



For patients new to opioids  
**JUST A FEW DAYS**  
can be life-changing.



315 SW 5th Avenue  
Portland, OR 97204

# Opioid dependence can begin in as quickly as three days.<sup>1</sup>

**THIS IS A KNOWN AND EXPECTED PHYSICAL RESPONSE.**

We have responsibilities to our patients and to the State of Oregon when it comes to prescribing.

## Prescription Drug Management Program (PDMP)

- All prescribers with a DEA number are required to register with the Oregon PDMP.
- You may designate a person in your practice to register with and access the PDMP.
- Studies show use of a PDMP correlates to lower opioid prescribing.

## Oregon Health Authority guidelines

Opioids should not be considered first-line therapy for mild to moderate pain. OHA has developed guidelines for patients with limited or no exposure to opioids:

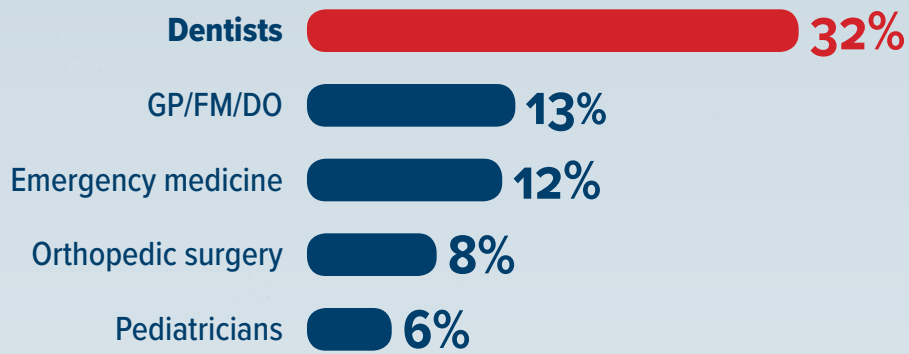
- Take into consideration severity of pain, age, health and current medications when prescribing opioids.
- Educate patient about post-op pain, opioid risks and side-effects, and safe disposal.
- Check the PDMP and coordinate with other providers who prescribe a controlled substance to the patient.

# Whether your patient is 13 or 30, opioids make a strong first impression.

## Age matters.

Our patients age 10 to 19 are most likely to get their first opioid prescription from our profession.<sup>2</sup>

### PRESCRIPTIONS DISPENSED PER SPECIALTY TO 10-19 YEAR OLDS



## We can reduce the risk.

- **One in eight high schoolers** report using opioids recreationally.<sup>3</sup>
- Adolescents who are exposed to opioids have a **33 percent higher risk** of abusing them later in life.<sup>4</sup>

## We can reduce the supply.

- **41 percent** of us expect our patients to have left-over opioid medication.<sup>5</sup>
- Nationally, an estimated **100 million opioid doses** go unused for wisdom tooth extractions alone.<sup>6</sup>

## Play it safe with pain medication.

Research shows **NSAIDs are as effective as opioids** for most dental-related pain.<sup>7</sup>

