



The role of dentistry in the opioids crisis



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Drug overdose is a leading cause of accidental death, and opioid addiction is probably the main factor in this epidemic. During 2014, 47,055 drug overdose deaths occurred in the US, close to 19,000 were related to opioid prescription.¹ During 2012 in the US, health care providers wrote 259 million opioid prescriptions.¹ Dentistry's contribution to this enormous number is not insignificant; 12% of all the immediate-release opioids such as oxycodone and hydrocodone are prescribed by dentists.¹ This is not surprising if we consider that third molar extraction, the most common surgical procedure performed in healthy patients, is usually followed by opioid prescription to control the postoperative pain. It is estimated that 3.5 million third molar extractions are operated by oral and maxillofacial surgery specialists in the US per year (this number does not include the extractions performed by general dentists); 85% of them almost always prescribe opioids alone or in combination with another analgesic agent.¹ Based on that, a minimum of 2.9 million people with an average age of 20 years (typical age for third molar extraction) are exposed to opioids related to dental treatment.²

With that said, it is important to note that since dentists prescribe opioids mainly for the treatment of postoperative pain and for a relatively short time, the risk of overuse and dependence is limited.

Another common cause for opioid prescription related to dental pain is urgent care department visits. Acute dental pains are best treated with relatively simple dental procedures in the dental office; however, most of the urgent care departments are not staffed, equipped, or designed to provide dental care. As a result, 45% of the dental pain-related visits to

emergency departments are concluded with opioid prescription.³

Treatment with ibuprofen and naproxen has been shown to provide pain relief⁴ that can be as effective as opioids for patients who have undergone surgical tooth extraction. Therefore, routine management of acute postoperative dental-related pains usually does not require opioids. Non-opioid analgesic agents such as nonsteroidal anti-inflammatory drugs should be considered as the first line of therapy for patients that do not have contraindications to their use.

In cases where therapy with opioids is considered, it is recommended that opioids are prescribed only for several days following the dental procedure. Continuing pain following the procedure may be related to infection or other complications and an examination by a dentist should be performed prior to prolonged treatment with opioids.

Dentists should also screen their patients prior to opioid prescription for risk factors that may be related to substance abuse. General dentists often have long-term relations with their patients, and therefore are well positioned to perform this screening.

Other measures that are currently taken by different states in the US are prescribing drug monitoring programs and mandatory training programs. Monitoring programs have been shown to change providers' prescription patterns for pain medications,⁵ and training programs can provide dentists with knowledge, confidence, and useful tools.

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