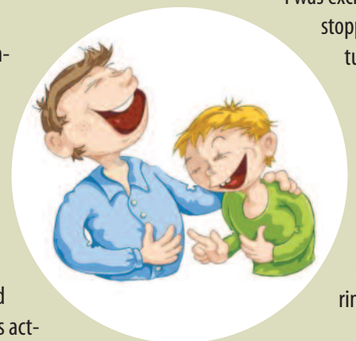
My two and a half year relapse ended when the diversion program sent me back to rehab when I refused a hair test after having too many dilute urine tests. While in treatment I was reported to the board of dentistry for a fake prescription, which launched a huge investigation. I was still lying about the severity of my disease to everyone. My 28-day treatment plan turned into 6-months. I was forced to be honest with others and most importantly, myself. I was finally able to acknowledge and address the reasons I abused drugs. Upon completion of my treatment I continue to attend 12 step meetings and I am a participant in the Pacific Assistance Group and Southern California Dental Well Being Committee. Today I am fourteen months sober and happy to be working towards recovery.

Editor's note: If you know of a colleague in need of addiction treatment they can make confidential arrangements through the TCDS office.

Different Drug Bust

By Dan Jenkins, DDS

For about a year I practiced in both Tennessee and Michigan. I was preparing to relocate and I would spend the weekends in Michigan while my friend in Tennessee saw patients when I was not there.



On a Sunday I received a call from the other dentist that my office had been broken into and from there the burglars knocked a hole in the wall to get into the pharmacy next door and took drugs.

The next day when I returned to Chattanooga the detectives met with me – I told them I had an alibi. The detective gave me his card and said if I thought of anyone that had come in and was acting strange to let him know.

On Wednesday evening a patient, Bob, who was a policeman in a neighboring town came in and I showed him where the bad guys had knocked a hole in the wall. He commented, "Well, I can see they did it with an 8 pound sledge hammer by the imprint on your green blocks that did not break. Bob said he could think of about three guys who might do something like this and gave me their names.

The next day I called the detective, (before email!), and gave him the names and he thanked me. The next week I read in the paper that they had caught the guys! I anxiously pulled out the names given to me by Bob as I really wanted to have something to do with catching them. None matched.

On Wednesday Bob came in with a great big grin on his face. He quickly said, "Well. . .did you hear we got them?" I said, "What do you mean "we?" He said that same night Bob was at my office the same bad guys pulled a job in another neighboring town and a citizen followed them to their apartment. The police arrested them and took all of their "stuff" into the station. Then, they called the other towns' police stations to see if there was anything from their area. Bob was selected to drive over and check it out. As he was looking at it he told them there was nothing from his area and was about to walk out when he spotted a sledge hammer wrapped in plastic. The guy said, "You looking for a stolen sledge hammer?" Bob looked at the hammer and saw on the head some light green paint that matched my green wall he had seen just a few hours before. Then he started opening everything up and found a large case full of drugs from my neighbor's pharmacy.

I was excited and congratulated Bob big time. But, he stopped me and said, "Hold it. It gets even better!" It turned out that while they were booking one of the bad guys he gave a card to a civilian that was just hanging around because he thought the civilian was a bail bondsman. The civilian didn't say anything but he took the card over to the desk sergeant. The police got a warrant to search the warehouse at that address and it ended up being part of a 5 state burglary ring.

Well, that should have taught those guys not to break into MY office again – and they have not.

Hospitalizations for children, teens attributed to opioid poisoning jump

The overall incidence of hospitalizations for prescription opioid poisonings in children and adolescents has more than doubled from 1997 to 2012, with increasing incidence of poisonings attributed to suicide or self-inflicted injury and accidental intent, according to a new study.

Deepa R. Camenga, MD, MHS et al. National Trends in Hospitalizations for Opioid Poisonings Among Children and Adolescents, 1997 to 2012. JAMA Pediatr, October 2016 DOI: 10.1001/jamapediatrics.2016.2154
https://www.sciencedaily.com/releases/2016/10/161031113724.htm

Dying at Home in an Opioid Crisis: Hospices Grapple With Stolen Meds
Melissa Bailey, MedScape. Aug 24, 2017.

