Inquiry into the Health Impacts of Alcohol and Other Drugs in Australia

Oral Health

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Leonie has enjoyed a mixed career as a clinician, academic and researcher at six universities in the fields of sociology, nursing, public health, and dentistry. She is currently involved in two aged care research projects that utilise digital health applications and artificial intelligence to improve oral health.

Leonie is a registered dental practitioner – dental therapist. Her company, Oral Health Care Training and Education, provides training and education in oral health care for health professionals, personal carers, and support workers in the aged, home and disability sectors.

She is also an experienced board member and non-executive director across the not-for-profit, non-government, charitable and government sectors.

Leonie is as a supporter of consumer advocacy and patient leadership, a member of Aged Care Reform Now, and was a member of the Rural and Remote Special Interest Group for the Consumers Health Forum of Australia from June 2019 to May 2024 (Co-convenor from January 2003 to May 2024).

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a) Assess whether current services across the alcohol and other drugs sector is delivering equity for all Australians, value for money, and the best outcomes for individuals, their families, and society;

Current services across the alcohol and other drugs sector are not delivering equity for all Australians, value for money, and the best outcomes for individuals, their families, and society because most, if not all, of these services do not include access to screening for oral diseases, information to prevent oral diseases, information to promote oral health, referral to appropriate dental services, and access to timely and affordable dental treatment. As Medicare covers the whole body but not the mouth, persons living with substance use are not able to receive dental treatment in the same way as they can see a general medical practitioner, be prescribed medication on the Pharmaceutical Benefits Scheme (PBS) or go to hospital for an operation.

Further complications include long waiting lists for dental treatment provide by state / territory dental services, and the high expense of dental treatment provided by private dental practitioners. The only affordable and accessible options would be dental services for Indigenous Australians through

Aboriginal controlled community organisations, and dental services provided by the Royal Flying Doctor Service in regional, rural, and remote areas.

As oral health contributes to diet and nutrition, sense of well-being and general health, persons living with substance abuse are more likely to experience poor oral health, limited food choices, lower self-esteem, and poor general health.

b) Examine the effectiveness of current programs and initiatives across all jurisdictions to improve prevention and reduction of alcohol and other drug-related health, social and economic harms, including in relation to identified priority populations and ensuring equity of access for all Australians to relevant treatment and prevention services;

As public dental services in the states / territories only reach 7-13% of their eligible populations, leaving dental service provision for persons living with substance use to the public sector only is not a viable or realistic option. A combination of the public, private, and not-for-profit sectors should be the preferred pathway for the provision of dental services to persons living with substance use in Australia.

The National Oral Health Plan 2015-2024 includes issues around smoking and alcohol consumption but does not specifically address persons living with substance use under its four priority populations (people who are socially disadvantaged or on low incomes, Aboriginal and Torres Strait Islander people, people living in regional and remote areas, and people with additional or specialised health care needs) (OHMG, 2015).

Even though people living with substance use can be socially disadvantaged, on low incomes, identify as Aboriginal and Torres Strait Islander people, live in regional and remote areas, and have additional or specialised health care needs, these important group should be listed as a priority population in the next National Oral Health Plan. As part of the Performance Monitoring Report of Australia's National Oral Health Plan (AIHW, 2020), there was no change for adult alcohol consumption (KPI 26) and no change for adults who smoke daily (KPI 12) – more needs to be done to reduce both these KPIs.

- Funding for public, not-for-profit and Non-Governmental Organisations (NGO) for intervention programs to educate, assist and support people living with substance use to reduce consumption of alcohol and reduce the number of people who smoke daily,
- Training of Alcohol and Other Drugs (AOD) workers in the importance of oral health and model of care that includes a screening tool, training program, oral health promotional resources. and a dental referral pathway (Uthurralt et al., 2024),
- Public dental services in the states / territories could prioritise persons living with substance use to reduce their waiting times,
- Public dental services can provide general and emergency dental vouchers for access to private dental practitioners to persons living with substance use,
- Aboriginal controlled community organisations can be funded to provide dental treatment for persons living with substance use,
- The Royal Flying Doctor Service can be funded to provide dental treatment for persons in regional, rural, and remote areas living with substance use, and

- Proposal for a National Alcohol and Other Drug Hotline - Cost $2m.

