Smile4life

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Smile4life

A co-designed educational and training resource

Better oral care for people experiencing homelessness

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A co-designed educational and training resource

Contents

Acknowledgments

This co-designed educational and training resource has been developed through the Smile4life research programme as part of the 'Do not Give Up on Us' project and is a collaboration between the University of Dundee, NHS Education for Scotland, Public Health Scotland, and Third Sector organisations (Shelter Scotland, Scotland Homelessness Network, Scottish Drugs Forum, Glasgow Dental Initiative, Dundee Dental Initiative).

Three working groups, comprised of health and social care practitioners along with people with lived experience of homelessness, contributed to this guide through co-produced knowledge exchange workshops.

We would like to express our most sincere gratitude to all participants for your shared time, knowledge, and experience. The process of co-designing this guide was beneficial for all of us and incredibly rewarding.

In memory of Ruth Freeman

We would like to dedicate this work to the memory of Prof Ruth Freeman. Her energy and tireless efforts towards an 'Inclusion Oral Health' for all marginalised groups in society is a legacy that we are honored to take forward.

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Foreword

“Having a pain-free mouth, with healthy teeth and gums, is a fundamental part of our overall health and wellbeing. It should be a basic human right for all people living in Scotland in the 21st century. But for many people experiencing homelessness, facing difficult choices on all fronts, every day, this by no means easy to achieve. The pandemic has compounded existing inequalities amongst some of our most vulnerable groups in society. We remain committed to understanding the influences, and supporting positive behaviours that can help each person to keep their own teeth, and to be able to care for them, whatever their personal circumstance. Whilst there is still more to do, the Smile4Life Oral Health Improvement Programme, which began almost fifteen years ago, has already helped so many people experiencing homelessness to care for their smile, to get treatment, to build their confidence and improve their wellbeing.

As I reflect on the journey to date, I am immensely proud that we have achieved so much, working with our health, social care and third sector partners who each provide invaluable support to people who are experiencing homelessness in helping them to keep a healthy mouth and care for their teeth and gums. Since starting the journey in 2005 with the Dental Action Plan, we have created the Smile4Life programme in partnership, and together developed successful client-centred training materials. The Reflexive Mapping Exercise too, demonstrated that services cannot work in isolation, and that by mapping out all support services, then people who are experiencing homelessness will have better and more joined up care and support. This mapping exercise has highlighted the importance of co-design with clients and delivery partners, which has culminated in this second edition of the Smile4Life training resource. This resource clearly recognises the causes of homelessness, the extent and nature of the problems

of poor oral health for people who are experiencing homelessness, including the significant barriers they face in preventing disease and in maintaining or improving their oral health. It offers practical interventions to bring about behaviour change and explains the importance of being aware of client-focused stages of readiness to change in order to achieve successful change. The resource includes a clear explanation of the key oral health messages and an up to date understanding of how the factors that cause poor oral health, diet, smoking and alcohol, also play a part in causing other health conditions: the 'common risk factor' approach'.

The training resource is an impressive source of information. It is clearly laid out and full of practical approaches to working with people experiencing homelessness as they work towards improving their own oral health. The lived experiences and 'stories' clearly illustrate that having good oral health and a smile make a huge difference in each person's self-esteem and improves how they feel about themselves every day, so that they are able to engage with society with more confidence.

Whilst I am delighted to see this 2nd edition of Smile4Life, I regret that Professor Ruth Freeman is not able to see its publication. It was her advocacy, driving force and passion that was behind much of Scotland's oral health improvement research and delivery programmes for marginalised groups and communities and it is right that this publication is dedicated to her."

Tom Ferris
Chief Dental Officer
Deputy Director Primary Care | Dentistry & Optometry Division
Scottish Government

Introduction

In 2012 the Scottish Government published the National Oral Health Improvement Strategy for Priority Groups [1]. These groups include people who are experiencing homelessness.

Smile4life (S4L) - the Scottish Oral Health Improvement Programme for people experiencing homelessness was created in 2007 in response to the Dental Action Plan launched in 2005 [2]. Smile4life was the only homelessness related programme mentioned in this policy and has been delivered by all NHS boards since then.

The first action of the S4L research programme was to undertake an oral health and psychosocial needs survey, initiated in 2008, together with a qualitative exploration among 853 people experiencing homelessness in Scotland [3].

Main findings

Smile4life survey 2008-2011

In comparison to the general population, homeless participants had fewer natural teeth and around half the number of filled teeth. **Ninety-eight percent** had tooth decay and **fifty eight percent** had abscessed teeth. **Fifty-two percent** had missing teeth due to having them extracted at the dentist. Regarding dental treatment, **three-quarters** of the sample stated that they had had painful teeth extracted, rather than treated.

Dental registration and attendance were low. **One third** of the sample stated that they were registered with a dentist, although only **fifteen percent** of respondents had visited a dentist in the previous **12 months**. The majority of those surveyed stated that 'pain/trouble with teeth' was the reason for their last dental visit. Only **twenty one percent** had attended for a routine examination or check-up.

The general findings revealed poorer oral and psychosocial health, with higher levels of depression, dental anxiety, smoking and alcohol consumption when compared with the general Scottish and UK populations.

The survey showed that the oral health of homeless people reflects a pattern of irregular or emergency dental attendance associated with pain and discomfort. The interview findings showed that homeless people are concerned about their oral health. Accessible and affordable support should be made available to those wishing to regain their oral health and enable them to take the necessary steps towards good oral health. This highlights the need to provide tailored and appropriate oral health care interventions for this population group.

The first Smile4life Guide for Trainers

The first 'Smile4life: Guide for Trainers'[4],

launched in 2012, was the first training tool produced by the programme and it was grounded in the recommendations of the 2008 – 2011 Smile4life survey. From 2013 all NHS boards started a client-centred intervention to equip health and social care practitioners to deliver oral health and homelessness training across homelessness services in Scotland. A follow up evaluation of the S4L intervention [5] and the development of a Reflexive Mapping Exercise Framework [6] revealed the need for a co-designed approach for oral health promotion, as well as better integration and communication between oral health practitioners and other health care and third sector practitioners and services.

The second Smile4life Guide for Trainers 2022

To address the identified need for developing new co-designed oral health educational and training packages aimed at practitioners working with people experiencing homelessness, this second Smile4life Guide was created. Research also found that practitioners and support workers working with this population did not always receive specific training in oral health promotion.

This second guide 'Smile4life: a co-designed educational and training resource' was co-designed in a collaboration between University of Dundee, NHS Education for Scotland, Public Health Scotland, and NGOs through the project 'Do not Give Up on Us': a knowledge exchange educational and training package to promote health equity.'

This guide used the content of the first S4L Guide [4] as a base but added substantial new and updated information coming from people with lived experience as well as dedicated services/organizations from the third, health and social care sectors.

Smile4life Guide for Trainers and Scottish related policies

The Smile4life Guide for Trainers reflects the guidelines highlighted in the followed policies:

The National Oral Health Improvement Strategy for Priority Groups in 2012 [1] defined the four preventive programmes to support the situation of adults experiencing greater social vulnerability. Smile4life was the only programme mentioned in this context focused on the homeless population.

The Public Bodies (Joint Working) (Scotland) Act 2014 required NHS Boards, Third Sector and Local Authorities from 2016 [7] to incorporate a cross-sector collaboration to delivering integrated and effective services as a central aspect of the Scottish government's policy to tackle health inequalities.

The Oral Health Improvement Plan [8] launched in 2018 to improve NHS oral health and dental services in Scotland. The plan acknowledged the challenges to improve oral health outcomes in the poorest communities and highlighted the need to find innovative ways to combat inequalities in oral health in partnership with third sector organisations.

Overview, learning outcomes and delivery

This section will cover:

- Information on aims, methodology adopted and how to use the guide
- Overall Learning outcomes
- Training delivery
- Key oral health messages

About this training Guide

Welcome to the second Smile4life Guide, a co-designed educational and training guide for anyone working with people experiencing homelessness. Those include all third sector workers (peer mentors, volunteers, support workers) and health and social care practitioners

Key messages

The following key messages in this guide provide the essential points that participants should take home from the training:

- Improving the oral health of homeless people in Scotland is a key government priority.
- Good oral health will contribute to overall health and wellbeing and this will help people move from homelessness.
- Toothbrushing, diet and dental visits are the three main steps towards good oral health.

This section will cover:

- Information on aims, methodology adopted and how to use the guide
- Overall Learning outcomes
- Training delivery
- Key oral health messages

Methodology adopted to produce this Smile4life Guide

We used a co-designed approach that involved interviews and several workshops with seven different organisations from health and third sector, and people with lived experience of homelessness. This methodology was focused on the specific needs of people with lived experience of homelessness in order to develop an accessible training resource to promote behaviours that will assist the progression and sustainability of the Smile4life programme.

How to use this guide?