People dying in hospice care are having their pain medication stolen. This means they do not have the medications they require for pain control.
http://www.medscape.com/viewarticle/884676

Most prescribed opioid pills go unused, study confirms

In a review of half a dozen published studies in which patients self-reported use of opioids prescribed to them after surgery, researchers report that a substantial majority of patients used only some or none of the pills, and more than 90 percent failed to dispose of the leftovers in recommended ways.
Mark C. Bicket, MD et al. Prescription Opioid Analgesics Commonly Unused After Surgery: A Systematic Review. JAMA Surgery, August 2017 DOI: 10.1001/jamasurg.2017.0831
https://www.sciencedaily.com/releases/2017/08/170802110541.htm

US Opioid Policies Need Major Overhall, NASEM Says

A National Academy of Sciences, Engineering, and Medicine (NASEM) panel is calling on regulators to overhaul opioid policies and give more weight to societal risks and benefits when approving or recalling opioid drugs, noting that some of these policies meant to curb the opioid epidemic may actually be driving illicit drug use.

The NASEM panel is also recommending mandatory education on opioid use disorders and pain treatment for prescribers, pharmacists, and others in healthcare, along with removing barriers to evidence-based treatment for opioid use disorders (OUDs).

US Opioid Policies Need Major Overhaul, NASEM Says - Medscape - Jul 14, 2017
http://www.medscape.com/viewarticle/882922

Dental Lifeline Network Asks Dentists to Just See One to Help Increasing Number of Adults in Need of Dental Care

Denver – June 26, 2017—Dental Lifeline Network (DLN) is launching its first large-scale national integrated volunteer recruitment campaign aimed at engaging dentists across the country to volunteer to just see ONE. From clearing up painful dental infections and being able to eat again to rejoining the workforce—volunteering with **Dental Lifeline Network's Donated Dental Services (DDS)** program will make a life-changing difference for those in need. For more than 30 years, DLN has facilitated donated, comprehensive dental care to vulnerable people with disabilities, or who are elderly or medically compromised. Every day a network of 15,000 volunteer dentists and 3,700 volunteer laboratories, work together to make a difference.

According to the American Dental Association's Health Policy Institute, 60 percent of elderly people in the U.S. do not have access to dental care. Lack of dental care can lead to the inability to have a life-saving surgery, eat again or contribute to our community. For many of these people—volunteer dental professionals are their only hope. Through this integrated marketing campaign, DLN hopes to expand its network of dentists and their teams to volunteer to just see ONE of the many patients in need. The campaign features imagery of patients telling their life-changing stories after receiving comprehensive dental care.

Dr. Gregory Cecil, a DDS volunteer dentist in Kentucky, explains the importance of volunteering.

"It is very rewarding to work through DDS. It allows us to provide services that are sometimes desperately needed but not affordable—improving not only a person's health but their appearance and self-esteem. It is always a joy to see someone smile again."

"We are excited to launch this comprehensive national awareness campaign that highlights the life-changing difference our volunteers have on this vulnerable population," said Fred Leviton, chief executive officer of DLN. "We hope that sharing this message will inspire even more dentists to volunteer for our program, which in turn allows us to serve more people in our communities."

The campaign includes a radio Public Service Announcement to be distributed to media outlets nationwide and will run in donated time starting this week. In addition print and digital advertising will be placed in national and state outlets across the county.

To learn more about DLN and the campaign, please visit WillYouSeeONE.org.

About Dental Lifeline Network

Dental Lifeline Network is a nonprofit, humanitarian organization and charitable affiliate of the American Dental Association providing access to comprehensive dental care for people with disabilities or who are elderly or medically fragile. Visit DentalLifeline.org to learn more.

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Opioid and Ethical Considerations for Dentists

Dan Jenkins DDS, FIAPA , CDE-AADEJ

If you have read the first section on the history of drugs in the USA you may worry that you could end up having some ethical issues in writing prescriptions for Opioids as the doctor did who supplied his best friend with the liquid Sulfanilamide that had anti-freeze in it.

Are you concerned about possibly causing harm to a patient either through allergic reactions, self-over dosing, starting an addictive life, or even death.

Many dentists take some version of the Hippocratic Oath upon graduation from dental school. (I think it is interesting that it is not taken before first seeing patients!) The main tenant taken from this oath is to "do no harm." Typically this is thought of as not making the patient worse than they were when first presented for treatment. Dentistry is usually thought of as dealing primarily with pain. With the advent of local anesthetic dentistry was finally moved into a profession instead of a trade of medical mechanics. Certainly dentists must keep as a goal elimination or minimization of a patient's pain.

