



Implementing screening plan for substance use

Information for this article was provided by NIDAMED.

NIDAMED is an outreach initiative from the National Institute on Drug Abuse (NIDA). NIDAMED's mission is to develop science-based resources for health professionals and those in training about screening, addressing and treating addiction.

Part 2 of 2: This article explores how screening for substance use can improve patient care and help curb the rising number of teen opioid overdose deaths in the United States. Part 1 in the May/June issue of AAOMS Today focused on how pain management guidelines assist OMSs in having discussions with patients.

Screening to identify drug use early can help OMSs improve patient care and better understand patients' substance use and its possible impact on oral and overall health.

When screening reveals that a patient is at risk for or may have symptoms of a substance use disorder, OMSs can consider alternatives to prescribing drugs like opioids and benzodiazepines, which have addiction potential.¹ Understanding a patient's substance use behaviors also can ensure safer prescribing by preventing drug interactions.

Steps an OMS can take to start screening for substance use – found at [NIDA.NIH.gov/NIDAMED-medical-health-professionals](https://www.nida.nih.gov/NIDAMED-medical-health-professionals) – include:

- **Select a screening tool and find guidance on screening** – The National Institute on Drug Abuse (NIDA) has tools to help assess for substance use disorders among adolescents, enabling OMSs to screen patients as young as 12 years old. For patients older than 17, OMSs can review the NIDA screening and assessment tools chart to find a suitable screening tool.
- **Screen all patients at every appointment** – Asking every patient about substance use at every visit can help prevent bias, help providers avoid missing key information and prevent a patient from feeling singled out and defensive.² Letting teens know you ask these questions of all your patients – and using destigmatizing language when having these discussions – also can help normalize the conversation.
- **Provide education** – If you typically provide education on the oral health effects of substances (e.g., smoking, vaping), you can deliver that information during this conversation.



- **Deliver medically accurate messaging** – It is important to be matter of fact and to frame the information in the context of successful oral and maxillofacial surgery and a smooth recovery. Evidence suggests that scary or overly dramatic messaging about substance use may be counterproductive with adolescents.³ As AAOMS recommends, you can start these discussions during the health history with risk assessment.⁴
- **Establish a baseline and watch for changes** – Although you may only see the patient a few times, include notes in the patient's chart about their oral health and behaviors (including substance use) so you can recognize changes over time.

Reinforce, intervene or refer

Be cognizant that if a parent is in the room with the patient, the patient may be reluctant to provide honest answers during screening. However, whether or not a patient reports substance use during the screening, addressing the results afterward is important. These four steps provide guidance for these discussions:

- **If no risk of substance use is identified** – Continue the conversation by providing positive reinforcement. Use encouraging words to acknowledge that refraining from substance use is a healthy and positive choice. You also can use this opportunity to correct the common teen misperception that most of their peers use drugs or alcohol.

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For instance: “I’m glad to hear you’ve never tried alcohol. Most people your age haven’t, and that’s definitely the healthiest choice.” Using this language also helps ensure the patient does not misinterpret the screening as an implication that others the same age are using substances.⁵ Prevention messaging is important, especially for teens, who are often curious and open to talking about what drugs do to their bodies.

- **If risk of substance use is identified** – Have an honest, nonjudgmental conversation about it. While not all people who use substances have a substance use disorder or require treatment, learning how patients’ substance use may be affecting their oral health can improve care. Choose destigmatizing language that addresses unhealthy substance use in an open and nonjudgmental manner. A report of any substance use may indicate a patient’s readiness to discuss it and can be a starting point for a conversation about their use.

It is important to note that individuals with substance use disorders who feel stigmatized may be less willing to seek treatment.^{6,7} Stereotyping of people with substance use disorders is common and can lead others to feel pity, fear, anger and a desire for social distance from them.⁷ Coming from a place of caring helps prevent or dispel feelings of stigma or shame. To prepare for these discussions, learn the terms to avoid and utilize as outlined in NIDAMED’s Words Matter guide for clinicians available on its website.

- **Assess the severity of substance use and consider a brief intervention** – Learning about the patient’s levels of use will help determine next steps in the discussion, which should be kept as conversational as possible. Consider a brief intervention, which focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.⁸ An intervention could be as simple as briefly discussing the patient’s willingness to change behaviors and how positive changes could benefit them.

People have various reasons for using substances, so letting them know why substance use is relevant to their surgery (e.g., “I want you to be as healthy as possible for your surgery and to have a non-eventful recovery”) can be a conversation starter for giving actionable recommendations. For example, cannabis use can affect the body’s response to anesthesia, so it is crucial that patients undergoing surgery disclose their cannabis use.⁹ Visit SAMHSA.gov and learn more about screenings and delivering brief interventions and the systems-level



implementation of screenings, brief intervention and referral to treatment from the Substance Abuse and Mental Health Services Administration.

- **Provide resources and referrals for addiction treatment or counseling** – If a patient reports difficulty controlling substance use or other related health problems, refer the patient to treatment.⁸ You can refer patients to their primary care provider or to a local behavioral health care provider (FindTreatment.gov) to work toward management or recovery. If possible, consider addressing severe substance use concerns before treating any dental issues. Some patients with untreated substance use disorders could have adverse reactions connected to their drug use during dental treatment.

Changing behavior to avoid stigma

Stigma is a set of negative attitudes and stereotypes toward a particular group. Stigma about people with substance use disorders might include assumptions that they are dangerous, incapable of managing treatment or at fault for their condition.

When talking to people who use substances or with substance use disorders, their loved ones and your colleagues, use language that reflects a nonjudgmental, science-based understanding of substance use and is consistent with your professional role.

Because clinicians are typically the first points of contact for a person with a substance use disorder, health professionals should take all steps necessary to reduce the potential for stigma and negative bias.¹⁰

Use person-first language, which focuses on the individual – not the illness or behavior – and removes words that define the person by a condition or that have negative meanings.¹¹ For example, the phrase “person with a substance use disorder” has a neutral tone and separates the person from the disorder.¹²



OMSs can contribute to reversing the trend of overdose mortality among adolescents by screening every patient for substance use. For patients already receiving substance use disorder treatment, the comprehensive oral care you provide can improve their treatment outcomes.¹³ With an increasingly unsafe, illicit drug supply driving adolescent overdoses, taking full advantage of these opportunities has never been more important. ■

NIDAMED is an outreach initiative from the National Institute on Drug Abuse (NIDA) that gives medical professionals tools and resources to screen patients for tobacco, alcohol, illicit and nonmedical prescription drug use.

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