The overall purpose of this second 'Smile4life: a co-designed educational and training resource guide' is to enable practitioners and support workers from different backgrounds to provide evidence-based, tailored oral health promotion sessions through meaningful conversations with their service users.

The content of this guide reflects the learning processes experienced within the Smile4life programme since its existence and we hope will meet the needs of a wide variety of professionals working within the homelessness sector.

Therefore, the aims of this guide are:

- To support practitioners and support workers with delivering training underpinned by evidence-based information on oral health;
- To be flexible and adaptable to practitioners' contexts, local circumstances and audiences;
- To encourage practitioners to create more links with different services;
- To raise awareness of the pivotal role that practitioners can play in terms of assessing service user readiness to change, and making every contact a health promotion opportunity by encouraging service users to actively maintain good oral health.

This guide is organised in four Units:

Unit 1 'Setting the Scene. Core Homelessness and Oral Health Knowledge' provides an overview of the homelessness and oral health context. This unit covers causes of homelessness, common oral health issues among this population, barriers in accessing oral health care, and oral health journey of people experiencing homelessness.

Unit 2 'Supporting Behaviour Change' provides information on the three client-centred stages of the Smile4life intervention, and how to support oral health prevention and behaviour change using tailored oral health messages.

Unit 3 'Key Oral Health Knowledge' provides information on the three key messages of oral health (toothbrushing, diet and dental visits) to engage in oral health care education with service users.

Unit 4 'Common Risk factor Approach to Oral Health' describes the common risk factor approach (smoking, alcohol consumption and the influence of different drugs and methadone) to improve the oral health status of service users.

Learning outcomes

To provide information on the background of the Smile4life programme and related Scottish policies.	Introduction
To highlight the key oral health care messages as stipulated in this Smile4Life guide.	Preparing for training delivery
To summarise the importance of tailoring information to suit service users' needs.	Preparing for training delivery
To discuss oral health issues and barriers experienced by people affected by homelessness to accessing dental treatment/support/advice.	Unit 1
To understand core homelessness and oral health-related knowledge	Unit 1
To explain the stages of behaviour change and motivational interviewing techniques to support interactions with service users.	Unit 2
To describe the three roles a practitioner or support worker can adopt for assessing a service user's readiness to make changes on their oral health. .	Unit 2
To list the three key components for good oral health: toothbrushing, diet, and dental visits.	Unit 3
Recall the behavioural risk factors that cause tooth decay (dental caries), dental erosion and gum diseases.	Unit 4
To describe the common risk factor approach (smoking, alcohol consumption and the influence of different drugs and methadone) to improve the oral health status of service users.	Unit 4

Preparing for training delivery

It is important for the trainer's approach to take into account the diverse range of life experience that people have gained. Adopting a humanistic approach to education and training will foster a positive learning environment that promotes genuineness, acceptance and empathy for people's feelings, attitudes, and values towards oral health.

How you plan and deliver the units is intended to be flexible. However, each unit should meet the overarching learning outcomes. The trainer's aim is to capture people's thoughts, feelings, and experiences to build trust and create a wider understanding of barriers and opportunities to accessing dental care and advice.

To encourage engagement, ask questions and be a good listener. You could start the session using one of the case studies/stories about 'people with lived experience' (Unit 1). This will open discussions around experiences and knowledge, making the learning meaningful and enabling learners to discover the importance of oral health according to different

Tips for trainers:
Provide a positive learning environment (accepting, no judgmental attitude, equal opportunities for participation, respect for different views, build trust).

Acknowledgement and empathy of people's feelings and their health values.

Be flexible and adaptable to your audience's interest.

Use simple language – no jargon!

Encourage critical thinking. Participants are not just receiving new knowledge; they are co-creating knowledge with you!

periods of people's lives. You can encourage learners to make connections with people with lived experience and their contexts to co-produce essential key messages that can help improve oral health. Be attentive to how the topics are presented in a way that is sensitive to local Equality and Diversity policy and the Equality Act 2010 [9].

Three key oral health messages

The training guide aims to give participants access to oral health evidence-based information to share and reinforce the three key oral health messages in line with the Scottish [8, 10] and UK [11] Government Guidance.

The following key messages are the essential points participants should take from this Guide:

- Brush teeth and gums at least twice daily, in the morning and last thing at night. Use toothpaste containing at least 1350 ppm (parts per million) fluoride. After brushing, spit, don't rinse – this gives fluoride time to work.
- Reduce the consumption and especially the frequency of intake of foods and drinks containing sugar.
- Visit the dentist as often as the dentist recommends you to.

Unit 1

Setting the Scene - Homelessness and Oral Health-related Knowledge

This unit will cover:

- Causes of homelessness;
- Prevalent oral health problems;
- Barriers to accessing oral health care;
- Oral health journeys of people experiencing homelessness.

Homelessness and Oral Health-related Knowledge

Key messages

The following messages in this guide provide the essential points that participants should take home from the training.

- Improving the oral health of homeless people in Scotland is a key government priority.
- Good oral health will contribute to overall health and wellbeing and help people in their journeys outside homelessness.
- Toothbrushing, diet and dental visits are the three main steps towards good oral health.

Causes of homelessness

The largest cause of homelessness in Scotland is relationship breakdown. Co-designed workshops, involving people with lived experience during production of this guide, confirmed the prevalence of relationship breakdown. Other causes of homelessness were also identified such as loss of job, death of family members, early pregnancy, leaving prison, unsafe home environment/conditions, leaving care, drug and alcohol use.

Most people who are experiencing homelessness are not sleeping on the streets at all, but rather living in some sort of temporary accommodation that might be a friend's sofa, a hostel, or a B&B. Whether it is one of these or elsewhere, it is somewhere that is not a permanent home and often with no cooking facilities.

As a result of this, people who are experiencing homelessness often live very unsettled and restrictive lives. A healthy lifestyle can be difficult to maintain, and oral health can be low on someone's list of priorities. However, this does not mean oral health is not perceived as an important outcome for their lives. Participants expressed inability to take care of their oral health due to difficult life circumstances.

Some prevalent oral health problems

Some of the oral health problems faced by people experiencing homelessness:

- Untreated tooth decay (caries);
- Periodontal disease (gum disease);
- Missing teeth;
- Mouth pain;
- Mouth infections;
- Oral cancer (associated with a greater prevalence of smoking, substance misuse and alcohol consumption).

Be mindful that there are different experiences of homelessness, e.g. rough sleepers (sleeping on the streets) vs sofa surfing (sleeping in someone else's house), and the following barriers can impact people in various ways. It is important to listen to individuals' experiences and plan joint strategies accordingly.

This guide provides possible strategies for practitioners to overcome these barriers in accessing oral health care based on the views of people with lived experience.

Barriers to accessing oral health care

The Smile4life survey highlighted the strong clinical need for oral health care among this population [3]. The pandemic aggravated this situation with dental clinics being closed as a result of lockdown. Dental attendance remains a challenge as most of these people are not registered with a dentist and often access emergency care when suffering pain.

Previous Smile4life research [12], together with the workshop participants co-designing this guide, revealed the following barriers when accessing oral health care:

- Unpredictable lifestyle and frequent change of location;
- Difficulty in keeping appointments;
- Hard to stick to an oral health care routine (e.g. lack of facilities to brush teeth, lack of toothpaste and toothbrush);
- Financial barriers (such as financial penalties for missed appointments and cost of dental services);
- Lack of knowledge about how and where to access dental services.
- Oral health can be a low priority;
- Anxiety about going to a dental appointment (fear of dental treatment, fear of discriminatory treatment for being homeless, dental anxiety);
- Bad experiences with previous services;
- Stigma (feeling 'invisible' or discriminated against, not welcomed in services, a 'second class citizen');
- Low self-esteem (embarrassed about their appearance and their teeth);
- Lack of a permanent address;
- Lack of drop-ins and one stop shop for oral health care;
- Lack of practitioner's understanding of homeless people's life situations;
- Lack of awareness about the deterioration of oral health due to continuous use of drugs and alcohol (feeling numb to dental pain).

Understanding barriers to healthcare among people experiencing homelessness

Dental Anxiety

Many people stated that they were held back from accessing dental care by fear and dental anxiety even when they needed or wanted treatment. Dental anxiety and fear of the dental examination and treatment procedures were some of the issues shared by people experiencing homelessness.

Dental anxiety and fear of the dental examination and treatment procedures, even when they needed or wanted treatment, were some of the issues shared by people experiencing homelessness during the process of co-designing this guide.

Dental anxiety is "an aversive psychological response to a poorly defined, or not immediately present dental stimulus, interpreted as potentially harmful or dangerous, usually within a dental context" [13].