If we as dentists are to be concerned about a patient becoming harmed by developing an addiction to an Opioid then perhaps we should stop prescribing Opioids completely? If we ceased to write Opioid medications and other schedule II drugs we may even consider not renewing our DEA license and save $800+ at each renewal. Perhaps this could develop into a standard of care where if the patient required or requested Opioid instead of Noami we would simply refer them to their primary care physician and let them determine if Opioids were necessary.

To Rx or not to Rx could be an ethical dilemma with mixed considerations. If an Rx is not given and the patient has pain, would the dentist be held to some type of liability or discipline by the dental board for not giving proper care? If an Rx for an Opioid is given and the patient takes too many and dies would the dentist be held at fault? Of course each dentist needs to ascertain how much of an Opioid is required and how many tablets. How is the dentist supposed to know what the patient's pain tolerance is? Can you know ahead of time if the patient will become an addict? What if the patient runs out of pills and is in pain all night? Of course, you have given them your emergency number or have on your voice mail that they are to go to urgent care or ER – right? If they go to the ER and they are charged $1,000 what does the dentist do if the patient demands the dentist pay the ER bill because not enough pills were prescribed?

For us to abdicate writing prescriptions for Opioids, moves us back to not being doctors. For many years dentistry has worked hard to achieve and maintain the professional status of being "real" doctors. To simply refer all prescriptions to an MD or DO would be acknowledging that we are not qualified to determine a proper level of pain medication for the procedures we do. I think if we prescribe an amount that is typical for a procedure we would have an ethical foundation to stand on. Education of the patient as to what is expected and documenting that they were provided this information should be adequate. I have found that if patients are aware of possible harsher complications they accept it easier.

Ethically – dentists should educate themselves and their patients – and document.

Opioids: Why, Who, How, When, Where?

Dan Jenkins DDS, FIAPA , CDE-AADEJ

Why people misuse or abuse prescription drugs or any drug would be a difficult answer to find. Some might feel it was because they were exposed to drugs after a medical procedure and "got hooked." Others may feel they are hooked because they don't like the way they feel when they are not using the drugs to keep them "up" and not be depressed. The search for this question would involve quite a Google search and still not come up with a valid answer.

Who is misusing drugs? Many people I've talked to picture a "druggie" as a young low life dirty minority living in squalor in the inner-city and stealing things to pawn off to buy more drugs. You may be surprised to know that many more men than women (women trending upward) & many more whites & Native Americans than other races. Middle-aged adults have the highest prescription opiate overdose rates. People in rural counties are twice as likely to overdose as people in the cities.[1] "Even one prescription can be a trigger for long-term use," says Michael Barnett, assistant professor of health policy and management at the Harvard T.H. Chan School of Public Health. [2]

How people get started abusing drugs is varied as well. It might be after a medical procedure. It might also be from a painful medical condition such as a migraine headache. It could be from social pressure from peers at a party. It also could be from curiosity as to wondering what this drug thing is all about. One of the common thoughts regarding when people get started on abusing drugs is when they get their third molars removed. Studies have shown that the average extraction patient does not even use half of a 28 pill prescription.[3] This leaves many pills to experiment with or to share with friends who suggest using them. I have even seen a "get well" card that said, "Get well soon…so I can have the rest of your Vicodin!" I've included an article in this issue of the TCDS Connection of the story of a young man who got hooked on drugs after having his third molars removed. It is written by his aunt – he could not write it himself.

Where do people get their drugs? From many sources. From me, you, other doctors, drug dealers, and friends. Interestingly, 54.2% get their drugs from friends and relatives![4] While 12.2% of immediate-release opioids are prescribed by dentists all of us dentists need to be aware of the problem and prescribe accordingly[5]. Our ADA recommends that as "a prescriber of painkilling medications, you have a key role to play in preventing their diversion, misuse and abuse."[6]

