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Senator Jordan Steele-John

Chair, Select Committee into the Provision of and Access to Dental Services

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Dear Senator Steele-John

Thank for you for the opportunity to provide comment to the *Inquiry into Provision of and Access to Dental Services in Australia.* In this submission we provide comment on Inquiry Terms of Reference A - the experience of children and adults in accessing and affording dental and related services. As the national peak body representing the alcohol and other drugs (AOD) sector in Australia, our primary focus in this submission is on the oral health of people who use AOD and barriers to accessing appropriate, affordable and stigma-free dental care.

About the AADC

AADC is the national peak body representing the AOD sector. We work to advance health and public welfare through the lowest possible levels of AOD related harm by promoting effective, efficient and evidence-informed prevention, treatment and harm reduction policies, programs and research at the national level. AADC's founding members comprise each state and territory peak body for the AOD sector, other national peak bodies relating to the AOD sector, and professional bodies for those working in the AOD sector.

The current membership of AADC is:

Alcohol, Tobacco and Other Drug Association ACT (ATODA)	Alcohol, Tobacco and Other Drugs Council Tasmania (ATDC)	Association of Alcohol and Other Drug Agencies NT (AADNT)
Australasian Therapeutic Communities Association (ATCA)	Australian Injecting and Illicit Drug Users League (AIVL)	Drug and Alcohol Nurses of Australasia (DANA)
Family Drug Support (FDS)	National Indigenous Drug and Alcohol Committee (NIDAC)	Network of Alcohol and Other Drug Agencies (NADA)
Queensland Network of Alcohol and Other Drug Agencies (QNADA)	South Australian Network of Drug and Alcohol Services (SANDAS)	The Australasian Professional Society on Alcohol and other Drugs (APSAD)
Victorian Alcohol and Drug Association Inc (VAADA)	Western Australian Network of Alcohol and other Drug Agencies (WANADA)	Drug Policy Modelling Program* **AADC associate member*

Oral health, structural factors and stigma

Population-level research on the oral health status of people who use AOD is limited, however available data suggests an association between people who use AOD more frequently or those with a diagnosed substance use disorder and poor oral health status.[1] Australian-based studies exploring oral health status and injecting drug use find that people who inject drugs score lower on oral health quality of life data collection tools, have higher incidence of tooth decay and periodontal disease, and report more frequent feelings of being self-conscious about their oral health when compared to the general population.[2] [3]

Although research is limited and samples small, these studies suggest that structural factors which affect the lives of people who use AOD play a significant role in oral health rather than the physiological or behavioural effects associated with particular substances. Factors such as higher educational attainment, stable housing and access to affordable dental health services all showed positive associations with higher oral health quality of life among people who use AOD.[4] [5] Conversely, experiences of homelessness and lack of stable housing were associated with poorer oral health outcomes.[6] This reflects the experience of those working within the AOD sector, where there is frequently an association between a client's housing status and their oral health quality of life.

The barriers to accessing dental care among people who use AOD reflect those felt by people experiencing socio-economic disadvantage across the wider community. Oral health outcomes and access to dental services exists across a social gradient, with those in higher income households reporting more positive outcomes on a range of oral health status indicators than lower income households.[7] A key factor underpinning this is the absence of dental care from the Medicare Benefits Schedule (MBS), resulting in a largely privatised dental care system which requires patients to bear the full cost of care. As costs of dental services increase across Australia, the outcome of this privatised system is that an increasing number of Australians are avoiding or delaying dental care.[8]

For people who use AOD, these socio-economic barriers are exacerbated by the AOD-related stigma and discrimination that many experience when accessing mainstream health services.[9] Alcohol and illicit drug dependency are the most stigmatised health conditions and experiences of stigma and discrimination – both anticipated and felt – affect timely access to care and the quality of care that is received.[10] This case example illustrates how stigma towards people who use drugs presents within a dental health service:

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[1] Baghaie, H., Kisely, S., Forbes, M., Sawyer, E., & Siskind, D. J. (2017). A systematic review and meta-analysis of the association between poor oral health and substance abuse. *Addiction*, *112*(5), 765-779.

[2] Truong, A., Higgs, P., Cogger, S., Jamieson, L., Burns, L., & Dietze, P. (2015). Oral health-related quality of life among an Australian sample of people who inject drugs. *Journal of Public Health Dentistry*, *75*(3), 218-224.

