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Open wide! Dental settings are an untapped resource for substance misuse screening and brief intervention

Screening and brief intervention (SBI) for psychoactive substance misuse is relevant to the prevention of oral pathology; however, there has been less attention to the determination of its effectiveness in oral health-care settings compared to the many large initiatives in medical settings. Coordinated programs of SBI research and implementation efforts in dental settings are needed.

There has been a sizeable growth in research organized around screening and brief intervention (SBI) as it applies to patients who are at risk for health problems resulting from psychoactive substance use. As a public health initiative, the aim of SBI is to improve community health by reducing the prevalence of adverse consequences of substance use through the organization and coordination of early intervention services [1]. Evidence for the effectiveness of SBI in medical settings has been summarized in several integrative reviews and meta-analyses [1–4]; however, much less attention has focused on other promising service delivery venues [1,5]. The success of SBI in medical settings suggests that oral health providers are an untapped resource for giving advice and brief counseling to smokers, at-risk drinkers and drug users.

Although many Americans have no private health insurance, and millions more have no private dental insurance, studies indicate that the majority of adults (62% of 18–64-year-olds) in the United States visited a dentist during the past year [6], and the figures are similar for most high-income countries. Oral health settings, like their medical counterparts, are diverse in terms of structure, staffing, size, location and clientele. Paralleling general medicine, socially disadvantaged patients, who are often most at risk for substance use disorders, are more likely to utilize urgent or emergency dental care. Because dental visits for lower-income, less educated populations are often driven by symptoms and services are usually focused on pain relief [7], urgent and emergency dental, as well as routine or preventive oral health care, settings represent prime venues for SBI activities.

Opportunistic as well as routine screening in dental settings can be easily justified on the basis of the known linkages between substance use and oral pathology. Tobacco (especially in combination with heavy alcohol use) causes a wide range of oral maladies, including delayed wound healing, coronal and root caries, sinusitis, soft tissue changes, periodontitis and oral cancer [8–10]. The dental profession has long supported health promotion and disease prevention, and the strong association between substance use and poor oral health provides an opportunity for providers to 'connect the dots' between the two within the confines of a routine or urgent care visit. Oral health professionals are already skilled at providing advice to patients, probably more so than their medical counterparts, and represent a credible information source to patients.

Despite their considerable potential, there are barriers to SBI implementation in dental settings, many of which are similar to those described in the general medical literature. While dental care providers are knowledgeable about the oral health risks of tobacco and alcohol, many do not obtain substance use histories from patients and are reluctant to discuss tobacco and alcohol use. One recent survey targeting oral health providers found that only about half ask or advise their patients about tobacco use, and the overwhelming majority do not assist their patients in developing tobacco quit plans [11]. Other studies have shown that a majority of dental professionals believe that tobacco cessation counseling should be delivered by oral health providers, but few thought that they were adequately trained to do so (e.g. [12]). Similarly, although they believe that alcohol-related advice is beneficial, dental practitioners lack confidence in delivering appropriate interventions and find it difficult and embarrassing to discuss drinking with their patients [13]. With regard to other drug use, there is a growing problem with pain medication misuse, abuse and dependence, particularly opioid analgesic drugs, a large proportion of which are prescribed by dentists [14].

Relative to general medical settings, SBI research in dental settings is sparse. Although there is good evidence for the efficacy of brief interventions for tobacco cessation [12,15], data regarding alcohol- or other drug-focused interventions are very limited [5]. As documented in the medical literature, emergency settings provide a higher yield of at-risk patients; however, there is less evidence for SBI effectiveness in emergency versus primary care settings [2,3]. Type of visit, frequency of patient contact and patient characteristics have been shown to affect SBI effectiveness in medical settings [2–4,16], but moderators of patient outcomes have yet to be examined in dental settings. Further, most SBI research has focused on single substances (tobacco or alcohol), although use of these substances tends to co-occur [1,6], and the negative effects on oral health are synergistic [10].

There is therefore a need for a coordinated program of SBI research in oral health settings comparable to that

which is ongoing in general and emergency medical sites. Although a number of dental organizations have adopted policy statements to improve oral health through tobacco and alcohol counseling services [12,17], much work remains to translate policy into action and to determine which approaches might be most effective in different dental venues. Implementation studies might, for example, vary the provider model, introducing a 'health educator' or 'specialist' to perform SBI services or explore sustainability options for reimbursement. Qualitative studies that focus on implementation challenges (e.g. perceived role compatibility, lack of practitioner training and knowledge of substance abuse referral sources) are also needed.

In conclusion, SBI research in the oral health arena provides an opportunity to learn from ongoing activities in general medical preventive and emergency situations while giving special emphasis to the unique aspects of the dental clinic (e.g. pain medication management, time available with patients in urgent versus routine situations and particularizing brief intervention feedback regarding oral health). Further, enlarging the focus of SBI to include oral health care may have the added benefit of expanding awareness of substance abuse as a key target for secondary prevention throughout the modern health-care system.

Declaration of interest

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