1.https://www.cdc.gov/vitalsigns/PainkillerOverdoses/index.html

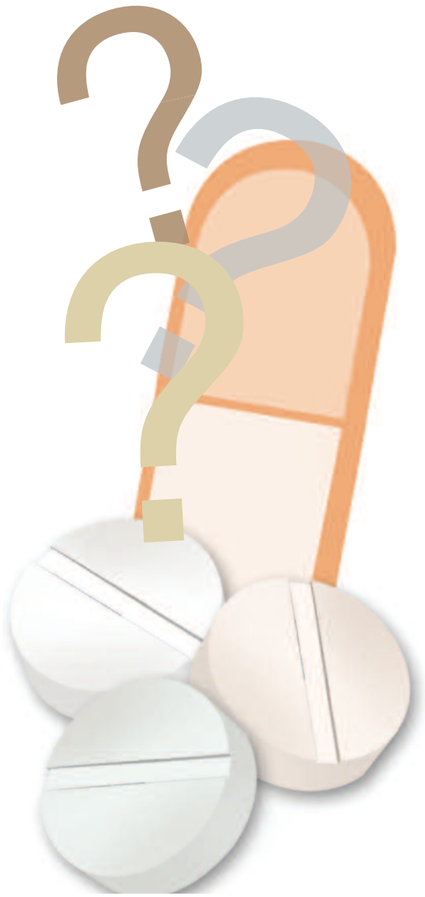
2. Opioid Use Soars Among Middle Aged and Elderly, Laura Landro, Wall Street journal, April 23, 2017.

3. Unused opioid analgesics and drug disposal following outpatient dental surgery: A randomized controlled trial, Brandon C. Maughan, et al, Drug and Alcohol Dependence, DOI: http://dx.doi.org/10.1016/j.drugalcdep.2016.08.016

4. 2011 National Survey on Drug Use and Health (NSDUH) published September 24, 2012 by the Dept of HHS/ Substance Abuse and Mental Health Services Administration (SAMHSA) Golubic et al. Opioid prescribing in dentistry, Compend CE Dent 2011.

5. ADA Center for Professional Services: Home > Practice Management > Patients > Educate Patients about Addictive Qualities of Painkillers.

6.http://success.ada.org/en/practice-management/patients/educate-patients-about-addictive-qualities-of-painkillers



Opioids: What to do – What to do?

Dan Jenkins DDS, FIAPA , CDE-AADEJ

With the attention growing about the Opioid epidemic what are dentists to do? I've mentioned educating ourselves and our patients but we should also educate the parents of our minor patients and society as well. Giving talks to as many groups such as religious groups, schools, service clubs, and even political groups will help to let people know it is a problem for society.

There are more and more politicians repeating the term "Opioid crisis" now and calling it an epidemic. A year ago, most of the politicians could not even say "Opioid" let alone spell it properly!

Dentistry promotes prevention fervently. While the CURES prescription monitoring program is another pain for dentists to go through when writing a prescription, it can prevent someone from getting multiple prescriptions from multiple doctors. All states now have some type of prescription monitoring program.

You should educate your team, your patients, and your family on destruction of unused drugs and their safe storage. (Remember that statistic of children under 6 overdosing?) Nearly 70 percent of prescription opioid medications kept in homes with children are not stored safely, a new study finds.[1]

Can we minimize the pain a patient has? Perhaps attending CE courses that will allow us to do procedures with less resulting pain. Also, utilizing newer materials and equipment as well might help prevent severe pain. If a patient asks for an Opioid after having (for example) a routine prophy – just say "No!"

I've started telling patients that it might get me in trouble. They smile.

You should consider keeping Narcan in your office just in case someone needs it.

In an Opioid webinar by the ADA last fall Paul Moore, DMD, PhD, MPH stated the following recommendations for non-Opioid pain relief in dentistry.

Mild: Ibuprofen 200-400 mg q 4-6 hours: prn pain.

Mild-Moderate: Ibuprofen 400-600 mg q 4-6 hours: fixed interval for 24 hours.

Moderate –Severe: Ibuprofen 400-600 mg plus APAP 500 mg, q 6 hours: fixed interval for 24 hours.

Severe Pain: Ibuprofen 400 mg plus APAP 650/hydrocodone 10 mg q 6 hours: fixed interval for 24-48 hours.

Bear in mind that the maximum ibuprofen per 24 hours is 2400mg to prevent kidney damage and maximum of acetaminophen is 3,000mg per 24 hours to prevent liver damage.

I'm pleased to say that I have used this protocol since I heard of it last summer and I have yet to write an Rx for an Opioid – and I take out a lot of impacted third molars. I've had no follow-up phone calls requesting stronger pain med.