Dental anxiety is usually associated with dental trauma and other non-dental trauma including past self-reported abuse:

> "I've been through a lot of traumas in my life and the dentist was one of those traumas for a time, basically through my own doing, everything, all the anxiety, the fear of the drill, everything." **[Participant with lived experience].**

As a health or third sector practitioner you can help people experiencing homelessness by discussing with them issues related to their dental anxiety. There is an easy-to-use scale that can measure the dental anxiety of the service user called the Modified Dental Anxiety Scale (MDAS) [14]. Studies have shown that if a person uses and presents the MDAS to the dentist it can help to reduce anxiety during the dental appointment. The MDAS involves five questions related to patient's levels of anxiety before going to the dentist.

The MDAS [see Appendix 1] is available in English and 29 other languages. You can find the MDAE translations online.

Some tips to help service users with dental anxiety

People with lived experience of homelessness shared some attitudes that can help them to reduce anxiety related to dental attendance.

Practitioners from health and social care sectors can:

Help service users to arrange dental appointments by calling in advance to make the dental team aware of their dental anxiety Dental teams will have more opportunity to discuss strategies to reduce anxiety if they are informed about the situation;

Accompany the person to the dentist and offer help to complete the dental registration form. A major barrier to accessing dentists sometimes is fear of not knowing how to fill out the form correctly;

Arrange more time with the dentist to see the patient;

Ask the service users if they have any strategies to help them calm down in case they feel anxious during their appointment (e.g. music, breathing techniques, chatting informally about the patient's favourite dog, team, flower, food, tv character, etc);

Try to find local support for mental health issues and signpost service users to them;

Liaise with mental health services that already receive the service users to build joint strategies.

Stigma and oral health

Stigma is one of the greatest challenges faced by people experiencing homelessness when they need to access dental services and other general services.

Stigma is conceptualised as the co-occurrence of labelling, stereotyping, status loss, and discrimination that further indicates a power relationship between individuals, groups, services or organisations [15].

Participants in our workshops told us about perceived discrimination coming from different professionals. Sometimes this negative perception was based on body language and facial expression. This evidence is a warning to all practitioners regarding potential negative messages (both intentional and unintentional) that could be passed on to this population during health appointments.

Shared situations of not feeling welcomed act as a strong barrier that can prevent people from accessing oral health advice and treatment. This highlights the crucial role of professionals from health and social care services in counteracting this, especially those working in reception teams as they are the first ones service users will interact with in person or by phone. It is important to emphasise that we are speaking about people that already can experience low self-esteem due to their life situations. Therefore, when they go to the dentist and their self-esteem is even more diminished by the way they feel they are being treated, this can become a reason to not come back.

> "Even having that awareness of where to access a dentist, it wasn't very approachable and when I did access a dentist, I'd be still under the influence sometimes [drugs or alcohol] and they would be like, don't come back. So, I never, I never went back, that's where the prejudice comes in and just that lack of understanding and you're labelled through stigma."
>
> **[Participant with lived experience]**

> "You had that stigma hanging over you when you went to the dentist or anything like that, as I always felt as everybody was looking at me because you're homeless."
>
> **[Participant with lived experience]**

> "People have maybe felt judged before and it's a vicious circle, if you have been treated like s* before you're going to then act like one and then you will be treated like one, and you know what I mean, it's a vicious circle."
>
> **[Participant with lived experience]**

This highlights the need to understand that homelessness is not a choice but the result of poverty and a series of life circumstances and traumatic situations.

People experiencing homelessness identified some principles and attitudes to help practitioners from health and social care services work with them.
These include:

- Being available to accompany the service user to the dentist when it is possible;
- Helping the service user to arrange dental and general appointments;
- Discussing the service users' priorities related to oral health and wider health issues before the dental appointment;
- Helping the service user to understand their rights and duties when looking for oral care;
- Offering individualised care;
- Knowing the person you are dealing with (a bit of his/her life story, traumas, needs, etc.);
- Replacing expressions such as "you have to" for "this will benefit you if you make the choice to do it";
- Offering a relaxed environment during treatment (e.g. music on);
- Giving people hope, positive feedback and encouragement by recognising their achievements related to oral health care. Use statements such as "Well done, you've completed one step of your treatment";
- Supporting service user, motivation and decision making regarding their health;
- Being friendly and having a good sense of humour;
- Building a trusting relationship;
- Spending more time with service users when this is possible;
- Being a trauma-informed dental team. Please, seek more information on trauma-informed practice toolkit [16] from the Scottish Government;
- Being aware of stigma, embarrassment and insecurity faced by people experiencing homelessness;
- Informing people about oral health care and the consequences of lack of care using positive stories (health education). .

The next topic will provide real life trajectories that can help you as a member of a third sector organisation or as a health or social care worker, to increase knowledge about oral health challenges and different pathways towards a healthy mouth.

We hope you can use the information in this guide to tailor the interventions, advice, and support offered by your service to improve dental attendance and to promote oral health for people experiencing homelessness.

Key message

The most important element is building trust amongst service users.

You need to know the person in front of you, and their oral health and homelessness related issues. Ask questions in a friendly way and listen what they have to say.

Following their lead, you will be able to tailor the message, taking into consideration a person-centred approach.

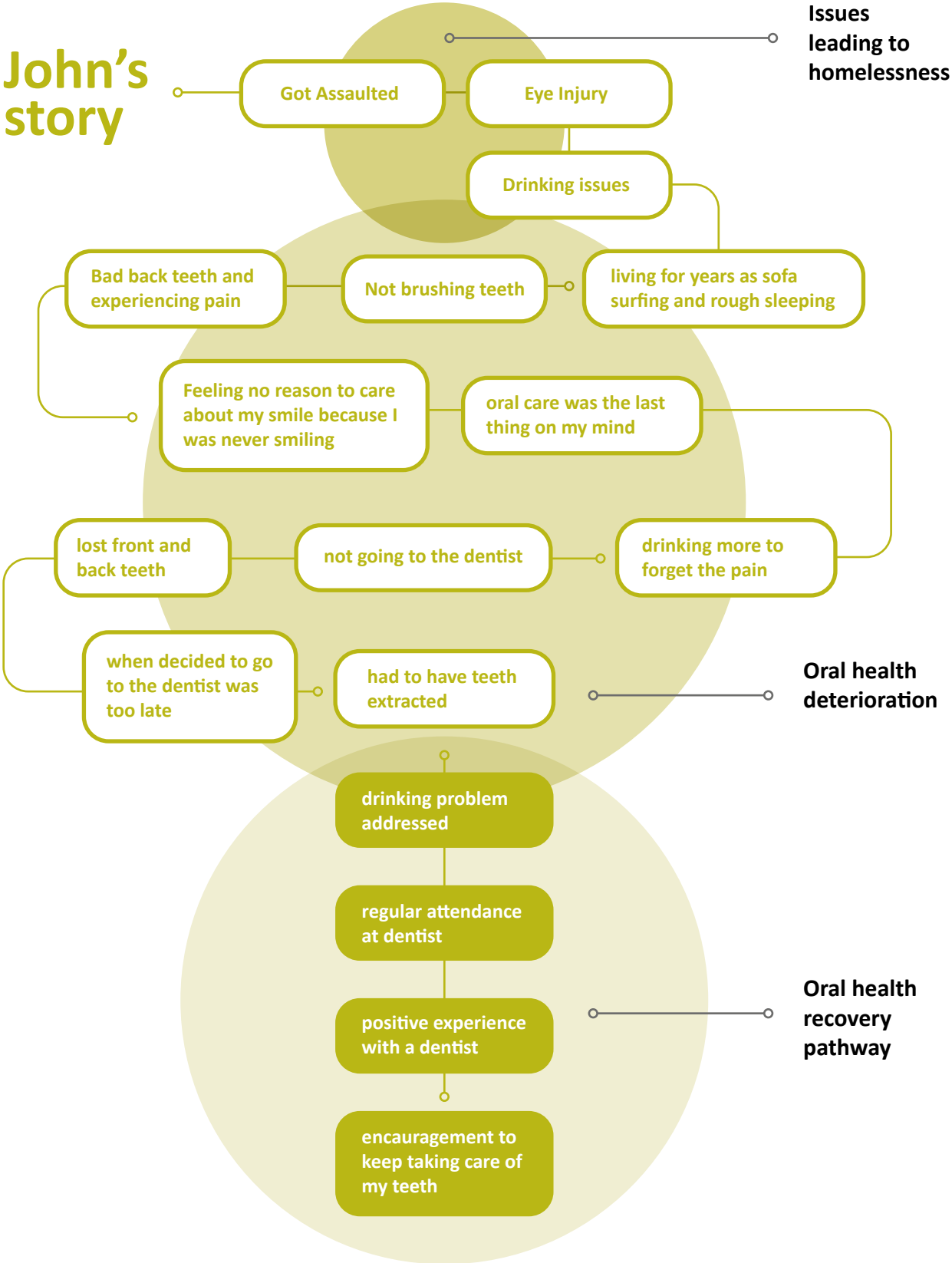
Oral health journeys of people experiencing homelessness

Based on the focus groups and interviews with people with lived experience of homelessness, these are some of the journeys that people face when accessing dental treatments. These are real stories that people with lived experience of homelessness have shared with us. They tell us some of the challenges they faced and what could have helped change their outcome related to oral health. Their real names were changed to preserve their identities.

