

Navigating Substance Use Disorder among Oral Health Professionals

CareQuest Institute Continuing Education Webinar

November 30, 2023

Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

To receive CE Credits:

- Look for the evaluation form, which we'll send via email within 24 hours.
- Complete the evaluation by **Friday, December 8**.
- Eligible participants will receive a certificate soon after via email.

We appreciate your feedback to help us improve future programs!



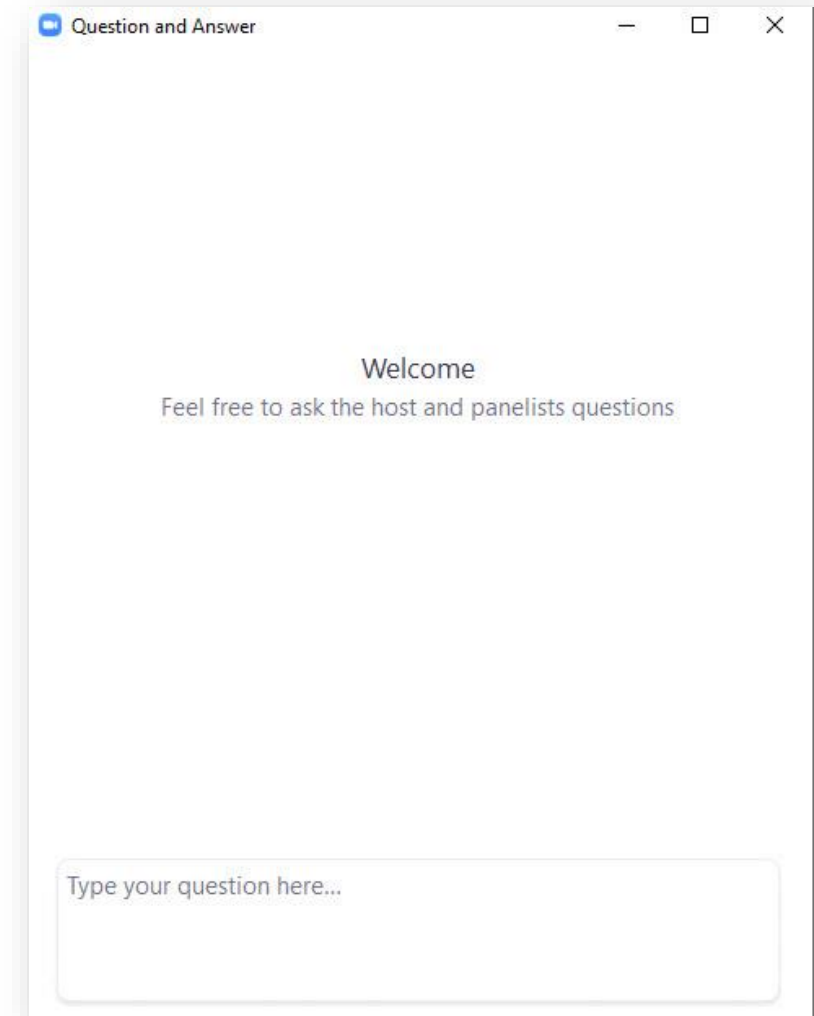
The CareQuest Institute for Oral Health is an ADA CER-P Recognized Provider. This presentation has been planned and implemented in accordance with the standards of the ADA CER-P.

*Full disclosures available upon request



Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.



Learning Objectives

At the end of this webinar, you'll be able to:

- Identify the key indicators and signs of substance use disorder prevalent among oral health professionals.
- Describe the underlying neuroscience of addiction and its unique relevance and manifestations within the oral health community.
- Generate strategies for creating a supportive and non-judgmental environment in dental practices while also adhering to the American Dental Association's Code of Ethics.

Navigating Substance Use Disorder among Oral Health Professionals



WEBINAR | Thursday, November 30, 2023 | 7–8 p.m. ET | ADA CERP Credits: 1

MODERATOR



Lisa J. Heaton, PhD
Science Writer,
CareQuest Institute for Oral Health

PRESENTER



Thomas Viola, RPh, CCP
Clinician, Educator, Speaker, Author,
Dental Pharmacology/Local Anesthesia

PRESENTER



Nick Szubiak, MSW, LCSW
Integrated Health Consultant
and Principal, NSI Strategies

