CONFERENC E ABSTRACT

Early development of an integrated oral health (OH) care program with people who inject drugs (PWID) in a primary health care setting

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Ana Ivanovic¹, Rachel Martin¹, Nico Clark¹, David Pemberton¹, Sandra Fox¹, Tejashree Kangutkar², Hanny Calache¹²³, Bradley Christian³, Bryan Ambrosius⁴, Amanda Norman⁴, Yvonne Bonomo⁴

¹: North Richmond Community Health, VIC, Australia; ²: Oral Health Economics Research Unit Deakin University, Geelong Vic, Australia; ³: Department of Dentistry and Oral Health La Trobe University, Bendigo, VIC, Australia; ⁴: St Vincent’s Hospital Melbourne, VIC, Australia

Introduction: PWID have high levels of oral disease, experience frequent oral pain, and stigma and discrimination accessing health care.

Approximately 350 people utilise a medically supervised injecting room (MSIR) and Needle & Syringe Program (NSP) daily at North Richmond Community Health (NRCH), Australia. This provides a unique opportunity to trial an alternative to traditional oral health care.

Aim: To improve quality of life (QOL) for PWID through promoting oral health as everyone’s business. Co-design process engaged to build capacity to improve oral health for PWID.

Practice change; Targeted population; Stakeholders; Timeline

MSIR opened June 30th 2018, MSIR/NSP and OH staff and clients began collaboration. In September 2018 dental hygienist and assistant began oral assessments in MSIR including use of oral health impact profile (OHIP), x-rays, OH promotion and topical fluoride.

Highlights: MSIR staff are highly engaged in learning about oral health, use of silver diamine fluoride (SDF) to control dental decay, and promoting the program to PWID. They are exploring storage of toothbrushes and paste for clients to clean teeth onsite, and have requested training to use the dental record system. Dental hygienists apply SDF to reduce the need for more expensive restorative care, and prevention of oral infection and pain. Clients are enormously receptive of the new approach with 14 people receiving care in the first three short sessions of September 2018. Three of the 14 clients had suspicious mucosal lesions and 9/14 required extraction of multiple teeth.

Comments on sustainability and transferability: The program allows identification (outside of dental clinic) of oral disease, stabilising disease through preventive care, identifying potential malignancies, supporting clients to receive dental treatment, and referring urgent cases to specialist care. Through increasing their knowledge and confidence, staff are able to support clients with OH and IDU issues. Low cost service using mobile equipment.
**Discussion, Lessons:** OH professionals require targeted training to manage OH care for PWID. PWID need support to attend clinical appointments; drop-in clinics are essential. Data collection must evidence the level of need and investment required for early intervention and prevention. OH funding models do not reflect complexity of care.

Development required for care navigation, drop-in clinical services, enhanced skills for OH practitioners, and improving knowledge of nurses and harm reduction practitioners of the relationship between IDU and OH.

NSP and SIRs are potential sites for lower cost OH care by OH professionals and other health professionals involved in regular care of PWID. This will assist in controlling and preventing oral disease, and reducing the harm of IDU to oral and general health.

Next steps are codesign of a model that empowers the community through taking charge of daily oral health, and sharing the responsibility for oral health care amongst those who have regular contact with PWID.

**Conclusions:** By meeting PWID in their safe space (MSIR), downstairs from the dental service, accessible, non-judgemental assessment and preventive low cost OH care is delivered. Professionals from various disciplines work together and with clients, sharing knowledge and building capacity for all to improve health.

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**Keywords:** people who inject drugs; oral health; quality of life; capacity building; low cost