Journey 1 – John's story

"Hi, my name is John, and I am 35 years old. I had a traumatic event in my adolescence, I got attacked one night and I lost the sight in my left eye. I started drinking and because of that, I got thrown out of my family home into a hostel. My drinking problem got worse. I was in and out of jobs for years. My life was wild and chaotic. I was not brushing my teeth, I had no toothbrush or toothpaste, I did not want to take care of my teeth because I didn't need a reason to smile, so why would I need good teeth? I did not have my family anymore; I did not have the job of my dreams and I was not coping with my drinking problem. The time passed and my teeth got worse and worse, until I developed very bad tooth pain. I was in hostels or sleeping rough. It was not easy, and the pain was increasing. I started drinking more to forget the pain. I did not go to the dentist because I was not aware about the services that I could access. I also fear the discrimination, because my teeth were bad and because I did not look clean and good. I'd maybe think about going to the emergency dental care, but it was just the stigma of being homeless, so the prejudice revolved around that and not knowing how to break down those barriers and even approach a dentist without being judged too much, so that put me off going.

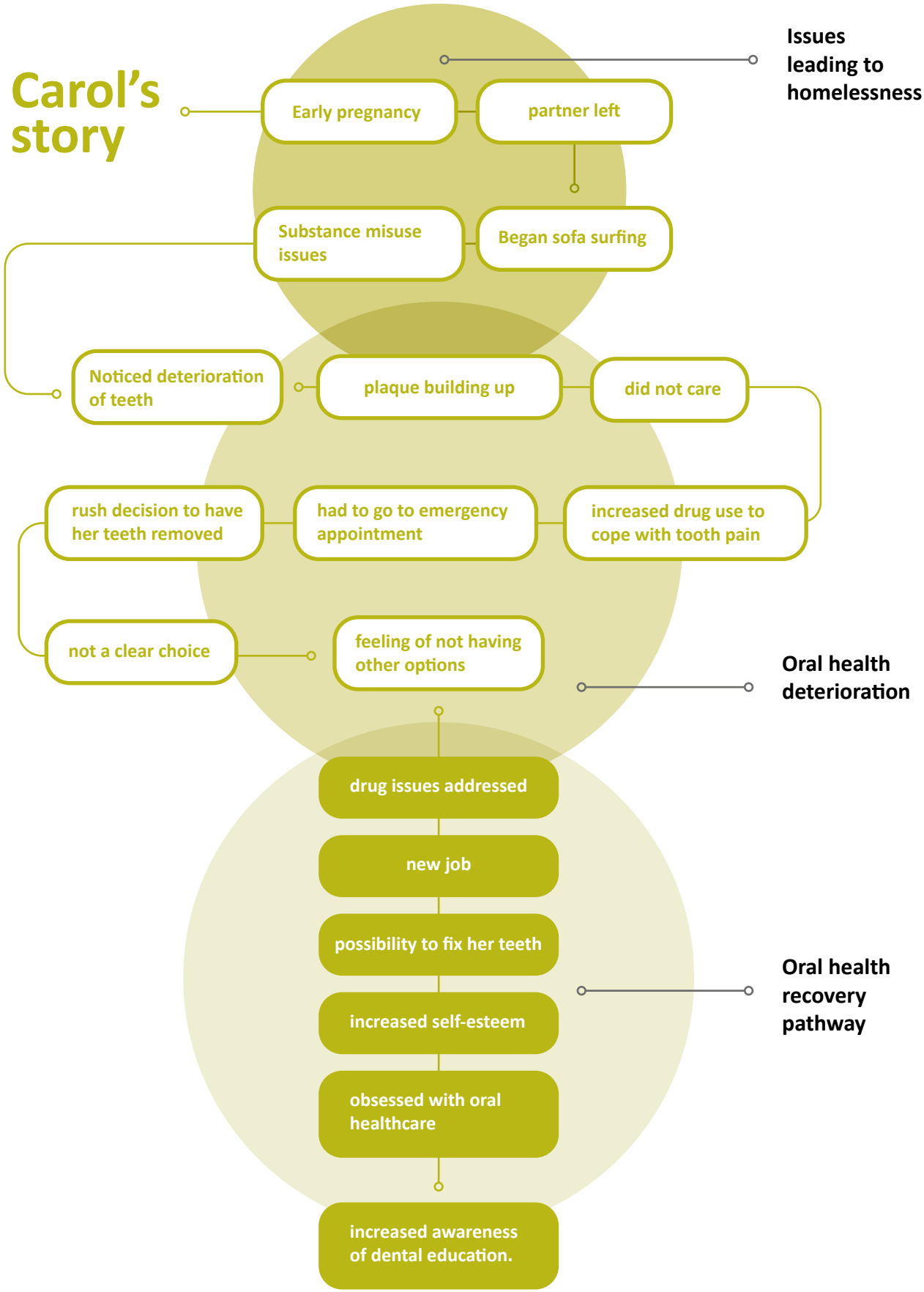
When I decided to go to the dentist, it was too late to recover my teeth. I lost my back teeth. When I was getting my teeth removed, the dentist was saying, "Oh, this is the biggest molar in your mouth," I was terrified. It was hard. Dentists need to be aware that homeless people have traumatic experience with services and have had difficult backgrounds, so things scare us easily. After 10 years being homeless, I got a tenancy. And it's just in the past six years that I started to put my life back together as I stopped drinking alcohol. I wish I hadn't lost my teeth, but I was lucky to have a positive experience with a dentist that encouraged me to take care of my teeth. She was a dental student in the rehab I was attending at that time. She made sure I was relaxed, and she even had a music on during consultations. She explained to me every step of the procedures. That made me feel good and respected. What could have helped me more? Oral health practitioners visiting the homeless accommodation every five/six months and a one stop shop."


John's story
Got Assaulted
Eye Injury
Drinking issues
Issues leading to homelessness
Bad back teeth and experiencing pain
Not brushing teeth
living for years as sofa surfing and rough sleeping
Feeling no reason to care about my smile because I was never smiling
oral care was the last thing on my mind
lost front and back teeth
not going to the dentist
drinking more to forget the pain
when decided to go to the dentist was too late
had to have teeth extracted
Oral health deterioration
drinking problem addressed
regular attendance at dentist
positive experience with a dentist
encauragement to keep taking care of my teeth
Oral health recovery pathway

Journey 2 – Carol's story

"My name is Carol, and I am 43 years old. I used to live with my family and when I was 20 years old, I moved in with a partner. When we split up, I was pregnant, and I was staying with different people. I was using heroin; I did not take care of myself. I did not care about anything that was not heroin to keep my addiction going. When I had a toothache, I had to take more heroin to take away the pain. At that point, I've got missing teeth, I've had bridges put in down here. When I recovered from drugs, I was lucky enough to be able to pay privately to get my teeth done. When I got my teeth done, it completely changed my confidence, and how I feel about myself. The teeth are the first thing somebody notices in your face.