If a patient is in need of an Opioid you might consider writing enough for one or two days and have them come back in for a post op to determine if they need more Opioids or if a combination of ibuprofen and acetaminophen would be appropriate.

https://www.sciencedaily.com/releases/2017/02/170220084159.htm#.WKxTI4eFe8g.email

Be Sure to also visit Classified Ads on the TCDS web page at www.tcds.org

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Western University: We Care Dental Story

David Lazarchik, DMD

Did you ever step back from the hustle and bustle of daily life as a dentist and ask yourself: "What is it about dentistry that is at the core of what makes it rewarding"? I'm sure we all enjoy being part of a top rated profession (according to recent U.S. News and World Report rankings). But practicing dentists also know the challenges of balancing the physical and technical demands, interpersonal relationships, and business savvy necessary to be successful. Financial security and being respected is nice, but it's not the only reward we get.

The intangible reward of positive feelings generated by helping others improve their lives through better oral health might be just as important. A focus on compassion and treating people "the right way" is probably at the heart of your career satisfaction. If you throw in the satisfaction of educating the next generation of dentists to treat their patients expertly and with empathy and compassion, while offering services at an affordable cost, you have the essential mission of WesternU / We Care Dental in Rancho Mirage, CA.

This satellite clinic of Western University of Health Sciences in Pomona, CA evolved from a unique collaboration with Desert Friends of the Developmentally Disabled. It began in 2009 with dental students who rotated from the main WesternU College of Dental Medicine campus in Pomona to a 4 chair grant funded clinic in Rancho Mirage. Supervised by volunteer faculty, they participated in the care of a wide range of patients (developmentally disabled, veterans, low income) who needed dental care but lacked access to traditional settings. That small clinic has since grown into a new 11 chair facility that has 2 full time WesternU faculty, 2 Advanced Education in General Dentistry postdoctoral residents, 6 WesternU dental students, and support staff. The residents are part of a collaborative program with NYU Lutheran Dental Medicine which is WesternU College of Dental Medicine's first foray into residency education. We Care Dental now serves anyone in the Coachella Valley who seeks comprehensive dental services in a compassionate environment focused on patient centered care, at an affordable price.

Getting back to the question of what makes dentistry rewarding, for patients, students, residents, faculty, and staff at We Care Dental, we know from many anecdotal stories that it's that intangible feeling of being part of a team that helps others who really need help that provides the greatest reward. Following the osteopathic philosophy of whole person, empathic approach to health care inherent in WesternU's culture, We Care Dental offers comprehensive dentistry to many who might not otherwise get care. This includes comprehensive diagnostic services, non-surgical and surgical periodontics, restorative dentistry, fixed and removable prosthodontics, simple and complex oral surgery, pediatrics and pediatric oral sedation, treatment of medically complex patients including those with special needs, emergency care, and oral medicine consultation. All care is supervised by licensed dental faculty from WesternU and is offered at an affordable fee.

Since most successful dentists are teachers at heart, you may understand the joy for faculty and staff at We Care of bringing up that next generation of dentists to share in the good feelings inherent in helping those in need while also teaching them how to produce excellent quality dentistry in an efficient practice environment. We Care Dental accepts referrals and is a great option for seniors on a fixed income or others who desire quality comprehensive dental care but may not have the resources to afford private practice dentistry. If you would like to see for yourself, visit us virtually at http://www.westernu.edu/wecaredental/ or in person at WesternU / We Care Dental, 71949 Highway 111 Suite 100B, Rancho Mirage, CA 92270, phone: 760-565-6055.

Reception area is spacious and comfortable.

Teamwork at the Palm Desert clinic

A teaching moment for students.

PMP Prescription Monitoring Program

In the effort to minimize the Opioid epidemic programs to monitor who is prescribing, who is receiving, and who is getting too many drugs most states now have prescription monitoring programs (PMP) to track prescribing. Before computers dental patient drug abusers could go from dentist to dentist in an area with an abscessed tooth picking up a prescription from each dentist. Then they would go from pharmacy to pharmacy to get the drugs. There was no routine way to know what they were doing.

The PMP in California is called CURES for Controlled Substance Utilization Review and Evaluation System. All licensed dentists who prescribe controlled substances must, (interpreted as: HAVE TO.) register with CURES – the California PMP.