[3] Abdelsalam, S., Van Den Boom, W., Higgs, P., Dietze, P., & Erbas, B. (2021). The association between depression and oral health related quality of life in people who inject drugs. *Drug and alcohol dependence*, *229*, 109121.

[4] Truong, A., Higgs, P., Cogger, S., Jamieson, L., Burns, L., & Dietze, P. (2015). Oral health-related quality of life among an Australian sample of people who inject drugs. *Journal of Public Health Dentistry*, *75*(3), 218-224.

[5] Abdelsalam, S., Van Den Boom, W., Higgs, P., Dietze, P., & Erbas, B. (2021). The association between depression and oral health related quality of life in people who inject drugs. *Drug and alcohol dependence*, *229*, 109121.

[6] Truong, A., Higgs, P., Cogger, S., Jamieson, L., Burns, L., & Dietze, P. (2015). Oral health-related quality of life among an Australian sample of people who inject drugs. *Journal of Public Health Dentistry*, *75*(3), 218-224.

[7] Australian Institute of Health and Welfare. (AIHW). (2023). Oral health and dental care in Australia. Canberra: AIHW.

[8] *ibid*

[9] Lancaster, K., Seear, K., & Ritter, A. (2017). Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use. Brisbane: Queensland Mental Health Commission.

[10] *ibid*

Paul was diagnosed with hepatitis C in the 1990s. Soon after being diagnosed he went to the Dental Hospital for a routine dental appointment. Paul flagged his diagnosis with the staff at the hospital, so that they knew.

After some time waiting, Paul was taken through to the surgery area. All the objects and furniture in the surgery area had been crudely and hastily wrapped in glad-wrap, and the dental nurses were all wearing "blood spatter space suits." Paul went ahead with the dental procedure but made a complaint afterwards. He called the dentist aside to have a conversation about the glad-wrap and how he had been treated by the dental staff.

The dentist cut him down straight away and rudely said "We're protecting ourselves." Paul felt like he was being told to "Cop it sweet, mate" and "Stop being so sensitive." Paul felt like he was the contagion; that he was the one contaminated and that they were very reluctantly treating him. While Paul's experience at the dentist was over twenty years ago, he thinks that attitudes towards people who inject drugs haven't changed in the community.[11]

Paul's experience illustrates the outcome of stigma towards people who inject drugs. In Paul's case, blood borne virus prevention and protection measures were applied to an extreme degree and in an insensitive manner, resulting in a poor experience of dental care and feelings of discrimination. This type of stigma and discrimination forms additional barriers to accessing dental care, on top of broader socio-economic factors. These factors are key in driving poorer oral health outcomes for people who use AOD.

AOD services can play a role in improving access to dental care and oral health outcomes. Research undertaken in the ACT finds that for people accessing an AOD treatment service, referrals out to a dentist are a frequently requested type of ancillary support and those who can access dental support through referral from an AOD service report positive outcomes.[12] There are more than 1,300 AOD services in Australia which provide support to almost 140,000 people each year - a figure that would be significantly higher if system capacity and funding allowed.[13] AOD services often provide a non-stigmatizing environment for a population group with low trust in the health system and are well placed to address oral health inequalities and support improved oral health outcomes for people who use AOD.

In this context, AADC recommends that dental care be integrated into the Medicare system and allow for, at minimum, an annual dental health check and follow up treatment where necessary. AADC also recommends that access to check-ups be targeted to the needs of people with barriers to access to dental care, such as people who use AOD. As part of this initiative, the Parliamentary Budget Office could be tasked with calculating the cost of both check-ups to targeted population groups and provision of follow-up treatment. This costing exercise could also take into account the different state and territory and Aboriginal Community Controlled Health Organisation (ACCHO) dental programs that currently provide some access to treatment, also factoring in consideration of current eligibility, waiting times, gaps and unmet demand.

Alongside structural interventions to improve the affordability and accessibility of dental care, AADC also recommends that AOD services be integrated into local oral health planning processes with commensurate funding to meet the needs of people who require support for an AOD issue. Alongside

[11] Lancaster, K., Seear, K., & Ritter, A. (2017). Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use. Brisbane: Queensland Mental Health Commission.