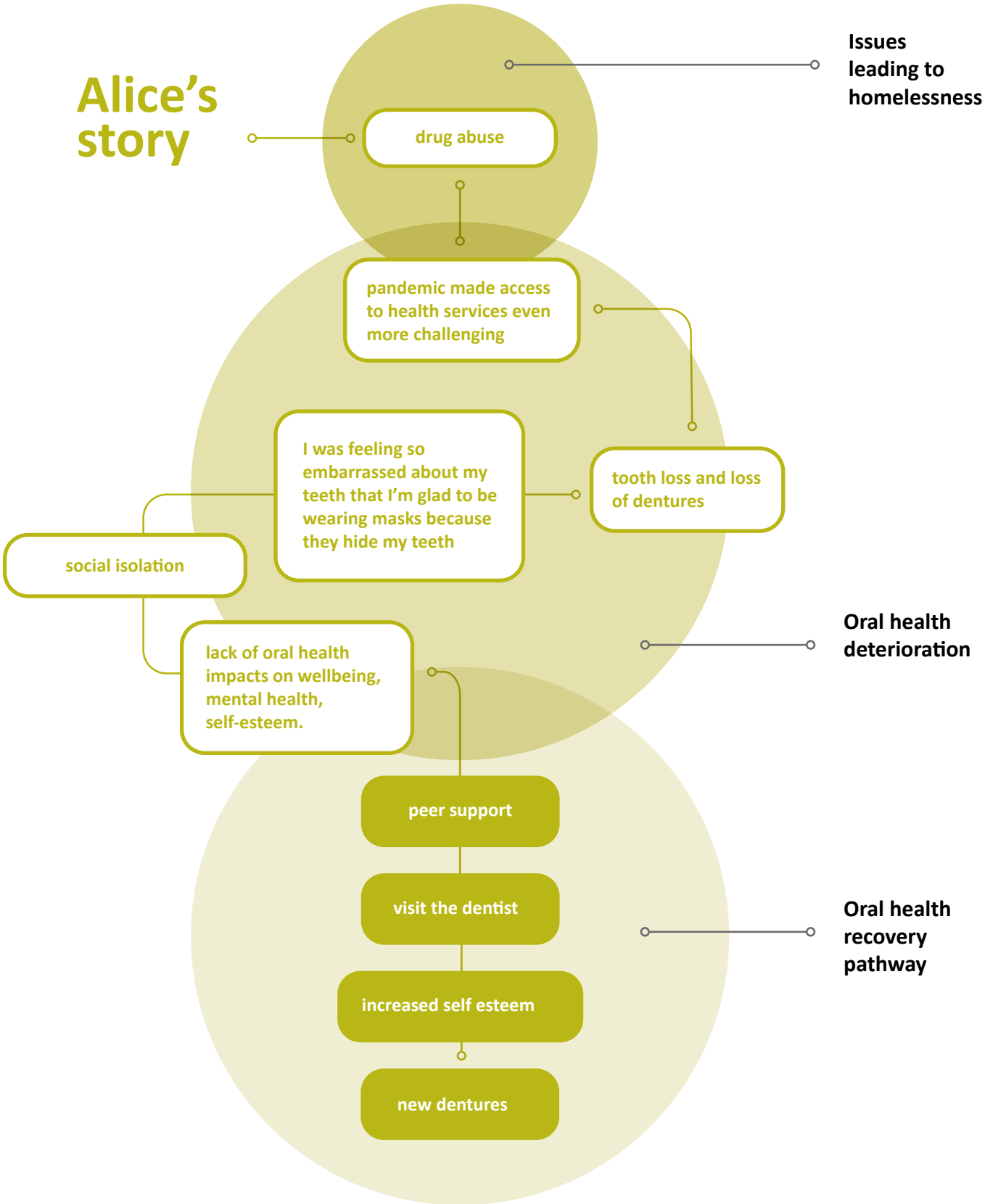
Now, I always have a small toothbrush with me. I've went from not really caring to be obsessed looking after my teeth. But it's education as well, because it's not just brushing your teeth, it's looking after your whole body… and not everybody knows that. I didn't. What could have helped me more? To have more information related to basic oral health care, because obviously the last time I was taught how to brush my teeth I was at the school, the primary school. I needed basic information. I guess other solution is to have easier access to free dental care, having information about how bad my teeth could get would have helped me too and of course, not use drugs anymore is essential".


Carol's story
Early pregnancy
partner left
Issues leading to homelessness
Substance misuse issues
Began sofa surfing
Noticed deterioration of teeth
plaque building up
did not care
rush decision to have her teeth removed
had to go to emergency appointment
increased drug use to cope with tooth pain
not a clear choice
feeling of not having other options
Oral health deterioration
drug issues addressed
new job
possibility to fix her teeth
increased self-esteem
obsessed with oral healthcare
increased awareness of dental education.
Oral health recovery pathway

Journey 3 – Alice's story

"I am Alice, and I am 25 years old. I have been homeless for 6 years. My teeth are so far gone, and I have a lot of health problems. It's hard enough to get a doctor, never mind trying to get a dentist. This is a shame because I want to have better teeth. I started to use dentures, but I lost my dentures during COVID 19 pandemic lockdown. Dentist did not work during COVID. I am feeling bad because I don't have my dentures. So, people see that I don't have teeth. The good thing is that because of COVID-19 everybody is wearing masks so no one can see my teeth – or that I don't have a denture anymore.

My teeth impact on my full wellbeing, my mental health, everything. I wish I had more access to services during pandemic, peer support to go to services, working on my self-esteem and having more support during the pandemic to get an extra denture, then I would not feel so ashamed."


Alice's story
drug abuse
Issues leading to homelessness
pandemic made access to health services even more challenging
I was feeling so embarrassed about my teeth that I'm glad to be wearing masks because they hide my teeth
tooth loss and loss of dentures
social isolation
lack of oral health impacts on wellbeing, mental health, self-esteem.
Oral health deterioration
peer support
visit the dentist
increased self esteem
new dentures
Oral health recovery pathway

Unit 2
Supporting the behaviour change -
The Smile4life structure and application

This Unit will cover:

- **Information on the Smile4life structure and application of the intervention.**
- **How to support oral health improvement and behaviour change.**
- **Tailoring the oral health messages.**

Supporting the behaviour change – The Smile4life structure and application

In the previous topic you have been provided with background details of the relationship between homelessness, general health, and oral health. This unit will equip you with the necessary skills to put knowledge into action. Try to consider one of the person' stories from the previous unit while reading and learning about supporting oral health prevention and behaviour change.

This Unit will cover:

Information on the Smile4life structure and application of the intervention.
The Smile4life intervention outlines practitioners' roles in making every contact with a person experiencing homelessness an opportunity for oral health improvement by using the three-service user-centered stages of the Smile4life intervention.

How to support oral health improvement and behaviour change.
This section will provide you with details of how to assess service user motivations to engage with oral health services and how to support them through a time of change using motivational interviewing. Models of general health behaviour change are presented to give a theoretical basis to this section.

Tailoring the oral health messages.
This section is about how to utilise the Smile4life Guide to make every contact with a person experiencing homelessness an opportunity for oral health improvement. We have provided strategies to tailor oral health messaging to the needs of the service user.

Information on the Smile4life intervention

The aim of Smile4life was to facilitate the development, implementation, and evaluation of an evidence-based oral health preventive programme for people experiencing homelessness across Scotland.

The first stage of the Smile4life intervention involved conducting a needs assessment i.e., the Smile4life survey (Overview, learning outcomes and delivery section). A total of 853 people experiencing homelessness took part across seven participating NHS Board areas [3]. Participants received an oral examination and completed a questionnaire that covered a variety of topics including general health, dental attendance, previous treatment experiences, dental anxiety, oral health-related quality of life, and depression. The survey work was supplemented by in-depth interviews with a total of 35 homeless people in four Scottish cities.

The three-centred stages of the Smile4life intervention and the oral health promotion roles for practitioners

We know that people have different stages in their homelessness journeys. They also have different motivations to engage with their oral health. Therefore, practitioners from health, social care and third sectors have the opportunity to interact with these groups at different periods of their lives. To make the most of these interactions you need to be able to identify the best time to offer different types of support/advice that can lead people experiencing homelessness towards behaviour change. This can vary according to people's current life situation and their capacity to respond and to engage with practitioners and their services.

To help you with this engagement, the Smile4life intervention developed three service user-centred stages of readiness, which are Basic S4L (stage 1), Intermediate S4L (stage 2) and Advanced S4L (stage 3) with three oral health promotion roles for practitioners to improve knowledge on different approaches to adopt.

For each stage there are different oral health promotion roles for practitioners participating in the S4L intervention (see Figure 1).

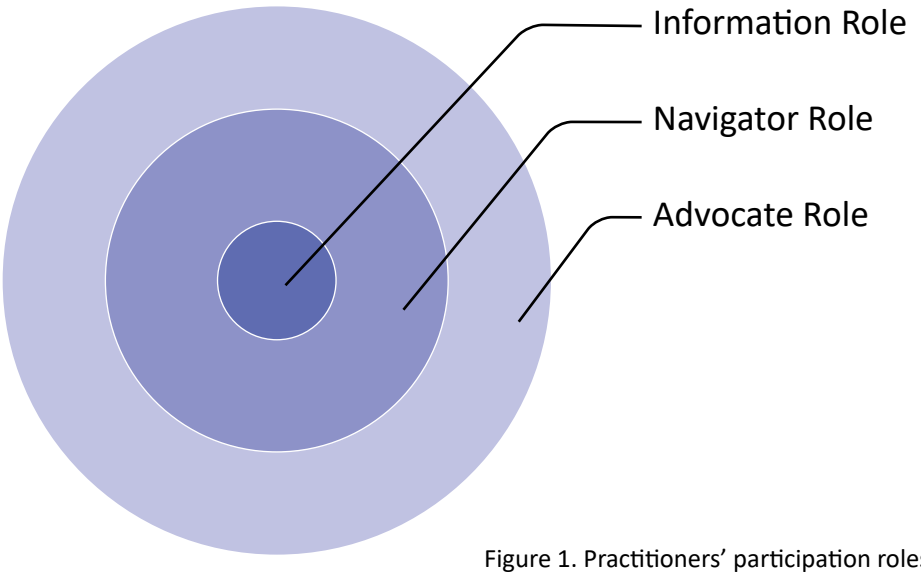


Figure 1. Practitioners' participation roles

These roles are described below within the three SL4 stages of implementation. They should be tailored according to the organisational and practitioners' resources and the degree of involvement with service users experiencing homelessness. For instance, a local authority housing officer may take on the information role, whereas a key support worker may adopt the advocate role.

