

Oral Health Status of Substance Use Disorder Patients in Recovery in New Hampshire

Introduction/Background

According to a report from the Centers for Disease Control and Prevention (CDC), in 2016, opioids (including prescription opioids, heroin, and fentanyl) were responsible for 42,249 deaths, which was five times higher than in 1999.¹ At a rate of 36 overdose deaths per 100,000 people in 2016², New Hampshire has the third highest rate of drug fatalities in the country³. In 2016, there were nearly 500 overdose-related deaths according to the New Hampshire State Police.⁴ According to the New Hampshire Medical Examiner's office, they are projecting the total number of deaths caused by drug overdose in 2017 to be at 36 per 100,000 people which is essentially unchanged from 2016.⁵ There has been an increase in the abuse of synthetic opioids such as fentanyl which is cause for great concern in NH.⁶ Synthetic drugs are often mixed by dealers and the contents they use are unknown. They are often more potent and more dangerous than uncut drugs and it's these dangerous concoctions that often lead to serious overdoses and deaths. In 2017, 166 deaths in New Hampshire were caused by fentanyl

alone.⁷ According to a study from the National Drug Early Warning System (NDEWS), both consumers of drugs such as fentanyl and first responders in New Hampshire agreed that fentanyl is the primary cause of overdoses in New Hampshire due to its potency and its inconsistency in fentanyl/heroin mixes.⁸ They also agreed that New Hampshire is lacking readily available substance use disorder treatment options and cited long waiting lists, lack of funding, and trouble navigating the system as primary barriers to seeking treatment.⁹ In 2017, New Hampshire saw a 9.3% increase of opioid-related emergency department visits up from 2016, with Hillsborough County reporting 2,713 opioid-related ED visits alone.¹⁰ The opioid addiction crisis crosses socioeconomic levels.

Heroin is known to cause serious oral health problems and in chronic long term users, tooth decay, periodontal disease, and missing teeth are often apparent. There have been few published papers on the oral health of IV heroin users but dental and oral hygiene problems are common among this population. Oral health problems and the appearance of dental disease among IV

¹<https://www.cdc.gov/drugoverdose/data/statedeaths.html>

²<http://www.nh.gov/oep/data-center/population-estimates.htm>

³<http://nhpr.org/post/nh-has-third-highest-drug-overdose-death-rate-us>

⁴<http://www.unionleader.com/social-issues/Officials-3m-worth-of-fentanyl-seized-in-New-Hampshire-last-year-01292018>

⁵<https://www.doi.nh.gov/medical-examiner/>

⁶<http://www.publicnewsservice.org/2017-12-27/health-issues/cdc-report-opioid-crisis-hits-home-in-nh-u-s/a60770-1>

⁷<https://www.doi.nh.gov/medical-examiner/>

⁸<https://ndews.umd.edu/publications/hotspot-report-understanding-opioid-overdoses-new-hampshire>

⁹<https://ndews.umd.edu/publications/hotspot-report-understanding-opioid-overdoses-new-hampshire>

¹⁰<http://www.nh.gov/oep/data-center/population-estimates.htm>

heroin users are often caused by their lifestyle. Factors that have been associated with oral health problems are alcohol and tobacco use, poor nutrition, irregular eating habits, and poor personal hygiene.^{11,12} Individuals who are addicted to heroin or other opiates often experience severe tooth decay in their teeth because the drug causes them to crave sweet food and drinks such as candy and soda. Alcohol and heroin (and other opiates) can cause xerostomia (dry mouth) and reduce saliva production which may lead to the development of tooth decay and gum disease.¹³ Many patients in SUD treatment take Buprenorphine (suboxone) which is known to cause dry mouth which contributes significantly to tooth decay. Opiates suppress pain which increases pain tolerance among this population and consequently they visit the dentist less frequently¹⁴.

Adults who are dentally uninsured and underinsured may not be able to afford the costs for extensive dental treatments. Those with commercial dental insurance may struggle to afford co-payments. Adults covered by NH Medicaid, are only eligible for emergency examination and extractions. As a result, many patients have teeth pulled

that potentially could have been restored. The lack of a comprehensive diagnostic, preventive, and restorative treatment benefit impacts the overall health of those adults and their ability to find employment in public-facing jobs for which they may be otherwise qualified.