Background: Each night on the television news, current affairs shows and documentaries, the names and phone numbers for major hotlines are displayed on the television screen after content that could be distressing for some people. These hotlines are available for people to seek help and assistance. This includes 1800RESPECT, Lifeline, MensLine Australia, 13YARN, Quit, and Beyond Blue. However, the national hotline for alcohol and other drug problems and support is not consistent in each state / territory and it is also not well known or recognised.

Context: The National Alcohol and Other Drug Hotline is not well known or recognised. It is also known as Alcohol Drug Information Service (ADIS) and other combinations on the same theme.

This includes:

- Queensland adis
- NSW AD!S
- Victoria DACAS
- Western Australia Alcohol and Drug Support Line
- Tasmania Alcohol and Drug Services ADIS
- South Australia ADIS
- Northern Territory ADIS
- ACT Alcohol and drug services

Proposal: The states and territories in Australia work together to combine their separate Alcohol and Other Drug hotlines into one national brand with a consistent and easy to recall name / number. This could be 13DRUG or similar.

A national marketing campaign be developed, rolled out and evaluated across Australia to promote the newly branded national hotline.

Television and radio stations as well as newspapers and journalists be contacted with regard to displaying or adding the newly branded alcohol and other drug hotline in news reports, current affairs shows and documentaries about the dangers of alcohol and other drugs.

Cost: $2m

c) Examine how sectors beyond health, including for example education, employment, justice, social services and housing can contribute to prevention, early intervention, recovery and reduction of alcohol and other drug-related harms in Australia;

Persons with poor oral health – decayed and broken teeth, gum infections, pain, and inability to talk, eat and smile – also suffer from low self-esteem, shame, and embarrassment. For persons living with substance use, poor oral health severely limits a person's ability to attend a job interview and gain employment. Providing access to dental treatment supports and enables a person living with substance use to recover, work, and live a meaningful life.

d) Draw on domestic and international policy experiences and best practice, where appropriate.

Australian Research:

Wong, et al. (2024) recommend routine dental check-ups, education on oral hygiene practices, and timely treatment for oral health problems are measures that hold the potential to enhance the quality of life for individuals attending opioid treatment programs.

Poudel et al (2023) identified a need to educate clients about oral health while receiving Alcohol and Other Drugs (AOD) treatment. Unfortunately, they also concluded that there was an absence of research about the needs for AOD clinicians to advocate for good oral health, and little evidence about effective interventions that could enhance integrating oral health care into AOD treatment services (Poudel et al., 2023). Researchers at the Australian Centre for Integration of Oral Health (2022) are aiming to develop a model of care where AOD clinicians can promote oral health among AOD clients. The components of the model of care may include a screening tool, training program, oral health promotional resources. and a dental referral pathway (AICOH, 2022). A preventive oral health program in the AOD setting could improve oral health and improve their overall health and quality of life (Poudel et al., 2021).

Uthurralt et al. (2024) cite Poudel et al.'s research from Australia as part of their discussion on providing better access to oral health care for people receiving substance use treatment. They recommend a multidisciplinary approach to develop strategies to increase access to oral health services at a standard similar to the general population for clients of alcohol and other drug services (Uthurralt et al., 2024). Their model of care includes an AOD social worker who escorts clients to dental appointments and empowers them to engage with the services thereafter (Uthurralt et al., 2024).

In Western Australia, a collaborative project involving Palmerston, Home2Health and the University of Notre Dame Australia provided access to no-cost dental treatment for Palmerston Farm residents as part of their AOD treatment and recovery (Quinn, Wood and Webster, 2023). A dentist offered his time on a voluntary basis and 732 dental treatments were provided in the first year at a cost of $47,924 (Quinn, Wood and Webster, 2023). Overall health was the most significant benefit identified (86% of respondents), followed by self-esteem and self-worth (84%), relationships (60%), AOD recovery (57%), and employment opportunities (51%) (Quinn, Wood and Webster, 2023).

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