

Role of Dental Providers During the **OPIOID CRISIS**



Dental providers have an important role in safely treating and managing oral pain and opioids are commonly prescribed to manage dental pain. While opioids may relieve dental related pain, opioids can increase a patient's risk for experiencing adverse events such as developing an opioid use disorder, overdose, and death. Dental providers can reduce risks of opioid prescribing to their patients and communities by implementing safe practices for managing oral pain.

■ **IMPORTANT STATISTICS ON OPIOID PRESCRIBING**

- Nearly 25 percent of the first opioid prescriptions for children and adolescents come from dentists.
- Every six months, 103,000 Maryland residents fill at least 1 opioid prescription from a dentist.
- From 2011 to 2020, more than 3600 people died from an overdose related to prescription opioids in Maryland.

■ **PRESCRIBING OPIOIDS IN THE DENTAL PRACTICE FOR ACUTE PAIN**

- Pain therapy should be coordinated with the patient's other medical providers, when possible, especially in cases where there is a history of substance use disorder.
- The Prescription Drug Monitoring Program (PDMP) is a helpful clinical tool that allows health care providers access at the point of care to their patients' complete controlled substance prescription history. Prescribers and dispensers are required to search the PDMP in certain situations. However, it is recommended providers check the PDMP any time a prescriber and patient are making clinical decisions regarding a controlled substance, including opioids. Please visit www.MarylandPDMP.org for more information.
- In general, it is not appropriate to prescribe to new patients without a thorough evaluation.
- Safe disposal instructions should be discussed with patients to ensure unused medications are not misused or improperly disposed.



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BREAKING THE CYCLE

- Determine if the orofacial pain your patient is having or likely to have is of nociceptive or neuropathic origin.
- Acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs) should be the first line of treatment for most post-procedural pain as they target the underlying cause of nociceptive pain.
 - The combination of acetaminophen and NSAIDs has been shown to have a better effect than either drug alone.
 - Be aware that adverse reactions to NSAIDs can also occur in patients with a history of renal disease, heart disease, or GI upset.
- If other options have been exhausted and a patient's pain is severe, an opioid may be appropriate.
 - Thoroughly review the patient's health history by checking the PDMP and medical records.
 - If opioids are started, prescribe at the lowest effective dose.



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TIPS TO SHARE WITH PATIENTS & PARENTS

- Non-opioid pain medication can manage most oral pain.
- Keep naloxone in the house.
- Know your child's or adolescent's pain medication and keep track of your child's use of medications to ensure that only the prescribed amount is used.
- Talk to your child or adolescent about the risks of opioid addiction and sharing medication. Let them know they can talk to you if they experience cravings or a loss of a sense of control.

SAFE STORAGE AND DISPOSAL

- Safely store medications in a locked cabinet at home.
- Discard unused medications. Drop off any remaining medication at your local medication drop box or mix medicine (do not crush) with an unpalatable substance such as cat litter, dirt, or coffee grounds. Place the mixture in a sealed container and throw away with the trash.



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