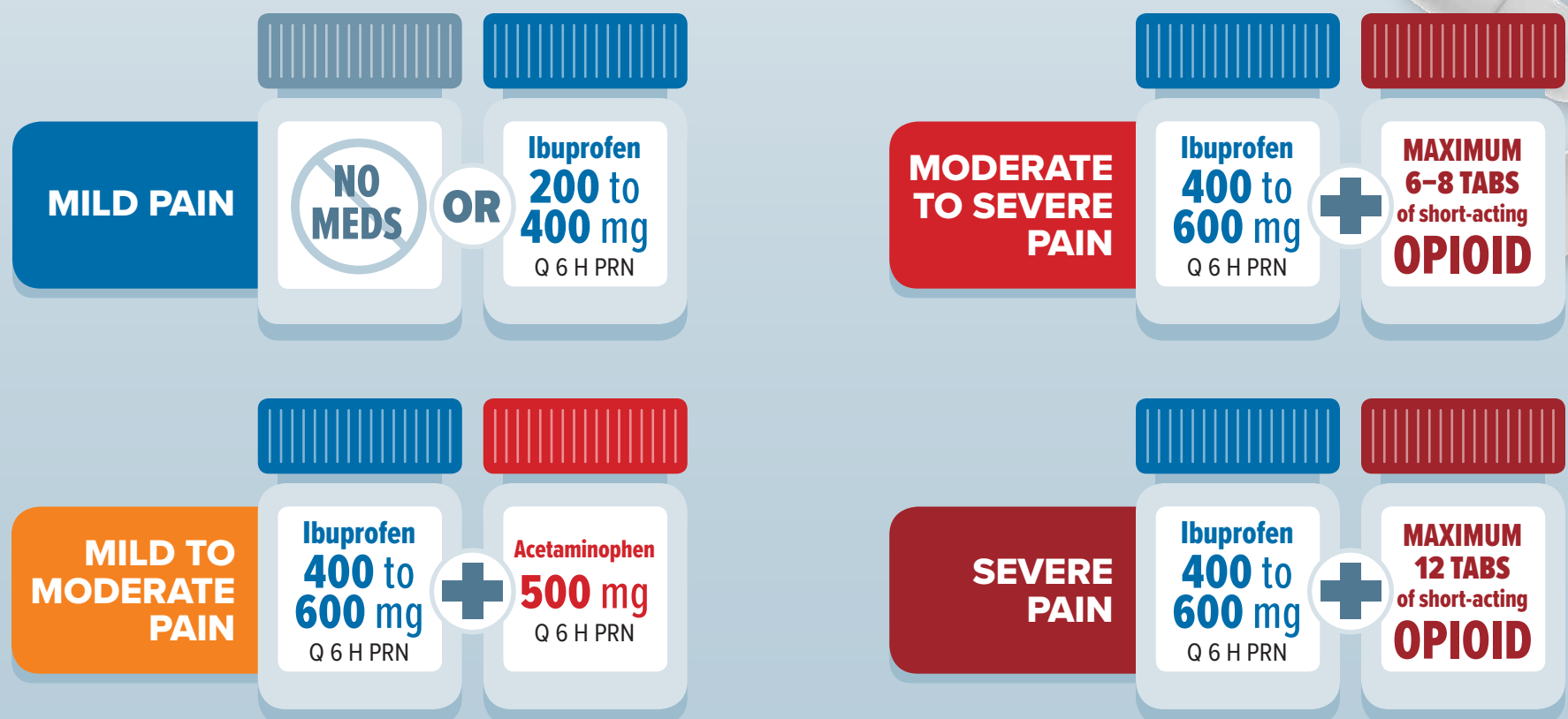
**NSAIDs are also safest, especially for your patients who are new to opioids**, and those taking certain antidepressants, barbiturates, sleep or anti-anxiety medications.

**Prescribe opioids with caution and only if necessary, with NSAIDs or acetaminophen.** OHA guidelines prefer short-acting versions:

**Codeine (30 mg)      Oxycodone (5 mg)**  
**Hydrocodone (5 mg)      Tramadol (50 mg)**

- Do not prescribe opioids with benzodiazepines without a compelling reason.
- Refill only after direct patient assessment and discussion of non-opioid options.

## RECOMMENDED NSAID DOSES FOR DENTAL PAIN



24 hour maximum dose: **Ibuprofen (3,200 mg) | Acetaminophen (4,000 mg)**

<sup>1</sup> CDC: Guideline for Prescribing Opioids for Chronic Pain, 2016; Summary, item 6  
<sup>2</sup> JAMA: Characteristics of Opioid Prescribing, Research letter April 6, 2011  
<sup>3</sup> NIH: drugabuse.gov, Teens Mix Prescription Opioids with Other Substances  
<sup>4</sup> NIH: Teen Opioid Prescriptions Raise Risk of Later Opioid Misuse, Dec 28, 2015

<sup>5</sup> JADA 2011; Denisco, R.C., et al. "Prevention of prescription opioid abuse; the role of the dentist." 142(7):800-809  
<sup>6</sup> Drug and Alcohol Dependence, September 2016  
<sup>7</sup> JADA: April 2018, Benefits and Harms associated with analgesic medications used in the management of acute dental pain Vol. 149, Issue 4, Pp 256-265