

# Dental health access — are drug users encouraged to use our services?

*Dental health and access to dental treatment: a comparison of drug users and non-drug users attending community pharmacies* by J. Sheridan, M. Aggleton and T. Carson *Br Dent J* 2001; 191: 453-457

## Objective

To investigate the self-reported oral health, access to dental treatment and recent use of dental services among a group of drug users attending community pharmacies and to make a comparison with a group of age and gender matched community non-drug users/patients not using services for drug users.

## Method

Review instrument completed by pharmacist interviewing drug users and other pharmacy users.

## Setting

Community pharmacists

## Sampling

All known drug users attending participating pharmacies plus an equivalent number of age and gender matched non-drug using pharmacy customers. Final sample size drug users  $N = 125$ ; non-drug users  $N = 129$ .

## Key findings

The data show that drug users self-report considerably more difficulty in accessing dental treatment, are less likely to have

visited the dentist in the last 12 months and have a significantly higher level of self-assessed oral health problems, with less use of treatment services than non drug users.

## Conclusions

Drug users need to be encouraged to access free dental treatment available to them on the NHS. Closer collaboration between the dental profession and others in contact with drug users, such as community pharmacists, may enhance uptake of dental services.

## In Brief

- Provides data on differences in self-reporting of dental problems and the use of dental services between drug users and non drug users
- Suggests reasons why drug users do not use dental services
- Promotes closer collaboration between those in contact with drug users in order to improve their dental health

## Comment

High rates of periodontal diseases and caries are reported with the illicit use of opiates. The use of stimulants, such as cocaine, is associated with bruxism and oral ulceration. Methadone prescribed for the treatment of opium addiction creates further problems as it is often dispensed as a syrupy mixture with high sugar content.

This paper investigates the dental health of a group of drug users attending community pharmacies and their recent use of dental services. A comparison with age and gender matched non-drug users is also made. A total of 125 drug users and 129 non-drug users completed questionnaires administered by the 11 community pharmacies involved in the study. Of those receiving oral methadone, only 17.4% were on the sugar free formulation. Thirty-four per cent of the drug users had visited a dentist in the previous 6 months, compared with 66.6% of the non-drug user cohort.

Of similar statistical significance was the percentage of drug users who had not been to a dentist for over a year compared with the controls.

The drug user cohort also reported a greater number of problems trying to register with a dentist. The reasons included the fact that the practice only accepted private patients and that the practice was too busy. Patients were also refused treatment for admitting their use of methadone and for being hepatitis C positive.

Oral health problems in the previous 12 months showed a significantly higher number of drug users had one or more problems; the most common reported being toothache and cavities. Of interest was the finding that fewer than 29% of the drug users experiencing oral health problems had consulted a dentist. Surprisingly, there was little difference in the frequency with which either group renewed their toothbrushes.

This study has confirmed reports in the literature of the difficulty drug users experience in accessing dental treatment and registering with a dentist. Whether they had problems or not however, the mean time for all drug users since their last visit to the dentist, in excess of 2 years, was twice that of the non-drug users. Fear of being refused care, as well as higher levels of anxiety amongst drug users, were contributory factors in deferring dental treatment.

This paper further emphasises the need for study of this patient group and for greater collaboration between providers of dental services and those having regular contact with drug users, such as community pharmacies.

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