Come up and see me, make me smile: Improving the Oral Health of Addiction Service Users in Wolverhampton

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Abstract
Dental health is fundamental to physical health and psychological well-being and this is especially important among individuals who are in recovery to live a drug-free life. Drug use is known to contribute to poor oral health which is exacerbated by other lifestyle factors and social issues. However, when in recovery, poor dentition may reduce individuals’ self-esteem and confidence to stay drug-free; compounded by poor access to dental services, this may increase the likelihood of relapse. Therefore, a pilot project was initiated in which dental drop-in sites were run alongside the shared-care service to promote oral health among service users in Wolverhampton. Collaborative work between the dental and addiction services, service user involvement team (SUIT) and local pharmacies was essential to target the individual needs of local service users; rooting oral health promotion as an integral part of building recovery. This report outlines the project development and hopes for the future.

Key words: Dental health, addictions, recovery, health promotion, service improvement, collaboration

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BACKGROUND
It has been demonstrated that drug users have high levels of oral health problems and yet a low uptake of dental services (Reece, 2007).

Reece (2007) also highlighted an association between severity of dental problems and the dose and duration of drug use. Drug use...
(opiates, cannabinoids and stimulants) is understood to contribute to poor dental health both directly (i.e. can cause dry mouth) and indirectly (i.e. consequence of a high-sugar food preference) and this can be further compounded by lifestyle and social factors (i.e. dental hygiene may be a low priority) (Ford et al., 2011; Titsas & Ferguson, 2002). There is some evidence to suggest that individuals engaged in drug use may have a low pain tolerance (Meechan, 1999), which may be relieved by further drug use on a short-term basis (Robinson et al., 2005). Furthermore, dental anxiety from previous experiences and a negative view of dental services (Robinson et al., 2005), may explain why individuals access emergency treatment services more often than preventative services (Metsch et al., 2002).

Poor oral health has a consequence on both physical health and psychological wellbeing. Metsch et al. (2002) summarise some startling correlations to mortality and morbidity seen in cardiovascular disease, coronary heart disease, acute myocardial infarction and systemic conditions including diabetes. Additionally, they highlight the impact on speech, reduced employability and self-image. This finding is echoed by Gray (2005), who emphasises the feelings of embarrassment, shame, guilt and the impact this has on individuals’ employability and confidence; “their teeth are a beacon to their drug past” (Gray, 2005, pp.1). Ultimately, these consequences may impact an individual’s recovery.

Advocated in the recent Drug Strategy (2010), “building recovery” is a key aspect in supporting individuals to live a drug free life. As part of this commitment, the strategy acknowledges that “key to successful delivery in a recovery oriented system is that all services are commissioned with the following best practice outcomes in mind... [which include] improvement in mental and physical health and wellbeing” (pp. 20, Drug Strategy, 2010). Under these guidelines, dental health is an integral part of physical health and wellbeing. The holistic benefits of good oral health have been highlighted to improve general health, confidence, dignity, self-esteem and social integration (Fiske et al., 2000). These could be considered fundamental outcomes to individuals engaged in drug and addiction services, whereby a “whole systems” approach to recovery is delivered to “address the needs of the whole person” (pp. 20, Drug Strategy, 2010). “Enabling drug misusers to build a lifestyle that promotes health and wellbeing, social and personal capital, as well as tackling drug dependence, requires local partnerships to develop comprehensive and multidisciplinary systems” (pp. 5, NTA, 2010).

LOCAL PILOT PROJECT

In Wolverhampton, there are an estimated 2900 problematic drug users (i.e. heroin, crack and cocaine) (SUIT, 2009). There are currently just over 1300 service users in effective treatment (i.e. using the Addiction Services), around 300 of which are in shared-care.

A pilot project was initiated to promote oral health among users of the shared-care service in Wolverhampton, via two dental drop-in clinics, running parallel with the shared-cared clinics. This pilot was based inspired by a similar model operating in Scotland (NHS Lothian Community Dental Services); other pilots have been conducted elsewhere with varying success (Charnock et al., 2004; Scheutz 1984). However our service model has relied on close collaborative working relationships with the local Addictions Service (specifically shared-care), local pharmacies and the local Service User Involvement Team (SUIT). This has been essential to target the individual needs of local service users; rooting oral health promotion as an integral part of building recovery.

HOW DOES IT WORK?