As a practitioner working with people experiencing homelessness and interested in promoting oral health, you can tailor the S4L intervention (stages 1, 2 and 3) and the key health messages presented in the 'Preparing for training delivery' section of this guide to the perceived needs of service users. You can use different approaches, such as providing oral health advice, distributing toothbrushes and toothpaste, arranging treatments, or making referrals to other services. The most important thing is always to build trust with the person or groups you are aiming to reach. To do this you will need time, empathy, and good listening skills.

Stage 1 - Basic S4L

This level of health care intervention is directed at service users who are currently not yet ready to change their behaviour in relation tp oral health. People experiencing homelessness face multiple problems and can feel overwhelmed by a range of health, financial and housing issues. This can provoke lack of motivation and confidence to change. The role of practitioners here is to assure service users that you understand where they are at in the moment and acknowledge their feelings.

The basic intervention technique in this stage is designed to provide education about how the service user's behaviour can impact their oral health and wider health. Once the person has started to consider a change in their current behaviour, practitioners can explore barriers and encouragements to change. By working alongside people experiencing homelessness it should be possible for practitioners to develop an appropriate programme with which they are more likely to succeed.

Practitioner Information role for this stage: provide dental and homelessness related services information and dental health information.

Resources that can be used in this stage:

- Toothbrush and toothpaste pack
- Local information on dental and other homelessness related services
- Those covered in Unit 1

Stage 2 - Intermediate S4L

The intermediate level intervention is directed towards service users who are either ambivalent about change, preparing for change or starting to make changes. It is designed to complement the educational materials which appear at the basic S4L level with further and more detailed information that will allow service users to learn about maintaining good oral hygiene and the wider health messages that can have an impact on their oral and general health. This facilitates a more supportive environment wherein they can learn and share more about healthy choices required to maintain their new positive behaviours.

Practitioner Navigator role for this stage: provide dental and homelessness related services information, dental health information, oral health promotion packs and assist service users to navigate their dental appointments.

Behaviour change resources that can be used in this stage:

- Toothbrush and toothpaste pack
- Information leaflets and local information on dental and other homelessness related services
- Those covered in Units 2 and 3.

Stage 3 - Advanced S4L

The Advanced S4L level intervention is aimed at service users who have already sustained a behaviour change regarding oral health and health issues over a significant period of time and have demonstrated an interest in continuing to improve health. Service users are encouraged to pursue and attend a course of dental treatment where necessary and appropriate.

Practitioner Advocate role for this stage: implement the three client-centred stages of Smile4life

Resources that can be used in this stage:

- Toothbrush and toothpaste pack
- Information leaflets, and local information on dental and other homelessness related services
- Offer to accompany those who have dental anxiety or dental phobia to their first appointments
- Those covered in Units 2, 3 and 4

Table 1 (opposite) shows the person- centred stages of the S4L intervention (1. Basic S4L; 2. Intermediate S4L; and 3. Advanced S4L), with examples of service user profile in each of the stages and the three different oral health promotion roles for practitioners participating in the Smile4life intervention (Information role, Navigator role and Advocate role).

Stages	Stage 1. Basic S4L	Stage 2. Intermediate S4L	Stage 3. Advanced S4L
Service user's readiness for change	Persons who are currently not able or ready to change their behaviour regarding oral health care.	Persons who are either ambivalent about changes to improve their oral health, preparing for change, or starting to adopt small changes to improve their oral health.	Persons who have sustained a behaviour change over a significant period of time and have demonstrated an interest in continuing improvements to their oral health.
Example service user profile	A person who is overwhelmed by multiple and complex needs, feeling hopeless, helpless, and not confident to make any change in his behaviour.	A person that has already addressed key issues from a crisis period and is now able to take other steps regarding their oral health or is considering making a health appointment	A person who now has a solid knowledge about oral health and a regular oral health hygiene programme and regular dental appointments.
Practitioners' oral health promotion roles	Information role	Navigator role	Advocate role
	Ask questions about person's life context (based on this feedback you will be able to go to stage two or three) Show empathy and interest in their challenges regarding oral health and homelessness related issues Improve your networking and links with other services Provide local information about homelessness services, dental clinic locations, emergency dental clinics, opening times Provide information on costs and types of treatments and entitlement to free NHS dental care Provide oral health information leaflets Provide toothbrush and toothpaste packs If in pain, arrange one-off emergency treatment Try contact again at a later date, or act if the person contacts you first	Provide and discuss key oral health needs, explore and understand possible reasons for non-adherence to oral health care and discuss why regular dental attendance is important Assist the service user to access dental services by making appointments and accompanying the service user to appointments as required Understand ambivalence towards change with constant support and encouragement Make contact later	Implement the three person-centred stages of Smile4life Assess person's readiness to change and assign them to the appropriate Smile4life stage Negotiate potential changes/ actions, help people to plan oral health goals and assist them in achieving those goals Arranging follow-up treatment Person will move towards mainstream services and regular dental attendance

Table 1. Stages of the S4L intervention

Supporting oral health and behaviour change

Behaviour and behaviour change are complex processes. There is no simple method or strategy to predict or change behaviour. However, the more complex a process, the more important it is to explore it from different perspectives. Exploring people's views, attitudes, and values in relation to their own oral health and encouraging them to identify and express their oral health needs is a key method of supporting behaviour change. An example of a behaviour change technique is to help identify behaviours which may negatively impact on someone's oral and general health, assess their state of readiness to change, and provide the appropriate level of help and support from the S4L intervention stages available. This will gradually empower individuals to make necessary changes in their own lives.

It can be hard to make healthier choices, however developing oral health interventions based on behaviour change models can help practitioners in tailoring health messages or interventions to fit individual's circumstances or group's needs.

Some examples of different behaviour change approaches can be found here:

Understanding Behaviour Change

Motivation, Action and Prompts (MAP)

Motivational Interviewing (MI)

Starting a conversation about oral health

Anyone can talk about oral health. A dentist, a student, a support worker, a volunteer, a practitioner from a variety of backgrounds. That means, anyone can support people on their journeys to take care of their teeth. Oral health care is an essential part of being healthy. The promotion of oral health for people experiencing homelessness is the responsibility of all agencies, services and practitioners involved with them. It is essential to be careful not to allow people to feel ashamed, judged, or stigmatised when we ask them about their oral health issues.

Practitioners can start conversations about health and oral health with a quick intervention where you will meet and greet the person and start a positive and casual discussion. Every contact and opportunity for interaction counts!

Some examples are:

> "We've had the dentists down visiting recently at the service. Has this been something you've felt has made a difference?"

> "We have a list of dental practices that are accepting new patients. If you'd be interested, I could get you the list, and maybe some toothpaste and a toothbrush as well if that would be helpful?"

You can then provide further signposting and assess their openness to change with a more in-depth chat about their oral health needs, if this is something that would interest them. People attending the service should be given the opportunity to open and lead the topic's conversation. It can be about flossing, toothbrushing, smoking, drug use, sugar intake, etc. However, bear in mind that other life topics not directly related to oral health can be raised first. This is common and should not be ignored by practitioners. It is part of the process of building trust and understanding people's circumstances and priorities. Practitioners need to use every opportunity to engage, making service users feel comfortable when asking questions and listening to their priorities. If people are living on the streets, oral health may not necessarily be a priority if they are not in pain. Nonetheless, conversations on the topic can be initiated if there is interest. These small steps can lead on to other future actions towards an improvement of their oral health-quality of life.

Tip for staff: Try not to avoid asking questions, or change the subject just because you don't know the answer or where to signpost the person experiencing homelessness. People with lived experience told us there is no problem in being honest and saying you don't have an immediate answer to a specific question, or even recognising your limitations to address other elements of client's lives beyond oral health. That is completely normal, and when shared in a friendly environment it creates empathy and trust.

You can access more oral health information at the Scottish Dental website.

Supporting service users in making changes

Regardless of what stage of readiness for change the person is at, practitioners are always well served by remembering behaviour change methods aimed at facilitating the implementation of healthy behaviour. The guide provides an example of one effective approach called Motivational Interviewing (MI).

Motivational interviewing (MI)

> 'A directive client-centred counselling style that is designed to assist clients in exploring and resolving ambivalence to increase motivation for change.' [17]

There will be times when, despite the provision of oral health information, people will continue with their current patterns of oral health-related behaviours. One part of them may want to change while another part is quite resistant to change, or they may not have all the necessary resources to change. These confusing messages can be described as ambivalence and are a natural occurrence in the change process.

Motivational interviewing is a method that can be used by any practitioner working with vulnerable groups to help people progress from feelings of ambivalence towards confidence for action and change (see Figure 2). This is a technique that many practitioners, volunteers, or support workers may already use, without it being labelled as "motivational interviewing."

