The Dental Hygienist’s Role in Supporting Patients with Substance Use Disorder

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Disclosures

No conflicts of interest to disclose.
The overarching goal of the Providers Clinical Support System (PCSS) is to train healthcare professionals in evidence-based practices for the prevention and treatment of opioid use disorders, particularly in prescribing medications, as well for the prevention and treatment of substance use disorders.
Educational Objectives

• At the conclusion of this activity participants should be able to:
  ▪ Identify substance use disorder as a treatable medical condition
  ▪ Recognize physical and psychological changes consistent with substance use disorder
  ▪ Practice effective communication with patients about substance use disorder
ALCOHOL and HEALTH

A MIXED MESSAGE
SUD as a treatable medical condition
What is substance use disorder (SUD) ?

SUD’s occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including:

- Health problems
- Disability
- Failure to meet major responsibilities at work, school, or home
Initiation

- Teen years
- Out of curiosity
- Peer pressure
Regular Use

- Predictable pattern develops
- Begin to use alone
- May miss school/work
Problem/Risky Use

- Begun to take a negative toll on life
- DWI/DUI
- Work/school is suffering
- Trouble in relationships
Dependence

- Tolerance
- Physical dependence
- Psychological dependence
Substance Use Disorder

- Continue to use despite negative consequences
- Lying, avoiding friends/family
- Give up activities
- Can’t recognize
Criteria for Substance Abuse Disorders

- Cravings to use the substance
- Wanting to cut down or stop but not managing to
- Taking the substance in larger amounts or for longer than you’re meant to
- Neglecting other parts of your life because of substance use
- Continuing to use, even when it causes problems in relationships
- Using substances even when it puts you in danger
Misconceptions about those with SUD

- They just need *more willpower*
- They need *better control*
- They are *weak*
- They are *immoral*

SUD is actually a *mental disorder* recognized in the DSM-V
SUD is a complex disease

- Initial decision is usually voluntary
- Repeated use leads to physical brain changes
  - These challenge individual’s self-control and interfere with ability to resist
DOPAMINE
Reward Pathway

- Dopamine
- Dopamine transporter
Reward Pathway

- Motivates us to repeat behaviors we need to thrive
  - Eat
  - Connect with people
  - Exercise
- Drugs can hijack this system
  - Intense surges of dopamine cause euphoria
- Causes people to repeat use of drugs for this effect
Reward Pathway

- Tolerance
  - Brain adapts by reducing ability of cells in rewards system to respond to drug
  - Reduces subsequent highs as compared
Who will develop a SUD?

- Biology
  - Genes account for about half of a person’s risk
- Gender, ethnicity, and mental disorders may influence risk
Who will develop SUD?

- Environment
  - Family and friends
  - Economic status
  - Quality of life
  - Peer pressure
  - Physical/sexual abuse
  - Early exposure to drugs’
  - Stress
  - Parental guidance
Who will develop SUD?

- Development
  - Earlier drug is used, the more likely it will progress to SUD
- Problematic for teens
- Areas related to decision-making, judgement, and self-control still developing
  - Makes teens more vulnerable and open to risky behaviors
SUD is a treatable medical condition

- SUD is a chronic disease with no cure
  - Like asthma, diabetes, or heart disease
- SUD is treatable and can be managed
- Different treatment approaches
  - Medications
  - Behavioral therapy
  - Support
Statistics on SUD

- 2018 SAMHSA study: 20.3 million had a SUD in past year (about 6%)
- We could be seeing roughly 2 patients a week who have an active SUD (just in hygiene)
- About 30% of adults misuse substances but don’t show outward signs
Dentistry is a Unique Profession
Changes Consistent with Substance Use Disorder
Physical Changes

- Weight loss/gain
- Pallor
- Decrease in hygiene
- Changes in appearance
- Less coordination
Psychological Changes

- Personality changes
- Depression
- Anxiety
- Mood swings
Psychological Changes

- Difficulty focusing
- Memory problems
- Impaired learning
Psychological Changes

- Habit Changes
  - Missed appointments
  - Constantly late
  - Reschedule often
  - Don’t want to do treatment
Oral Health Changes

- Poor/reduced hygiene
- Increase in inflammation, caries, dry mouth
- Halitosis
- Increase in bruxing/wear
- Increase in trauma
Effective Communication Around SUD
14. Do you use tobacco? [ ] Cigarette [ ] Pipe [ ] Cigar [ ] chewing tobacco?  
   If so, how much? ____________________________  
   Yes [ ] No [ ]

15. Do you use alcohol? If so, how much? ____________________________  
   Yes [ ] No [ ]

16. Do you use drugs? If so, what type and how much? ____________________________  
   Yes [ ] No [ ]

17. Have you traveled abroad recently or experienced any health related symptoms after traveling abroad?  
   Yes [ ] No [ ]

18. Have you spent any extended period of time in foreign countries?  
   (Peace Corps, military travel, etc.).  
   Yes [ ] No [ ]

19. Have you ever experienced diarrhea for extended periods of time? (2 to 3 months)  
   Yes [ ] No [ ]

20. (Women) Are you pregnant?  
   Yes [ ] No [ ]

21. (Women) Do you have any problems associated with your menstrual period?  
   Yes [ ] No [ ]

22. (Women) Are you going through menopause now or have you in the past?  
   Please indicate stage:  Now [ ] In past [ ] Year started ______ Completed ______
In case you didn’t know...
Alcohol and Oral Cancer

- At least 7/10 of people with oral cancer also drink heavily
- Alcohol and tobacco:
  - 80% of men with throat/mouth cancer
  - 65% of women with throat/mouth cancer
Ethanol

• Increases mucosal permeability to other toxins and carcinogens
• Reduction in epithelial thickness
• Causes damage to oral epithelial cells
Questions to Ask...

- Do you think about substances alot?
- Have you ever tried to stop but couldn’t?
- Do you ever use substances because you’re sad or angry?
- Have you had problems in relationships because of substances?
In conclusion...

- We are not SUD specialists
- We are **not qualified** to refer to treatment or diagnose
  - We can suggest talking to their physician
- We are **qualified** to advise the negative oral/health effects substances can have
- We can gently ask questions and let patients think about their substance use
- These conversations are not easy and can be uncomfortable
Additional Resources

- National Institute on Drug Abuse drugabuse.gov
- Substance Abuse and Mental Health Services Administration samhsa.gov
- National Institute on Alcohol Abuse and Alcoholism niaaa.nih.gov
- MouthHealthy.org
- Success.ADA.org/opioids
- pcssNOW.org
Please Reach Out!

- Stephanie Botts, RDH, BSDH
- stephanie.tcdo@gmail.com

Thank you so much for listening!
PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.

- PCSS Mentors are a national network of providers with expertise in addictions, pain, evidence-based treatment including medications for addiction treatment.
  
  - 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
  
  - No cost.

For more information visit:  
https://pcssNOW.org/mentoring/
PCSS Discussion Forum

Have a clinical question?

Ask a Colleague
A simple and direct way to receive an answer related to medication-assisted treatment. Designed to provide a prompt response to simple practice-related questions.

Ask Now

http://pcss.invisionzone.com/register
PCSS is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

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Educate. Train. Mentor

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