Study

The New Hampshire Oral Health Program conducted an environmental scan to assess the oral health status of substance use disorder patients in recovery and to evaluate current methods and systems in place to deliver preventive and restorative dental services to those recovering from substance use disorder. The scan also evaluated whether the deployment of alternative workforce models (Certified Public Health Dental Hygienists) within substance use disorder treatment centers and other community settings to deliver preventive services would be beneficial to patients in recovery. The timeline of the scan was July 2017 through April 2018. During the course of the scan, the Oral Health Program was able to speak with representatives of 3 Federally Qualified Health Centers (FQHC's) that offer dental services, (2 of which are located in Dental Health Professional Shortage Areas (DHPSA's), and 2 substance use treatment centers in New Hampshire. Only one FQHC has a formal partnership with a SUD center. In our interviews, we spoke with representatives from the SUD facility as well. The second FQHC was located in a rural part of northern NH, about 5 miles from a SUD facility. The purpose of this scan is to:

¹¹Robinson PG, Acquah S, Gibson B: Drug users: oral health – related attitudes and behaviours. *Br Dent J.* 2005, 198: 219-224. 10.1038/sj.bdj.4812090.

¹²Brown C, Krishnan S, Hursh K, Johnson P, Page K, Shiboski CH: Dental disease prevalence among methamphetamine and heroin users in an urban setting: a pilot study. *J Am Dent Assoc.* 2012, 143: 992-1001.

¹³Robbins JL, Wenger L, Lorvick J, Shiboski C, Kral AH: Health and oral health care needs and health care-seeking behavior among homeless injection drug users in San Francisco. *J Urban Health.* 2010, 87: 920-930. 10.1007/s11524-010-9498-5.

¹⁴ Gupta T, Shah N, Mathur VP, Dhawan A: Oral health status of a group of illicit drug users in Delhi, India. *Community Dent Hlth.* 2012, 29: 49-54.

- 1) Learn more about how patients in substance use disorder recovery are receiving dental care
- 2) Learn about what systems are in place to pay for those dental services
- 3) Determine what measures can be taken to improve the current system.

Interviews were conducted with staff and administration of an FQHC located in Berlin, (Coos County Family Health Services) including 1 dental hygienist and 1 program administrator, an FQHC located in Littleton (Ammonoosuc Community Health Services) including 1 dental hygienist, 4 program administrators, and 1 dental office manager, an FQHC located in Nashua (Harbor Homes) including 1 dental hygienist and 1 dentist, a SUD treatment center located in Dublin (Phoenix House) including 2 program administrators and 1 student intern, and an SUD treatment center located in Nashua (Keystone Hall) including 1 program administrator. A series of questions was asked regarding their experiences relating to dental issues within this population, questions pertaining to barriers in obtaining dental treatment for this population, and where they felt there could be improvements to create better access to dental care for this population.

Patients who begin substance use disorder treatment often enter the facility with severe oral health issues. SUD treatment center respondents reported seeing patients with active dental infections, many areas of decay, broken teeth, and severe pain requiring immediate attention. One of the

SUD treatment center respondents reported that approximately 50% of patients entering their facility present with severe pain, infection, and/or decay. Although dental problems often precede substance use treatment, misuse of certain narcotics likely masked dental pain. As a patient goes through the detox process, the dental pain reappears, adding to the already difficult and painful process of detox.

One recovery center, in the past, offered chocolate to their patients to support mood and assist with the detox process. They stopped that practice as they became concerned that untreated decay would have a negative impact on the recovery process and ultimately lead to relapse. This center also reported the over 70% of their patients are either on Medicaid or are eligible for Medicaid and none of their patients has commercial medical or dental insurance coverage. When their patients have emergency dental needs, they are sent to the hospital emergency department (ED) where an antibiotic will be prescribed but dental treatment is not available. There are no dentists in their area accepting referrals from ED's to treat this population.