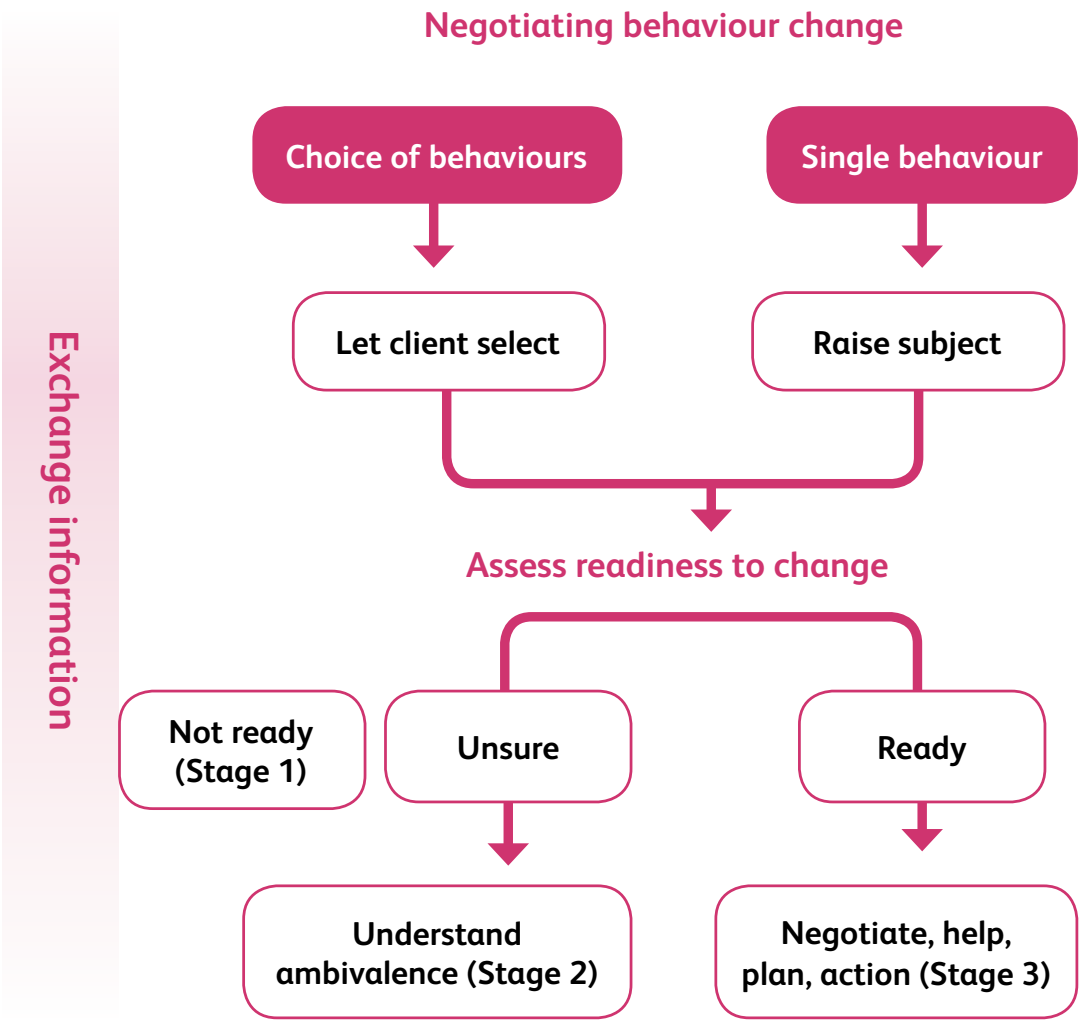


Figure 2. Motivational interviewing [4]

The MI approach is based on the general principles of:

expressing empathy - understanding the service user's context and challenges; supporting self-sufficiency - build self-confidence and sustain service user motivation;

working with resistance - do not challenge the reason for the service user's resistance to improve oral health, but explore the service user's point of view and encourage them to find their own solutions, resources, or ways forward;

working with discrepancies - Identify discrepancies between current behaviours (that are not improving oral health) and behaviours that would help the service users achieve their goals (motivation).

MI encourages practitioners to engage in five communication strategies. These communication strategies are explained in Table 2 on the following page.

Above all, the most important aspect of motivational interviewing is to ensure that good communication is maintained with service users.

Further information about motivational interviewing can be found online at the Motivational Interviewing website.

Here is a Good example of MI and a Bad example of MI.

Other MI resources:

Excellence in Motivational Interview Streaming resources
Motivational Interview Techniques
Motivational Dental Interviews Scenario 1
Motivational Dental Interviews Scenario 2
Motivational Dental Interviews Scenario 3
Motivational Interviewing Examples – Interaction in Shelters
Motivational Interviewing Examples – Case management in Shelters
Motivational Interviewing in brief consultations: role-play focusing on engaging

Communication strategy	Description
1. Asking open-ended questions Questions are open-ended if they cannot easily be answered with a simple response, e.g. 'yes' or 'no.' Typically, open-ended questions will enable further discussions and can start with phrases such as 'Why…' 'How…' or 'Tell me about…	**Closed question:** 'How often do you brush your teeth?' elicits a numeric response. **Open question:** 'Tell me about your toothbrushing routine,' elicits an open narrative.
2. Listening reflectively The aim is to indicate clear interest in the person's experiences while allowing them to remain the 'driver' of the conversation.	There are many different levels of reflective listening. **Reflective listening** is particularly helpful when working with resistance and can simply be done by repeating what the person says, thereby acknowledging that they have been listened to and understood. **Repeating people's statements can be done in four ways:** **Repetition** – simply repeating an element of what the service users said. **Rephrase** – rewording for the purpose of clarification. **Paraphrase** – interpreting the meaning of what is said and reflecting this in your own words. **Reflection of feeling** – the deepest form of reflection, a form of paraphrasing that emphasises the emotional dimension through feeling statements, metaphors, etc.
3. Affirming service user's strengths and challenges Recognising and emphasising service users' strengths, even if unrelated to oral health	It is a useful way of building trust and confidence. **Some examples:** "You finished your treatment, you did very well, well done." "Well done on quitting smoking, that's really hard and you achieved something great!"
4. Summarising periodically Practitioners and service users should frequently summarise key points covered over the course of a conversation	This technique can be effectively used to draw attention to the key points discussed, explore another related topic, or provide a direction for action.
5. Supporting the person in eliciting self-motivational statements During conversations, people attending the service should be repeatedly encouraged to acknowledge and emphasise their strengths and resources	• Allow service users to reflect on the problem behaviour and the need for change • Explore the service user's behaviours or motivations for change • Explore barriers for change • Allow service users to determine their own goals, direction, and plans • Avoid labels – labels often carry a certain stigma and have a negative impact on the conversation • Give service users the chance to explore the issues which matter to them • Avoid assigning blame and judgment – it is important that you are clear before commencing motivational interviewing that there is no blame and/or judgment to assign.

Table 2. MI communication strategies

Tailoring the oral health message

As previously discussed, the use of communication skills will allow service users to speak about their concerns and worries regarding their teeth. Simple and empathic communication is an essential part of motivational interviewing and is the basis of all tailoring of oral health education messages.

There are three steps (see Figure 3) to tailoring the oral health messages. Step 1: choosing the behaviour; step 2: assessing readiness for change and step 3: tailoring the oral health message which relates to the three-service user-centred stages of the Smile4life intervention (see Table 1).

