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 a 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
- Continual infection—local and even systemic
- Functional—Can’t eat properly—malnutrition
  Difficulty speaking—communication/social difficulties
- Cosmetic—lack self confidence, employment problems and withdrawal from loved ones and society--homeless

RESULT: Poor QUALITY of LIFE
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 core** 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.
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 tend 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.
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