



2020 New Hampshire Oral Health Forum Series

The Healing Power of a Smile: A Link Between Oral Care and Substance Abuse Recovery

November 17, 2020

4:30 to 6:30 p.m.

Join Zoom Meeting

<https://us02web.zoom.us/j/84761468246>

Meeting ID: 847 6146 8246

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Agenda

- 4:30 p.m.** **Welcome** — *Gail Brown, Esq., MSW,*
Director, NH Oral Health Coalition
- 4:40 p.m.** **Introductory Remarks** — *Sarah Finne, DMD, MPH, FICD, ADA Certificate in Evidence-based*
Dentistry
Dental Director, Office of Medicaid Services, NH Department of Health and Human Services
- 4:50 p.m.** **The Healing Power of a Smile: A Link Between Oral Care and Substance Abuse Recovery**
Dr. Glen Hanson, DDS, PhD
Professor of Pharmacology and Toxicology, School of Dentistry at the University of Utah
- 6:05 p.m.** **Questions and Answers with Discussion**
- 6:25 p.m.** **Closing Remarks and Upcoming Events** — *Gail Brown, Esq., MSW,*
Director, NH Oral Health Coalition

Healing Power of a Smile; Connection Between Oral Health and Substance Use Disorder (SUD)



Glen R. Hanson, D.D.S., Ph.D.
Professor Pharmacology, Vice Dean
University of Utah, School of Dentistry

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Current Oral Health Practice in SUD Programs:

- SUD treatment programs have little involvement with oral health care due to minimal resources
- ✓ Some support for primary medical and mental health care, but only small amount available for emergent, temporary dental care
 - Relieve pain
 - Treat infection
 - Strategy: medication and/or surgery



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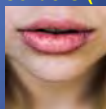
Describe SUD/Oral Health Connection:

-most of the information is anecdotal and variable

- Our Recently reported findings:
- ✓ ~40% SUD patients have 'major oral health needs'
- ✓ Most likely found in heroin/opioid use disorders (~40%) and METH use disorders (~30%)

Source of dental problems?

- Drugs cause xerostomia (dry mouth)
- Diet (high sugar-containing foods/drinks), poor nutrition
- Poor hygiene



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What does 'major oral health disease' typically require?

- 4 extractions
- 2 major periodontal procedures
- 6 restorations
- 1-2 crowns
- 1-2 root canals
- ½ patients require a removable prosthesis



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Impact of Major oral disease

- Persistent pain and discomfort

- Continuous even

- Functional

✓ Can't

✓ Difficult

difficulties

- Cosmetic—lack self confidence, employment problems and withdrawal from loved ones and society—homeless

RESULT:

Poor QUALITY of LIFE



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What has Science told us about the effect of Oral Health Care on SUD treatment?

--NOT MUCH

- Research has shown that good **primary medical care** improves SUD treatment outcomes. (i.e., reduces drug use and overall health care costs: Padwa et al. J. Psychoactive Drugs 44 [2012] 299)
- Integration of **comprehensive oral care** would be expected to similarly improve SUD treatment outcomes, but never tested.

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Results of first study to examine this issue:
Hanson et al. "Comprehensive Oral Care Improves Treatment Outcomes in Male and Female Patients with High-Severity and Chronic Substance Use Disorders." J. American Dental Association, 150 (2019) 591.



Original Contributions
Comprehensive oral care improves treatment outcomes in male and female patients with high-severity and chronic substance use disorders
Glen R. Hanson, DDS, PhD; Shawn McMillan, MPA; Kali Mower, BS; Carter T. Bruett, BS; Leluy Duarte, BS; Sri Koduri, MS, MPA; Lilliam Pinzon, DDS, MS, MPH; Matt Warthen, BS; Ken Smith, PhD; Huong Meeks, PhD; Bryan Trump, DDS, MS
ABSTRACT

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DETAILS OF JADA PAPER: Retrospective Study

Result from a **HRSA Workforce Training** grant called "**FLOSS**" (Facilitating a Lifetime of Oral Health Sustainability for Substance Use Disorder Patients and Families)



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- SUD Case Managers introduced to oral health elements



- Dental Care providers (students/faculty) were trained to work with patients receiving SUD treatment-they received SBIRT training-as required by CE statute (Utah HB 175)



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This program represented a partnership between the University of Utah School of Dentistry, and SUD treatment programs at First Step and Odyssey Houses, Salt Lake City, Utah



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Principal Findings-

Groups were:

- received Dental Care principally from students (DC- dental care)
- versus Non-Dental Care (NDC) controls

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Odyssey House Findings

Patients:

- matched demographically and similar dental needs, randomly selected
- similar male and female
- DC= 165
- NDC control= 158



Findings:

- Length of Stay (LoS)
DC= 340 days
NDC= 122
- Treatment completion
DC were 63% more likely to complete than controls
- Gender differences for LoS effect
✓ males and females similar LoS effects

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First Step House Findings:Patients:

- Matched demographically; self-selected
- All male
- DC=158
- NDC= 862

Findings

- Length of stay (LOS)
- DC=240 days
- NDC=152 days
- Improvement in Employment after SUD treatment
- DC= 460 %
- NDC= 130%



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- Improvement in Drug Abstinence
- DC= 257%
- NDC= 138%
- Reduction in Homelessness
- DC= 84 %
- NDC= ~50%

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Implications:

- Improved outcomes for SUD treatment
- Mechanism: by improving QoL or OHQoL
- Also impacts outcomes of other chronic, serious long-term disorders that tends to have increased oral health problems

-e.g.,

- ✓ Prediabetes
- ✓ CV disease
- ✓ Mental health disorders
- ✓ Cancer
- ✓ Obesity
- ✓ Age-related dementias (Alzheimer's)



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How to change findings into policy—i.e. identify resources to provide dental care to patients receiving SUD treatment.

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H.B. 435 (2019): sponsored by Utah State Rep. Steve Eliason
Medicaid Dental Benefits



“...If a waiver is approved...the department shall provide dental services to an individual who... is receiving treatment for substance use disorder... through the University of Utah School of Dentistry...”

Part of the **TAM (Targeted Adult Medicaid)** program--for incarcerated, homeless patients with mental health and SUD disabilities (includes ~8,000 patients in Utah)
 --we have seen ~1000 patients

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Getting Dental care Providers Engaged:
those interested are paneled in our SUD statewide network



SBIRT
 Screening, Brief Intervention,
 Referral to Treatment

Implementation
 In Your
 Dental Practice

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