Navigating Substance Use Disorder among Oral Health Professionals



NSI STRATEGIES

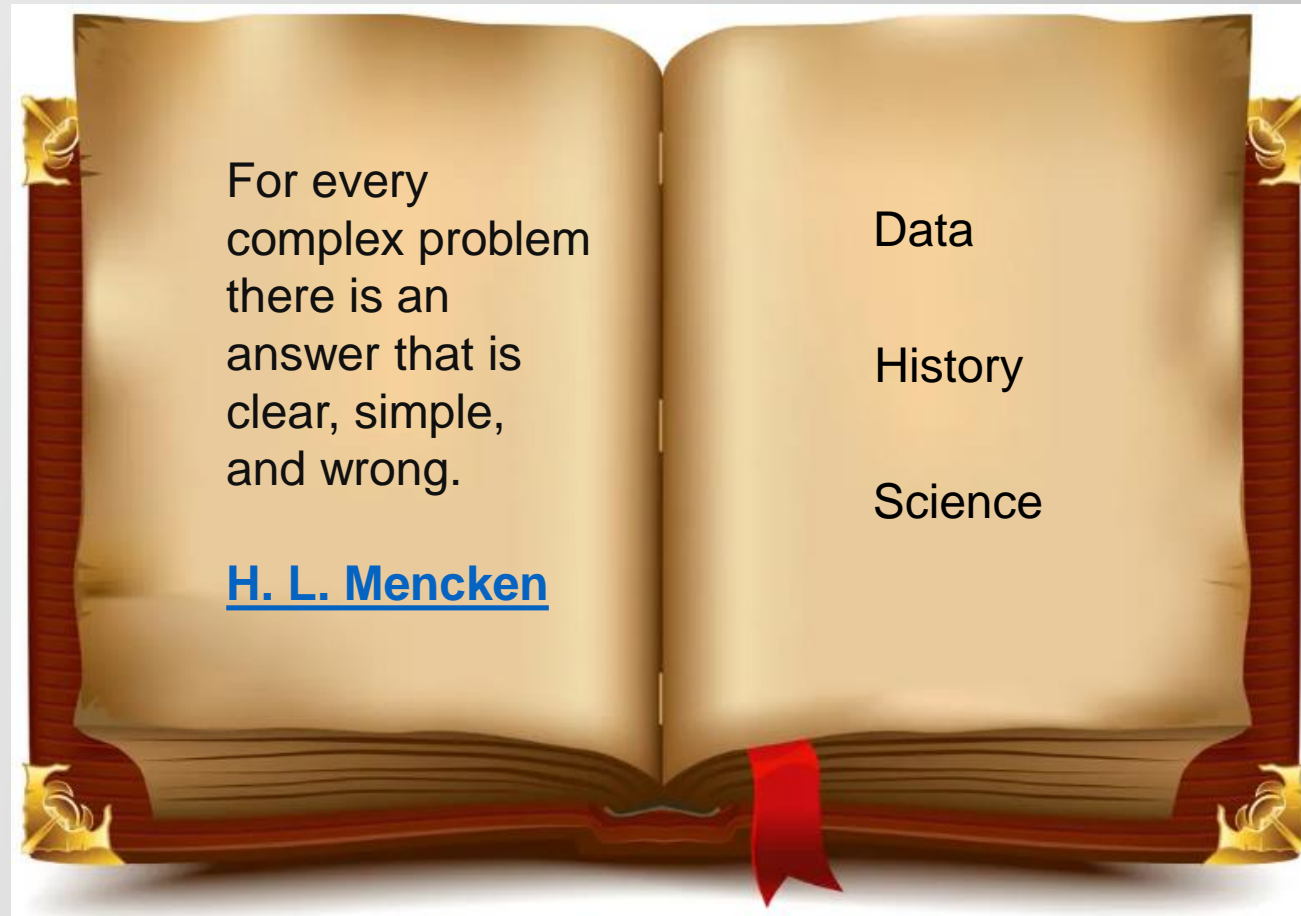
Consulting Support for
Integrated Healthcare Environments

Nick Szubiak, MSW, LCSW,
Integrated Healthcare, Consultant, NSI Strategies

Thomas Viola, RPh, CCP,
Clinician, Educator, Speaker, Author, Dental
Pharmacology/Local Anesthesia



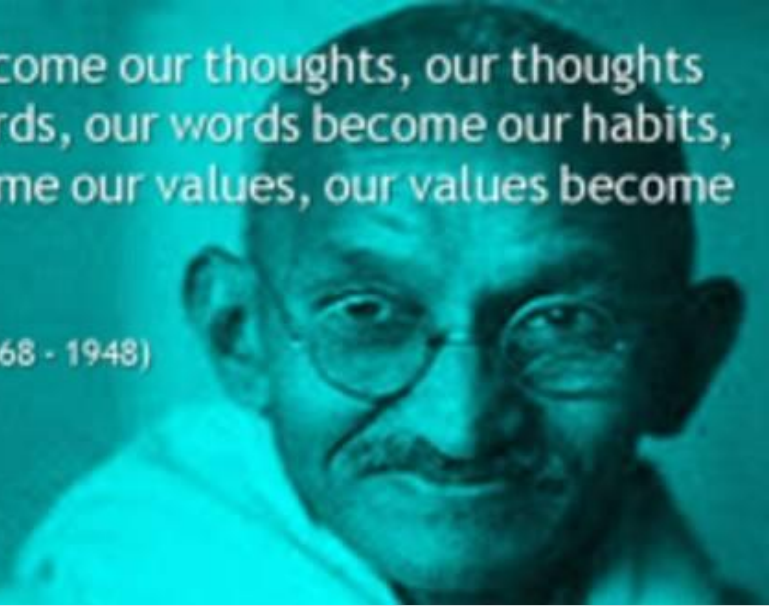
Why?



Beliefs

“Our beliefs become our thoughts, our thoughts become our words, our words become our habits, our habits become our values, our values become our destiny.”

- Mahatma Gandhi (1868 - 1948)



Perceptions

All our knowledge has its origins in our perceptions.

Leonardo da Vinci



Bias, Stigma, and Discrimination

- Stigma is defined as an **attribute, behavior, or condition** that is socially discrediting.
 - No other conditions are more stigmatized than addiction.
- Stigma is influenced by two main factors: cause and controllability.
 - **Cause**, to the extent people believe an individual is ***not responsible*** for the attribute, behavior, or condition (i.e., “It’s not their fault”), stigma is diminished.
 - **Controllability**, to the extent that people believe that the attribute, behavior, or condition is ***beyond the individual’s personal control*** (i.e., “they can’t help it”), stigma is lessened.
- Continued stigma is due to the fact that many people still perceive addiction as a “choice” and that addicted individuals really can control it (“**why can’t they just stop?**”)