At the two dental treatment centers not affiliated with an SUD treatment center, patients do not typically report to their dental provider that they are in recovery and the dental offices don't ask for this information. For the patients whose recovery status is known, the dental team reported infections, decay, severe periodontal issues, and generalized pain. Multiple extractions and restorative

treatment were required for these patients. Many patients referred by SUD treatment centers require surgical extractions by an oral surgeon. One treatment center reported lacking an oral surgeon in their area who accepts NH Medicaid. The FQHC dental center that has a collaborative relationship with a recovery center offers oral health services to patients in medical detox as part of the standard care they offer to all patients. A satellite dental clinic is located in the recovery center. Patients' frequent lack of dental insurance, a limited NH Medicaid adult dental benefit, and patients' inability to pay out-of-pocket for many services provided is a challenge.

Respondents for dental clinics and treatment centers described some common barriers to care including lack of coverage for necessary dental services, lack of access to dental treatment, lack of transportation to dental treatment, and reimbursement issues. All respondents agreed that having a certified public health dental hygienist (CPHDH) who could make regular visits to SUD treatment centers could be an ideal way to overcome some of the access issues they are currently facing. A CPHDH would be a cost-effective clinician to provide dental screenings, preventive and decay arresting treatments, and referrals for dental treatment to patients in recovery. A teledental model would enable a CPHDH to take x-rays in the treatment centers and connect with a dentist remotely for treatment planning, consultation, and referral.

Conclusion

Based on this scan of SUD treatment center representatives and dental providers, it is clear that NH is lacking an adequate system to provide dental care for patients in SUD recovery. The primary universal barriers impeding a referral process and access to care are: (1) too few effective referral relationships between SUD treatment centers and dental offices; and (2) insufficient funding to support referrals for dental treatment. No dental office interviewed for this scan reported lack of chair-time as a barrier to providing dental care to this population. When patients enter SUD treatment initially, the first priority is to get the patient through detox and on a recovery plan. Once the drug is no longer in a person's system, existing dental pain will present itself. If the patient is experiencing extreme dental pain and is unable to receive dental treatment, this alone could cause a patient to relapse. Oral health needs to become fully integrated into the services provided for NH residents in SUD treatment.

Recommended Next Steps

Based on the results of this scan, the following next steps are recommended:

- 1) Educate policy makers about the negative impact of the limited NH Medicaid adult dental benefit on recovery efforts by many residents seeking treatment for their substance use disorder.

- 2) Educate dental providers about the importance of screening patients for SUD prior to treatment.
- 3) Incorporate dental screenings/exams into the intake process for patients entering SUD treatment/recovery facilities.
- 4) Facilitate referral relationships between treatment/recovery centers and dental centers and dentists, especially for prompt treatment of urgent dental conditions.
- 5) Expand visits by Certified Public Health Dental Hygienists to recovery centers in order to provide screenings, decay management & desensitization services, patient education, and teledental enhanced referrals for treatment in dental clinics and offices.

Oral health should be considered an essential part of overall health for those on the path to SUD recovery. Implementing appropriate dental care could enhance recovery outcomes while improving the well-being and employment opportunities of patients. This environmental scan reveals the positive value of collaborative education and actions by SUD recovery centers and dental providers, supported by system changes that advance cost-effective oral health outcomes for those in recovery.

Resources: In addition to footnotes included in document:

- Coos County Family Health Services-
Berlin, NH
- Ammonoosuc Community Health Center-
Littleton, NH
- Goodwin Community Health Center-
Dover, NH
- Keystone Hall-
Nashua, NH
- Harbor Homes-
Nashua, NH
- Phoenix House Treatment Center-
Dublin, NH
- Bureau of Drug and Alcohol Services-
DHHS NH

Prepared by:
Laural Dillon, M.Ed, RDA



NH Department of Health and Human Services
Division of Public Health Services
Oral Health Program
29 Hazen Drive
Concord, NH 03301
<http://www.dhhs.nh.gov/>

Laural Dillon, Director
laural.dillon@dhhs.nh.gov
603-271-0460