The CDA has frequently published information about CURES and below I have copied some questions and answers published by CDA. In case you still have not registered I assure you the registration process is easy and will not take very much of your time.
These are the four steps for online registration:

All prescribers in California with U.S. Drug Enforcement Administration (DEA) registrations are required to register by July 1 to access California's prescription drug monitoring program, known as CURES 2.0 (Controlled Substance Utilization Review and Evaluation System). Additionally, prescribers must have updated browsers to access the system. Prescription drug monitoring programs are used in most states to aid prescribers and dispensers to identify fraudulent or drug-seeking activity by a patient. Dentists are strongly encouraged to consult CURES when considering a controlled substance prescription for a new patient or a patient suspected of drug dependency.

Available at oag.ca.gov, the Department of Justice has training videos, FAQs and a User Guide that is particularly helpful for first-time CURES users. The User Guide includes information on how staff members may assist with record searches, how to save searches, how to receive patient activity alerts, how to communicate with other prescribers and dispensers, and much more.

Following are some common questions and answers related to the use of CURES:

What CURES functions may I delegate to staff?
Staff officially registered with CURES as a "delegate" to the "parent" prescriber or dispenser user may initiate a search for the patient activity report (PAR). The actual report, containing the patient's history, can only be viewed by the "parent" prescriber or dispenser user. From their own user profile, prescribers and dispensers can view, add and remove delegates.

May the patient get a copy of the report?
CURES records are maintained by the Department of Justice and patients can obtain their CURES records by making a direct request to the Department of Justice pursuant to the California Information Practices Act (civ:1798-1798.1). Should a patient request a copy from you, the patient can be referred to the CURES general mailbox, cures@doj.ca.gov, to request information on how to obtain copies of their records.

Am I required to report what I prescribe, administer or dispense to CURES?
You are not required to report to CURES what you prescribe and administer to patients. However, prescribers must file reports of dispensed controlled substances through the state Department of Justice's third-party vendor, and not through CURES. Dispensing prescribers should refer to the CURES website for information.

Who monitors the use of the CURES database?
The state Department of Justice is tasked with auditing the database and its users. Dissemination or distribution of the controlled substance history information to anyone other than the registered user is prohibited. HIPAA and all confidentiality and disclosure provisions of state law cover the information contained in the database. All users of the information must comply with state and federal health information privacy laws. Disciplinary, civil or criminal actions will be taken by the Department of Justice and/or the appropriate licensing agency for any misuse or inappropriate access of patient data.
What type of browser do I need to register for CURES?

To access CURES 2.0, dentists are required to use Microsoft Internet Explorer Version 11.0 or greater, Mozilla FireFox, Google Chrome or Safari. The Department of Justice says dentists must have up-to-date browsers within the first half of this year to regain access to the CURES database.

What am I required to do if I move or change my name?
You must update the information on your account no later than three days after the effective date of the change.

Should I use CURES to report the loss or theft of my prescription forms?
Yes, within three days of the discovery and after you have filed a police report and have the report number in hand, you can log into your CURES account to report the loss or theft of prescription forms. For information concerning how to report lost or stolen prescription pads or forms, please contact the Security Prescription Printer Program at SecurityPrinter@doj.ca.gov.

Do I have to renew my CURES registration at any point in the future?
Yes. All CURES 2.0 users are required to renew their accounts on an annual basis. Users receive renewal notifications on the renewal date and 30 days after the user's one-year renewal date.
www.cda.org/NewsEvents/Details/tabid/146/ArticleID/3259/Youre-registered-with-CURES-now-what.aspx

REGISTRATION -- STEP 1:
1. Select User Role. 2. Select License Issued by:
• California DCA or • An Agency outside of California
3. Enter email address. 4. Re-enter email address.
5. Click "Submit."

REGISTRATION -- STEP 2:
Once applicant clicks the link, they are navigated to the User Registration Form.
1. Complete the registration form.
2. Set up Security Questions and Answers.
3. Complete the CAPTCHA.
4. Click "Next."

REGISTRATION-- STEP 3
The CURES 2.0 Registration

Form Review page is displayed with the applicant's information.
Click "Submit."
The CURES 2.0 RegistrationConfirmation page displays:
• Confirmation number
• Applicant information
• Print button

REGISTRATION STEP 4
At this stage of the process, the registration form is in the validation and vetting cycle.
An approval or denial notification will be sent via email.