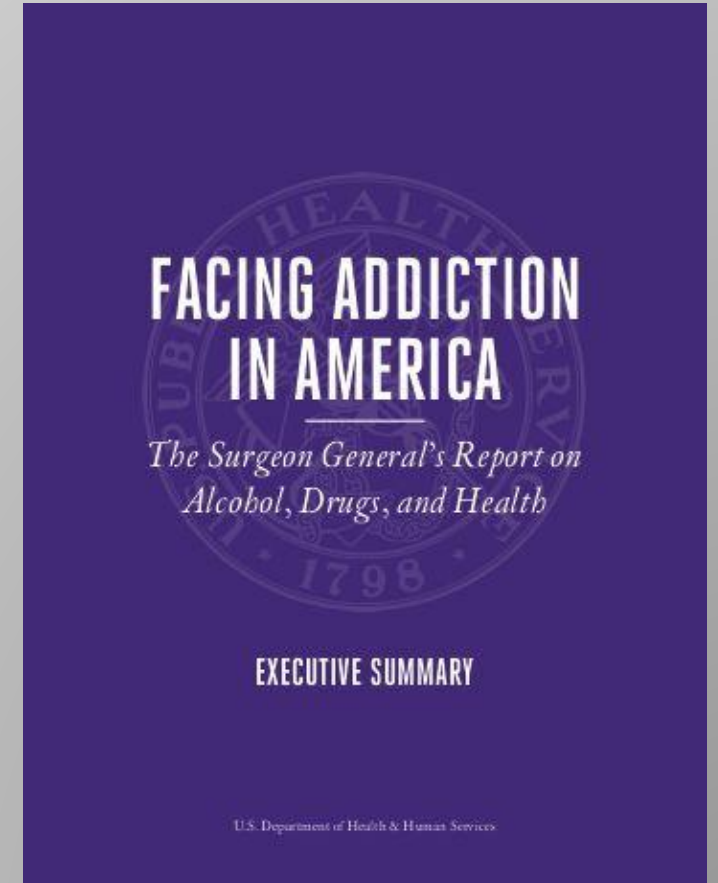
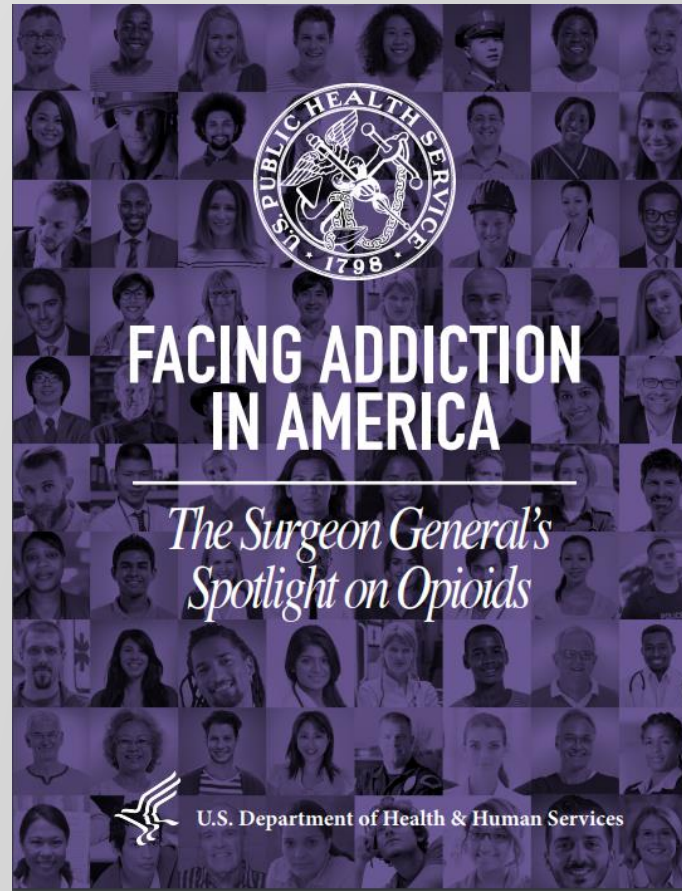
The NEW ENGLAND JOURNAL of MEDICINE