- Two dental drop-in clinics run in parallel with two shared-care clinics, encouraging access and enhancing uptake (including some evening time-slots)
- Free mouth checks offered initially – with free course of treatment (depending on benefits)
- Prioritise individual treatment wishes (where possible, i.e. after necessary treatment)
- Drop-ins for any addiction service user are also welcomed
- Information leaflets promote the service, dispel myths and provide specialist oral health promotion advice
- Leaflets primarily distributed by local pharmacies (during prescription collections) and key workers – able to offer signposting and health promotion via guidance in the leaflet
- SUIT promote service via text networks, website and magazine
- Advertising in addiction services and third sector premises

Additionally, drug awareness training was provided by a local GP working with shared-care and SUIT for the whole dental service; tailored training was also provided to the dental staff working directly in the pilot areas. The training provided increased knowledge and understanding for all staff, enabling them to better manage patients presenting in general clinic outside of the drop-in times. Indeed, such specialist training is advocated by Sainsbury (1999) to enhance understanding and effective management of this service user group.

Recommended by Mackridge et al. (2010) and Sheridan et al. (2001), the involvement of local community pharmacies has been beneficial to enhance the uptake of this dental health intervention. Pharmacies have regular and direct contact to many service users accessing prescriptions for methadone or the needle-exchange programme; therefore they have key opportunities to provide information and crucial signposting.

The leaflet produced for the service has also enabled a range of non-dental staff to promote the service and provide accurate oral hygiene and health promotion advice; this has been particularly useful for individuals who were not ready or able to attend the drop-in clinics.

IMPACT

The pilot has been running for just over 6 months and continues to evolve around local issues. A more detailed report outlining the project outcomes is planned for 2012, however the following testimonial has been provided by a user of the service - Dave.

**TESTIMONIAL “Come up and see me, make me smile”**

“As someone who has battled with addiction for the best part of ten years, the last thing I thought about was my teeth.

In the madness, personal hygiene goes out of the window and as someone who has always had a fear of dentists, my teeth have certainly been neglected.

When I heard that the dental health team, had approached Horizon House, with a view to offering their dental service I decided it was time to get sorted, as by now, even chewing, in some areas of my mouth was becoming a problem.

As this service has been targeting drug users, they have an understanding of some of the issues we have faced and the choices we have made. I was not judged or criticised, rather I was encouraged for being there.

On my initial visit, (cold sweats increased heart rate etc.) I sat in the chair while years and years of neglect were identified by the dentist. I was pleasantly surprised though, that the problems were not as bad as I thought. I was also offered gas and air to help with my anxiety, which I tried on my first treatment.

I was pleasantly surprised that during my years of avoiding dentists, there have been many improvements, in equipment and materials,. The drills are much quieter, the fillings much more user friendly and the dental staff much more approachable.

I cannot recommend this service enough .On my second visit I dispensed with the gas and air, as I had one of my complicated fillings. Later that day I discovered I had got my bite back.

What a result!

I was surprised what a difference this treatment makes.

Everyone has their own journey, but to be able to SMILE confidently, is something everyone needs and makes the world a better place.”

**FUTURE DIRECTIONS**

While the pilot continues, there are several hopes for this developing service:

- Closer work with the key workers in other areas of the city (i.e. in shared-care clinics where there is currently no drop-in service)
- Increased links with GPs and use of a referral system into the dental service
- Increased number of clinics within the city as the demand increased - this may be in different locations within the city
- Sharing of information with other services
We look forward to further developing this localised dental service to the evolving needs of Wolverhampton, whereby dental health is a key aspect of “building recovery” among local service users. The NTA have recognised this work as an example of innovative practice.

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- Wolverhampton Addictions Service – part of the Black Country Partnership Foundation Trust (formerly Wolverhampton PCT: including the key workers of shared-care service)
- SUIT – Wolverhampton Drug Service User Involvement Team (www.suiteam.com) (special thanks to Sunny Dhadley, Drug Service User Involvement Officer)
- GP involvement (special thanks to Dr George Ryan of Low Hill Medical Centre)
- Local Pharmacies (special thanks to Dhiren Raja, Local Pharmacy Committee Lead)
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The purpose of this review was to outline the development of a local dental service pilot, however for a more detailed account of the direct consequences on oral health as a result of drug use refer to the following articles: Titsas & Ferguson, 2002; Laslett et al., 2008; Brazier et al., 2003; Shaner et al., 2006; Molendijk et al., 1996.

REFERENCES