[12] Alcohol and Tobacco Association of ACT. (2020). *Service Users' Satisfaction and Outcomes Survey 2018: A census of people accessing specialist alcohol and other drug services in the ACT. ATODA Monograph Series No.9.* Canberra: ATODA.

[13] Australian Institute of Health and Welfare. (2022). *Alcohol and other drug treatment services in Australia annual report.* Canberra, ACT: AIHW. Accessed 19 May 2023 at https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/alcohol-other-drug-treatment-services-australia/contents/about

this, AADC recommends the establishment of a sector-inclusive, national governance framework under the auspices of the National Drug Strategy 2017-2026 to support coordinated responses between the Australian, State and Territory governments that improve the health and wellbeing outcomes of people who use AOD, including in relation to oral health.

Dental care within custodial settings

The poorer oral health status of people who use AOD in the community is mirrored within custodial settings, where people in custodial settings typically have a poorer oral health status when compared to the general community.[14] [15] The ongoing criminalisation of drug use in Australia results in an over-representation of people who use drugs in custodial settings, with 65% of people entering prison having used an illicit substance in the past 12 months compared to 16% in the general community.[16] [17] As such and in the context of the barriers identified above, many enter custodial settings with existing oral health issues.

A recent review of dental care and oral health in custodial settings in Western Australia finds that dental services are inadequate to meet demand and need, and there is inadequate oversight of services to ensure people in custody are receiving timely and adequate care.[18] Importantly, the review emphasises that custodial settings are not separate from the wider community and that people within custodial settings have a right to the same standard of health care as the general population. Due to the range of structural factors identified above, a custodial setting may be the only place in which dental care can be affordably accessed. Custodial settings therefore represent a key site in which to improve oral health outcomes for those who experience the most significant barries to accessing quality dental care. As such, AADC recommends that this inquiry have a specific focus on the oral health needs of people in custodial settings and their access to dental care.

Conclusion

A range of structural factors, such as affordability and the presence of stigma and discrimination, are key in driving poorer oral health outcomes among people who use AOD. The over-representation of people who use AOD in custodial settings means that prisons are a key site for intervention, alongside interventions within the community more broadly.

AADC is supportive of measures to increase the affordability of dental care in Australia and enhance access to quality, stigma-free dental health services. **As such, AADC recommends that:**

- **dental care be integrated in the Medicare system and allow for, at minimum, an annual dental health check and follow up treatment where necessary**
- **this access to check-ups should be targeted to the needs of people with barriers to access to dental care, such as people who use AOD**
- **the Parliamentary Budget Office be tasked with calculating the cost of both check-ups to targeted population groups and provision of follow-up treatment and this costing exercise take**

[14] ACT Health (2013). *ACT Inmate Dental Health Survey 2010: Summary Results*. Canberra, ACT: ACT Government.

[15] Osborn, M., Butler, T., & Barnard, P. D. (2003). Oral health status of prison inmates—New South Wales, Australia. Australian dental journal, 48(1), 34-38.

[16] Australian Institute of Health and Welfare. (2019). *The health of Australia's prisoners 2018. Cat. no. PHE 246*. Canberra: AIHW.

[17] Australian Institute of Health and Welfare. (2020). *National Drug Strategy Household Survey 2019*. *Drug Statistics series no. 32. PHE 270.* Canberra: AIHW

[18] Office of the Inspector of Custodial Services. (2021). Prisoner access to dental care in Western Australia. Perth: OICS.

into account the different state and territory and ACCHO dental programs that currently provide some access to treatment, also factoring in consideration of current **eligibility, waiting times, gaps and unmet demand.**

Alongside broader structural interventions**, AADC also recommends that:**

- **AOD services be integrated into local oral health planning processes with commensurate funding to meet the needs of people who require support for an AOD issue**
- **a sector-inclusive, national governance framework under the auspices of the National Drug Strategy 2017-2026 be established to support coordinated responses between the Australian, State and Territory governments that improve the health and wellbeing outcomes of people who use AOD, including in relation to oral health**
- **the *Inquiry into Provision of and Access to Dental Services in Australia* have a specific focus on the oral health needs of people in custodial settings and their access to dental care.**

Thank you for the opportunity to provide input to this inquiry. If you require any further information, please do not hesitate to contact me directly on 0438 430 963 or via email at melanie.walker@aadc.org.au.

Yours sincerely

Melanie Walker

CEO, Australian Alcohol and other Drugs Council