REVIEW ARTICLE

Dan L. Longo, M.D., *Editor*

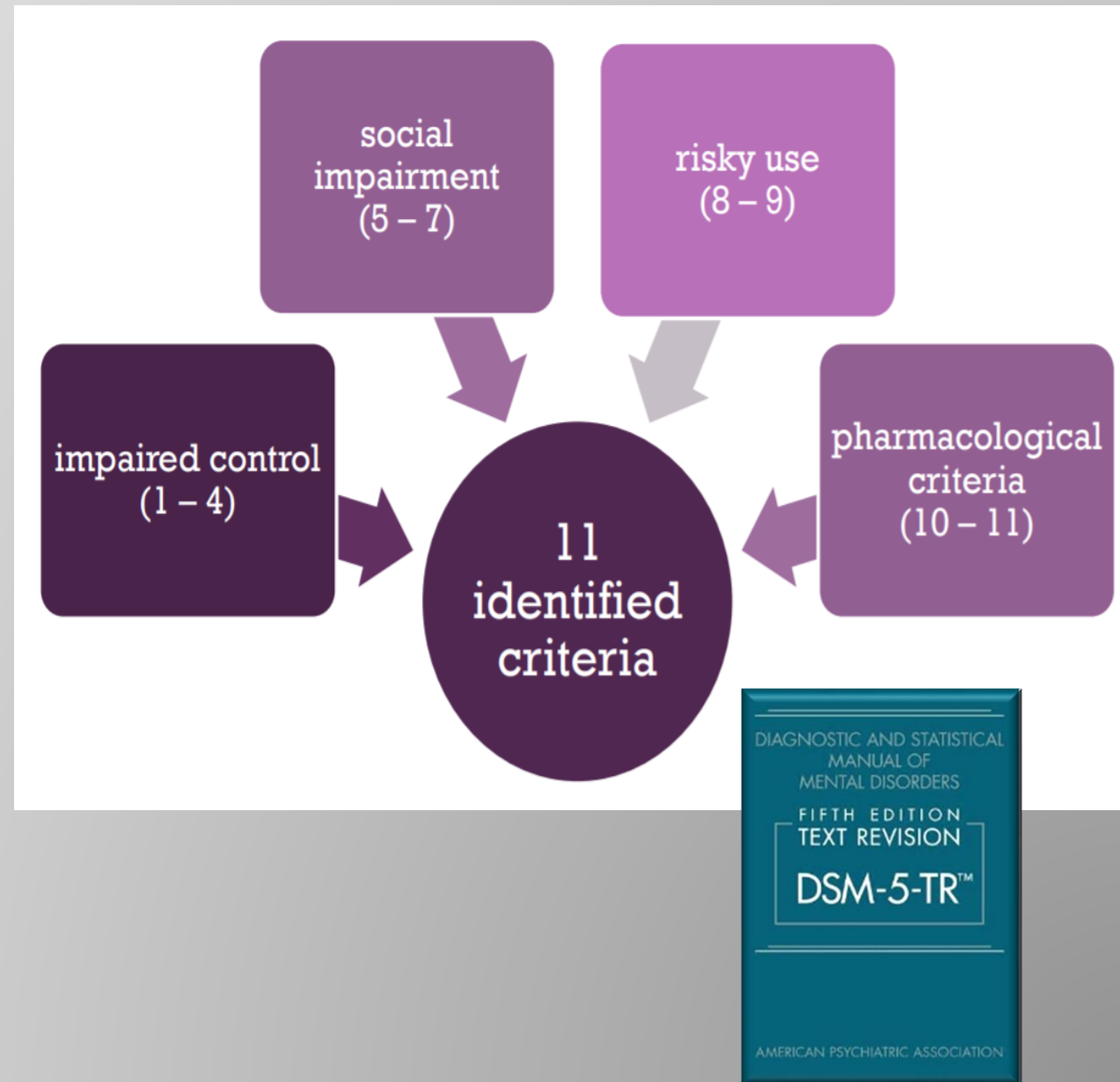
Neurobiologic Advances from the Brain Disease Model of Addiction

Nora D. Volkow, M.D., George F. Koob, Ph.D., and A. Thomas McLellan, Ph.D.



Axis I Substance Dependence; Substance Abuse

- Abuse and dependence are GONE!
Please help them get going.
- Spectrum
 - Mild: 2-3 symptoms
 - Moderate: 4-5
 - Severe: 6 or more
- Drug cravings added
- Problems with law enforcement eliminated because of cultural considerations



No. Nope, it's not. This is a fried egg.



