

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



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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



Describe SUD/Oral Health Connection:

-most of the information is anecdotal and variable

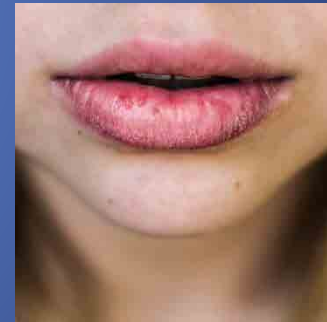
- Our Recently reported findings:

- ✓ ~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



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



Impact of Major oral disease

- Persistent pain and discomfort



RESULT:

- Continually
even

**Poor QUALITY of
LIFE**

- Functional
✓ Can't

- ✓ Difficult

difficulties

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

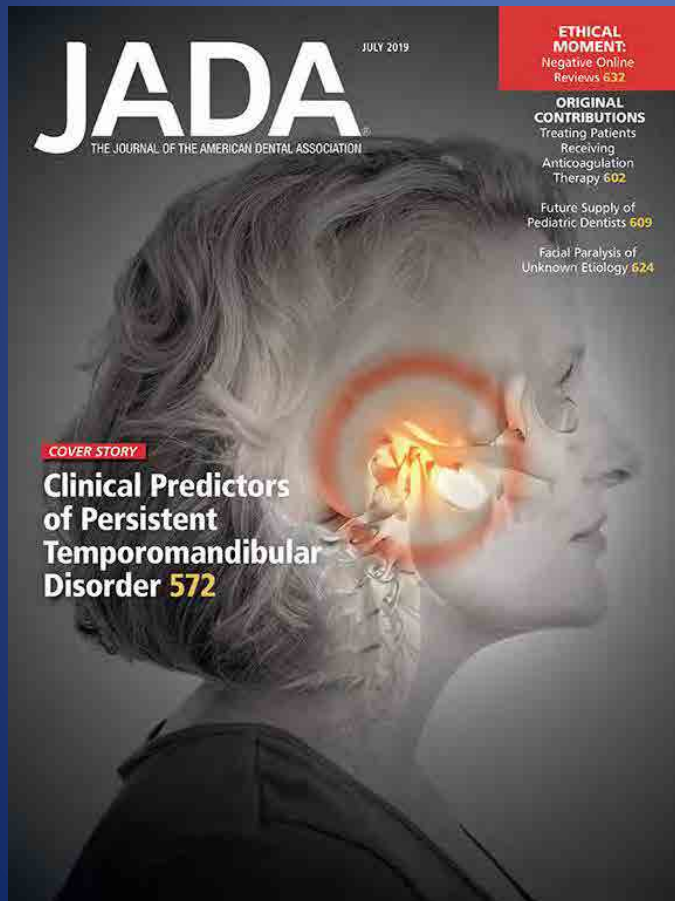


What has Science told us about the effect of Oral Health Care on SUD treatment?

--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.

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

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ABSTRACT

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)



- **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)**



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



Principal Findings-

Groups were:

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

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



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%



- Improvement in Drug Abstinence

DC= 257%

NDC= 138%

- Reduction in Homelessness

DC= 84 %

NDC= ~50%

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)



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

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

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