Three Stages of Addiction

1. Binge and intoxication

2. Withdrawal and negative affect

3. Preoccupation and anticipation

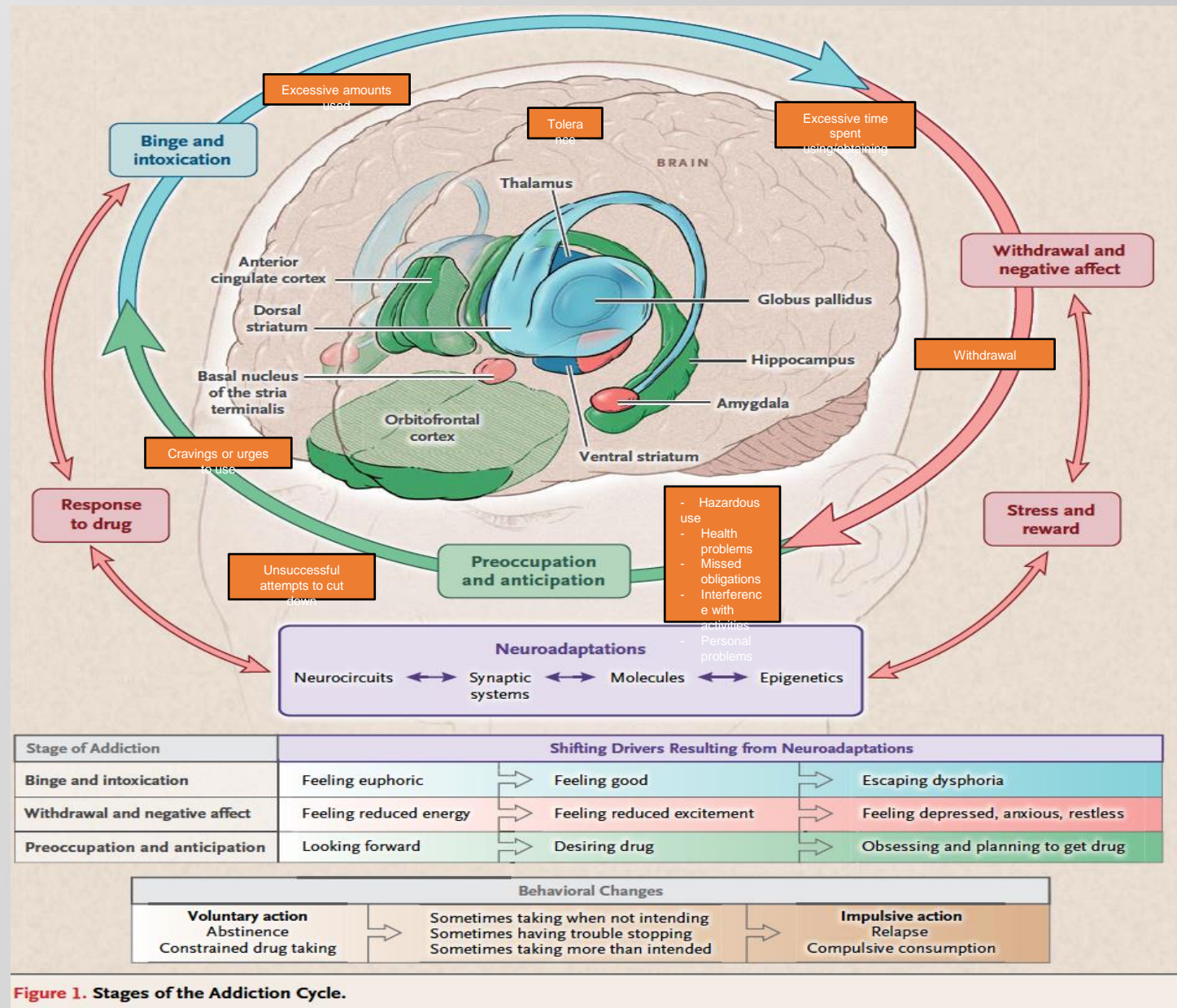
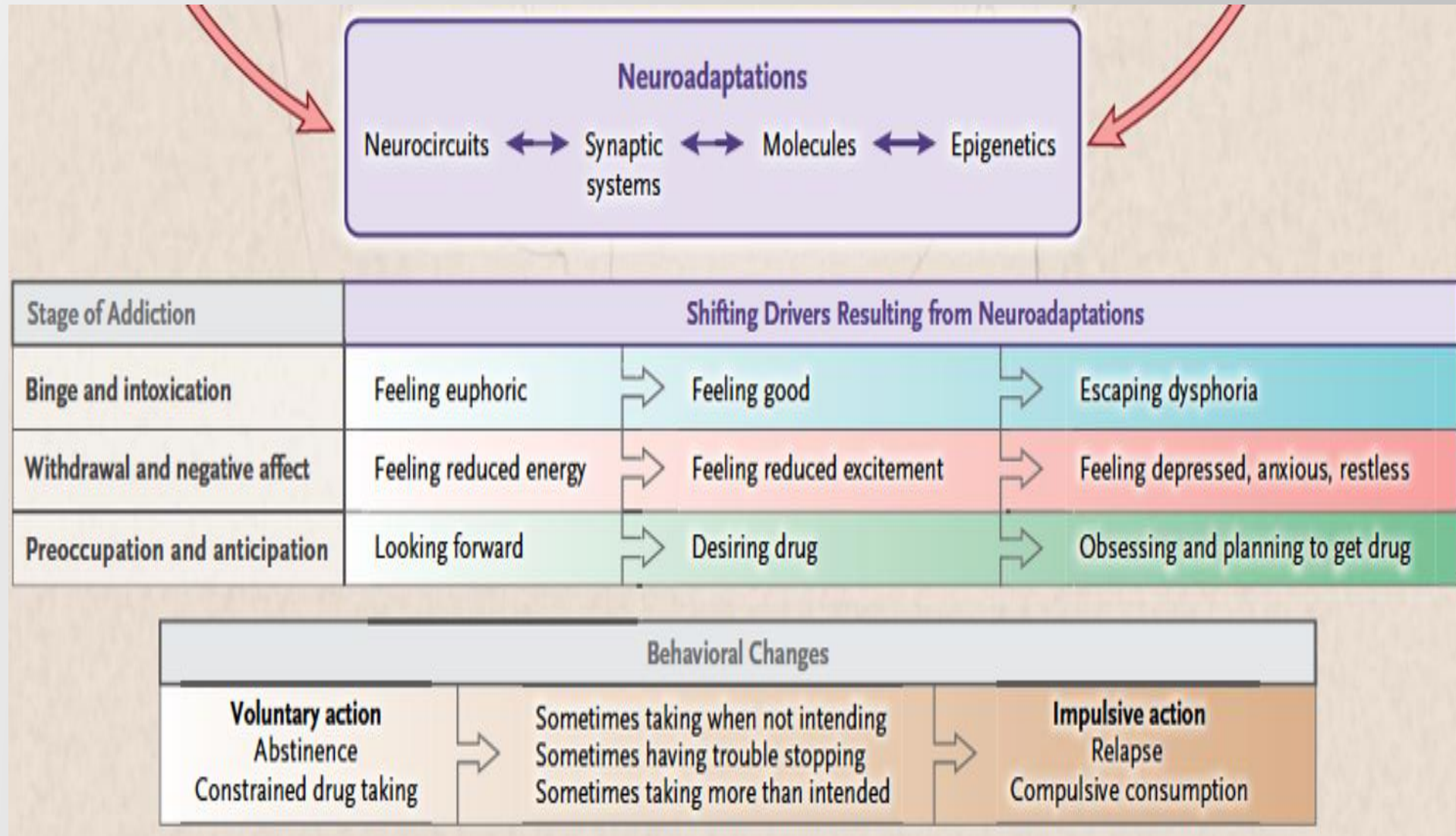


Figure 1. Stages of the Addiction Cycle.



THREE Stages of Addiction



Do Our Interventions, Responses, and Expectations Match the Science?



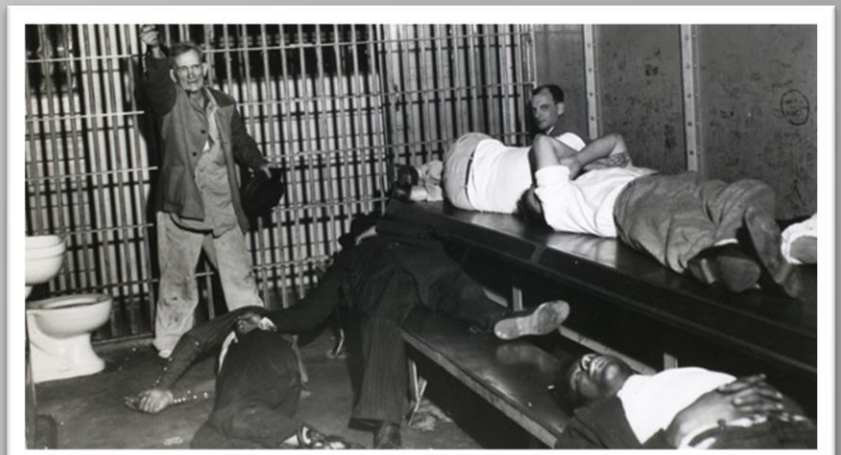
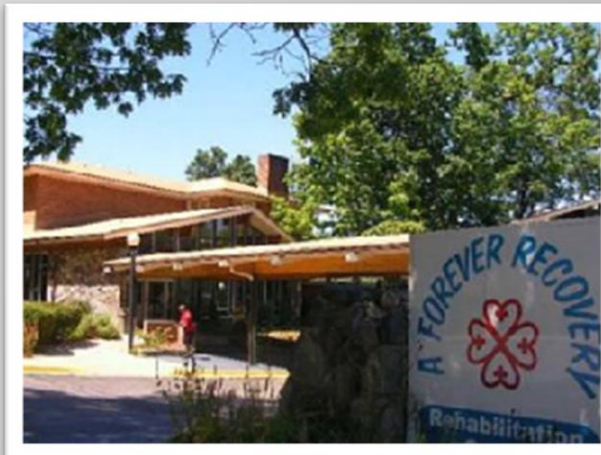
ASAM American Society of
Addiction Medicine

- Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry.
- Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations.
- This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
- Addiction is characterized by:
 - inability to consistently abstain, impairment in behavioral control
 - craving
 - diminished recognition of significant problems with one's behaviors and interpersonal relationships
 - dysfunctional emotional response
- Like other chronic diseases, **addiction often involves cycles of relapse and remission.**

ASAM Updated Definition of Addiction

- Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue *despite harmful consequences*.
- Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.
 - Addiction does not occur in a vacuum – Genetics, Trauma, Social Determinants Health Disparities
 - Adapting to DSM5 Criteria – Mild, Moderate, Severe
 - Despite harmful consequences

Society's Responses to Addiction ...

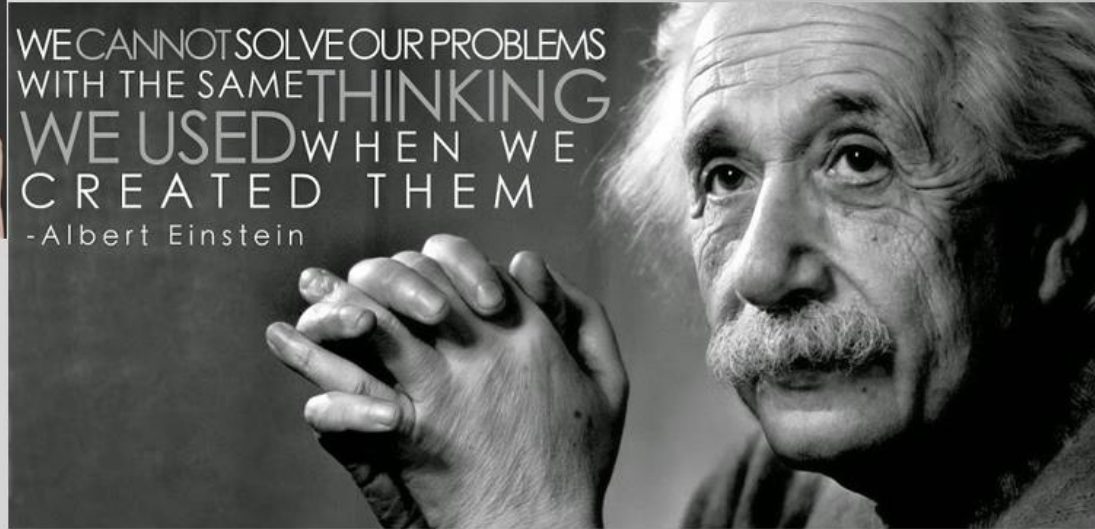


Sticks and Stones

Changing the ways we think about addiction



WE CANNOT SOLVE OUR PROBLEMS
WITH THE SAME THINKING
WE USED WHEN WE
CREATED THEM
- Albert Einstein



Language Matters

Do's	Don'ts
Substance Use Disorder	Substance abuse
Individual with a Substance Use Disorder	Addict, Junkie Drug abuser, Druggie
In recovery; In remission	Clean; Staying clean
Has a Substance Use Disorder	Drug habit
Positive drug test; Currently using substances	Dirty drug test

<https://www.addictionpolicy.org/hubfs/Language%20Matters%20Infographic.pdf>

Terms

- **Addiction:** Common name, severe SUD; associated with compulsive or uncontrolled use of one or more substances. *Addiction is a chronic brain disease that has the potential for both recurrence (relapse) and recovery.*
- **Dependence:** The state in which an individual only functions normally in the presence of a substance, experiencing physical disturbance when the substance is removed.
 - A person can be dependent on a substance without being addicted. AND dependence sometimes leads to addiction.
- **Tolerance:** Alteration of the body's responsiveness to alcohol or a drug such that higher doses are required to produce the same effect achieved during initial use.
- **Withdrawal:** A set of symptoms and signs that are experienced when discontinuing use of a substance. The person is dependent or addicted.
 - **Negative emotions** such as stress, anxiety, or depression
 - **Physical effects** such as nausea, vomiting, muscle aches, and cramping
 - Symptoms often lead a person to use the substance again

https://addiction.surgeongeneral.gov/sites/default/files/Spotlight-on-Opioids_09192018.pdf





Evidenced-Based Perspectives on SUD

- In fact, approximately **half the risk for addiction** is conferred by genetics.
- **Most people do not develop addiction.**
- With repeated exposure person with SUD's *ability to self-regulate impulses to use the drug increasingly is **impaired***
- Individuals are using the **drug against their will**
 - Often unable to honor **their own sincere and genuine desire to abstain or moderate use**
 - Despite the threat of **severe consequences**
- We now understand SUDs are the ***radical decay*** in the rational **ability to regulate impulses to use** substances **despite the threat of harm**
- Why don't "those people" stop? BECAUSE - **functional and structural changes in the brain affect the neurocircuitry of impulse control, judgment, reward, memory and motivation**

Substance Use Disorder Is...

- **Not** a moral or spiritual failing
- **Not** lack of will or responsibility
- **Not** a character defect
- **Not** an addictive personality type
- **Does not** have personality components such as **denial**, **rationalization**, evasion, **defensiveness**, **manipulation**, and **resistance** or any abnormally robust defense mechanisms.

<https://store.samhsa.gov/shin/content//SMA13-4212/SMA13-4212.pdf>



Why Don't People Living With SUD Get Help?

- **Provider attitudes** around substance use
 - Stigma and discrimination
- “There not ready yet”
- “Not within my scope”
- Competence
 - Not **comfortable addressing, discussing, treating**
- Time
- **Client characteristics**, culture
- What else?

Screening Tools

AUDIT-C





Please circle the answer that is correct for you.

1. How often do you have a drink containing alcohol?					SCORE
Never (0)	Monthly or less (1)	Two to four times a month (2)	Two to three times per week (3)	Four or more times a week (4)	_____
2. How many drinks containing alcohol do you have on a typical day when you are drinking?					
1 or 2 (0)	3 or 4 (1)	5 or 6 (2)	7 to 9 (3)	10 or more (4)	_____
3. How often do you have six or more drinks on one occasion?					
Never (0)	Less than Monthly (1)	Monthly (2)	Two to three times per week (3)	Four or more times a week (4)	_____
TOTAL SCORE					
Add the number for each question to get your total score.					_____

Maximum score is 12. A score of ≥ 4 identifies 86% of men who report drinking above recommended levels or meets criteria for alcohol use disorders. A score of > 2 identifies 84% of women who report hazardous drinking or alcohol use disorders.

<https://www.bu.edu/bniart/sbirt-in-health-care/sbirt-educational-materials/sbirt-screening-tools/>

How Many and Who and What is Counting? Introducing Healthy Limits

STANDARD DRINK EQUIVALENTS	APPROXIMATE NUMBER OF STANDARD DRINKS IN:
BEER or COOLER	
12 oz.  ~5% alcohol	12 oz. = 1 16 oz. = 1.3 22 oz. = 2 40 oz. = 3.3
MALT LIQUOR	
8-9 oz.  ~7% alcohol	12 oz. = 1.5 16 oz. = 2 22 oz. = 2.5 40 oz. = 4.5
TABLE WINE	
5 oz.  ~12% alcohol	a 750 mL (25 oz.) bottle = 5
80-proof SPIRITS (hard liquor)	
1.5 oz.  ~40% alcohol	a mixed drink = 1 or more* a pint (16 oz.) = 11 a fifth (25 oz.) = 17 1.75 L (59 oz.) = 39

http://pubs.niaaa.nih.gov/publications/Practitioner/pocketguide/pocket_guide2.htm



Low-risk drinking limits	MEN	WOMEN
On any single DAY	No more than 4  drinks on any day	No more than 3  drinks on any day
	** AND **	** AND **
Per WEEK	No more than 14  drinks per week	No more than 7  drinks per week

To stay low risk, keep within BOTH the single-day AND weekly limits.

Out of the Shadows

- “Our practice environment is an enabler.”
- “We labor under the myth of [placing] the perfect restoration.”
- “The myth that we must always perform pain-free dentistry.”
- Career stress, competition, isolation, financial stress
- “Nitrous oxide is readily available, and dentists not only have ready access to drugs, but they can write their own prescriptions as well.”
- “Unfortunately, in dentistry there is a conspiracy of silence.”
- “As patients, dentists want to be in control.”

<https://www.dentistwellbeing.com/pdf/DentistsDoDrugs.pdf>



How Do We Address Concerns?

- “Dentists resist acknowledging a colleague’s impairment and are reluctant to accuse a colleague without ‘proof.’ They don’t want to cause more problems for a colleague. Most dentists simply don’t want to get involved.” In fairness, hard evidence of impairment may be difficult to come by. As Dr. Drumm observes, “Dentists protect their job and professional status at all costs. It is not unusual for dentists to have their entire life in chaos before there is evidence that a problem exists.”
- “They may exhibit extreme denial of symptoms. They have difficulty accepting the role of patient and do not readily let down their professional guard.”

<https://www.dentistwellbeing.com/pdf/DentistsDoDrugs.pdf>



Discussing Opportunities Before Reporting

- Key is to open supportive, non-judgmental line of communication
- Maintain and support relationship to encourage ongoing discussion
- Introduce topic without accusations or judgement. “I’ve noticed some things that seem different lately. Would it be OK if we talked about it?”
- Open-ended questions: “How are you doing? How can I best support you? What do you need?”
- Emphasize linking person to resource and support
- Avoid negative terms such as “consequences,” “reporting,” “trouble,” or “punishment”



Golden Opportunity!

“Dentists recognize the importance of screening for substance use, but they lack the clinical training and practice-based systems focused on substance use that could facilitate intervention.”

[https://jada.ada.org/article/S0002-8177\(14\)60767-4/fulltext](https://jada.ada.org/article/S0002-8177(14)60767-4/fulltext)





Nick Szubiak, MSW, LCSW

Integrated Health Consultant and Principal
NSI Strategies

nick@nsistrategies.com



Thomas Viola, RPh, CCP

Clinician, Educator, Speaker, Author, Dental Pharmacology,
Local Anesthesia

thomas.viola@gmail.com

Questions & Answers



Lisa J. Heaton, PhD
Science Writer
CareQuest Institute for Oral Health
lheaton@carequest.org

To Explore More Industry-Leading Research

Resource Library

We publish white papers, research reports, briefs, articles, posters, infographics, and tools on topics ranging from adult dental benefits to teledentistry. Use the filters below to find resources by type or topic.

Search by Keyword: Filter by Topic: Filter by Type:

Title	Topic	Type
Improving Care Coordination Between Oral and Medical Providers	Care Coordination	Video
Veteran Oral Health: Expanding Access and Equity	Expanding Access	White Paper
2021 Oral Health Information Technology Virtual Convening	Care Coordination	Presentation
Dental Fear Is Real. Providers Can Help.	Expanding Access, Health Equity	Visual Report
Why We (Still) Need to Add Dental to Medicare	Adult Dental Benefit, Expanding Access, Health Equity	Report
A Cross-Sectional Analysis of Oral Health Care Spending over the Life Span in Commercial- and Medicaid-Insured Populations	Expanding Access, Health Equity	Article
Time Is on the Side of Change in Dentistry	COVID-19 and Oral Health, Health	Article

Missed Connections
Providers and Consumers Want More Medical-Dental Integration

Oral health and overall health are inextricably linked. There is mounting evidence to suggest that poor oral health is related to a variety of chronic health conditions, such as high blood pressure, dementia, diabetes, and obesity. Despite this known connection, dental care is still largely siloed from medical care. The Centers for Disease Control and Prevention (CDC) estimates that integrating basic health screenings into a dental setting could save the health care system up to \$100 million every year.¹

CareQuest Institute for Oral Health conducted a nationally representative survey in January and February 2021 to assess consumers' perspectives on oral and overall health (n=5,320). CareQuest Institute also conducted a nationwide survey of oral health providers to assess perspectives and current behaviors related to interprofessional practice (n=377). Consumers and oral health providers described a lack of integration between medical and oral health care, and a desire for increased interprofessional collaboration.

Key Findings:
Medical-dental collaboration is currently uncommon.

- 63% of consumers report that their primary medical doctor "rarely" or "never" asks about their oral health.
- 33% of consumers report that their oral health provider "rarely" or "never" asks about their overall health.
- 45% of responding oral health providers report "rarely" integrating their care with clinicians outside of dentistry, with only 14% reporting it is part of their "daily" practice.
- Less than a third of consumers report receiving general health screenings from their oral health provider.
- A majority (89%) of adults report never receiving a referral from their oral health provider to a non-oral health professional.
- Almost a fourth (24%) of participating oral health providers report currently implementing interprofessional practice.

www.carequest.org/resource-library



Webinar Evaluation

Complete the evaluation by **Friday, December 8** to receive CE credit. You will receive a link to the survey within 24 hours.

Next Webinar:

Oral Health Considerations for Patients with Neurodegenerative Conditions on **December 7 at 7 p.m. ET.**

And we invite you to take a minute to sign up for our newsletter to get more information on future webinars!

Sign up for News and Updates

Email*

CareQuest Institute for Oral Health uses the information you provide to share updates on work and offerings to improve the oral health of all. You may unsubscribe at any time (See Privacy Policy).

Submit



Stay Connected

Follow us on social media



@CareQuestInstitute



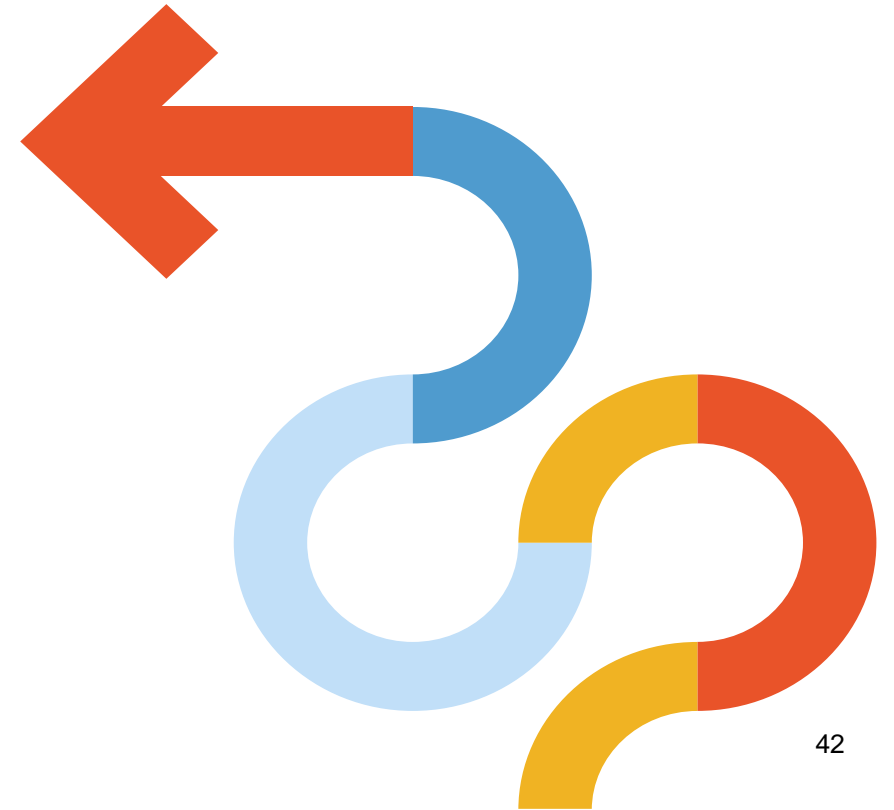
@CareQuestInstitute



@CareQuestInst



CareQuest Institute



CareQuest 
Institute for Oral Health®