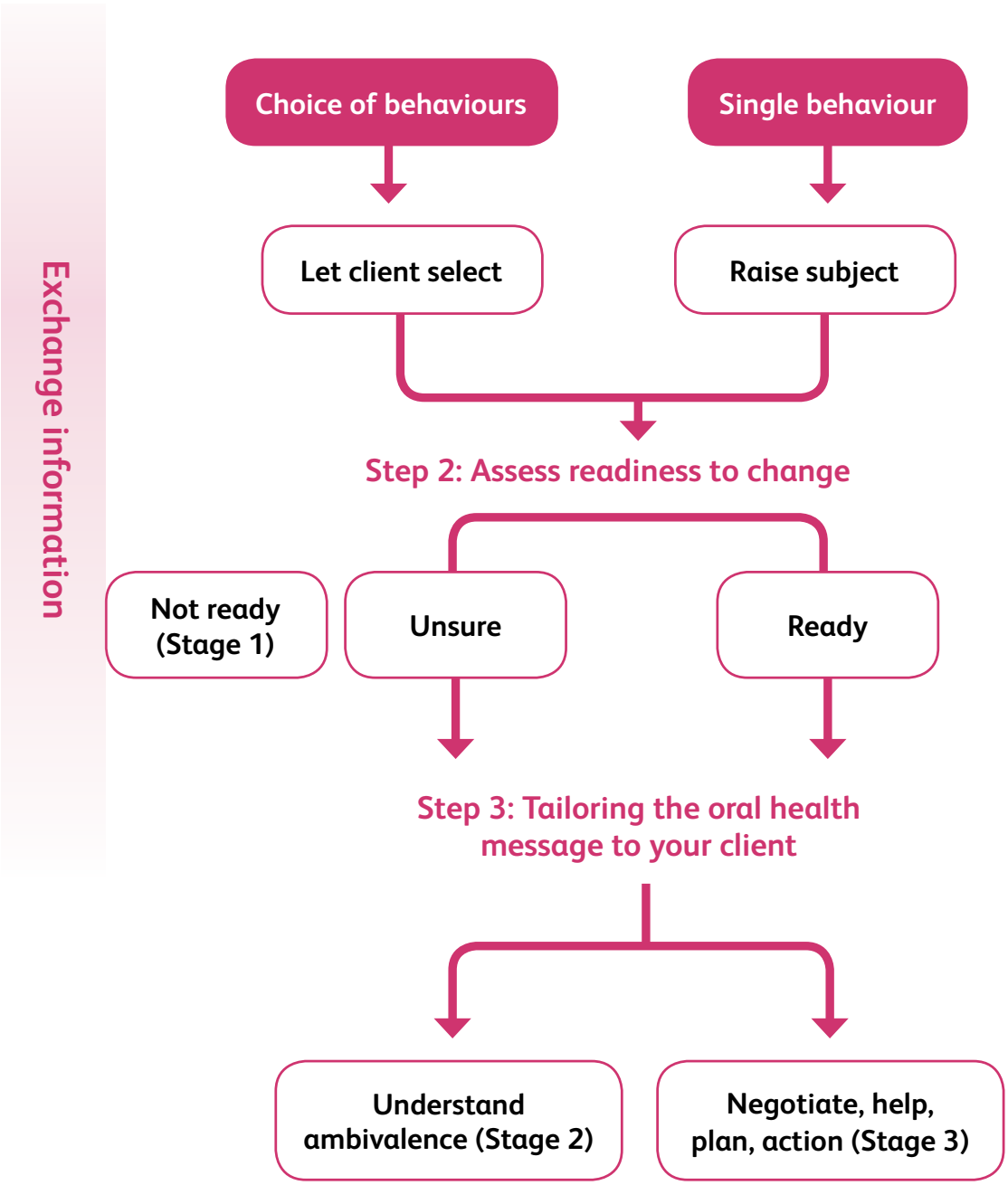


Figure 3. Motivational interviewing: tailoring the oral health message [4]

Step 1: Choosing the behaviour

The first step is to identify the health behaviour the service user would like to change or may consider changing. It is about allowing individuals to make informed decisions around their own health. Pictures of different oral health behaviours may be presented to service users for discussion as shown in Figure 4.

Figure 4. Behaviour choice tool [4]

Step 2: Assessing service user readiness to change

The second step is a need to identify people experiencing homelessness who wish to access emergency/drop-in dental services and /or routine dental care. In addition, there is a need to provide targeted dental care provision as well as oral health promotion sessions linked with the service user's current context, using a comprehensive approach.

A 'readiness to change' assessment tool can be used by practitioners working with people experiencing homelessness to identify whether or not they are ready to change their oral health-related behaviour (see Figure 5).

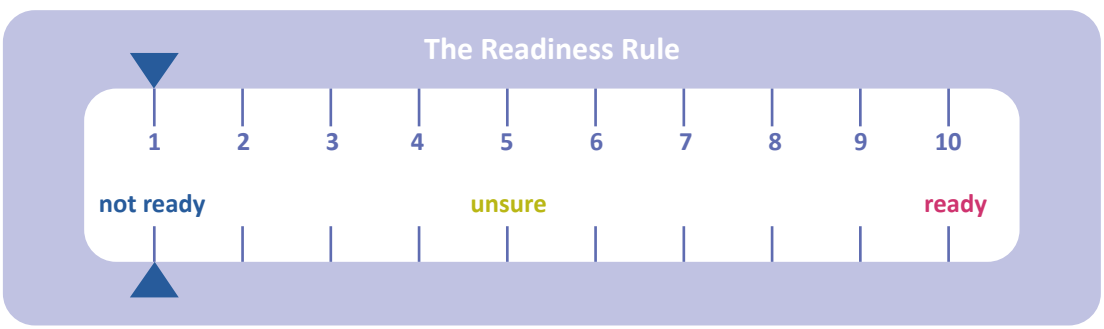


Figure 5. The Readiness Rule

Staff can use the 'readiness to change' tool (Figure 5) by asking the service user to point on the rule to indicate whether they think they are 'not ready to change', 'unsure' or 'ready to change'. Here is an example of how to use the Readiness Ruler.

Another example of the use of the 'readiness to change' tool is to ask the service user directly about their readiness to change.

Example:

Practitioner: On a scale of one to ten, where one is definitely not ready to change and ten is definitely ready to change, what number best reflects where you are about reducing the sugar in your diet?

Service user: Three

Practitioner: Why do you think you are at a 'three'?

Service user: I always start with good intentions to reduce fizzy drinks, but it is cheaper and nicer to buy a fizzy drink than water.

Practitioner: Well, maybe you can find a way to have a bottle that you can fill with water instead of buying fizzy drinks?

Service user: Maybe I can get a bottle that I refill with water before leaving the hostel.

Practitioner: What a great suggestion! Shall I come and visit you in two weeks and see if you managed that?

Step 3: Tailoring the oral health message

The identification of the service user's readiness for change allows you to tailor your oral health message according to the service user's oral health needs. Remember to always follow what the service user would like to change/or achieve, not what you think is the priority.

Based on the readiness assessment, one of the following oral health care strategies will be adopted:

- Service users who are **Not ready** will receive the **Basic** intervention: oral health information, toothbrush/toothpaste and local information, and one-off treatment if needed.
- Service users who are **Ambivalent** will receive the **Intermediate** intervention, where the same **Basic** intervention will be provided, but the practitioner will also use motivational interviewing techniques to find out why that person is ambivalent about their oral health and what can be done to encourage/ support a future change. The service user will be asked to return on another day to see if they are ready to move to the next stage.
- Service users who are **Ready to change** will receive the **Advanced intervention**. This includes the same **Basic** intervention as in the other steps, but additionally the practitioner will work with the service user to find a dentist, arrange appointments, assist with attending the appointments and arranging follow-up treatment. This will encourage the service user to attend a full course of treatment if needed, with the aim of moving them towards mainstream services and regular attendance. The next stage is to assess whether the service user wants to change their behaviour. There are several techniques that may be used, depending on the time available.

Unit 3
Key Oral Health Knowledge

This Unit will cover:

- **The core oral health knowledge to engage in oral health care education with service users.**
- **What a healthy mouth is and how to take care of your oral health through three key steps: toothbrushing, diet and dental visits.**

Key Oral Health Knowledge

The previous Unit provided information related to the S4L intervention and how to support oral health prevention and behaviour change with service users.

This unit will cover

The core oral health knowledge to engage in oral health care education with service users.

What a healthy mouth is and how to take care of your oral health through three key steps: toothbrushing, diet and dental visits.

The content and frequency of these talks depends on the service user's readiness to change. Bear in mind the importance of listening to the person with lived experience and let them lead on the topic that they feel is a priority for them.

Ask people with lived experience of homelessness the following questions:

What is oral health?
Why is oral health care important?
What are your experiences with dentists / dental treatment?

Their answers will guide the conversation and provide elements on how you can support them by improving their oral health knowledge and care.

Key messages:

Ask questions in a friendly way and listen to what people have to say!

Good oral health will contribute to overall health and wellbeing.

What is meant by a healthy mouth?

The term ‘oral health’ encompasses the mouth and all related tissues. Oral health is essential to general health and wellbeing because it enables us to eat, speak, smile, and socialise without pain, discomfort or embarrassment. Poor oral health can result in malnutrition, low self-esteem and increased dental anxiety.

As a practitioner, you can help the person experiencing homelessness to identify what a healthy mouth is (see Figure 6 and 7). However, be careful about what you portray as a healthy mouth as each case is unique and the dentist is the best person to assess this.

Key message

The dentist is the best person to assess if you have a healthy mouth.

Figure 6. Healthy adult mouth [4]

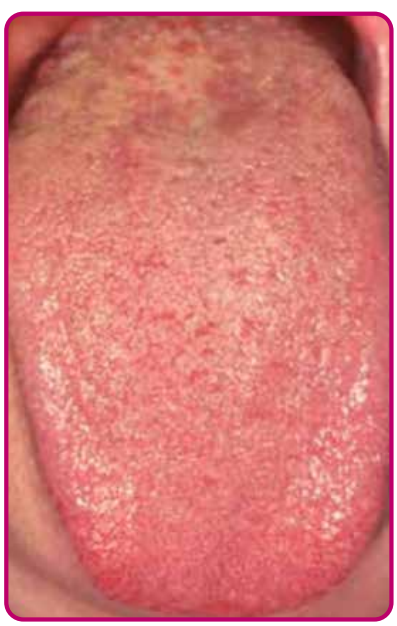


Figure 7. Example of a healthy tongue [18]

Practitioners should signpost service users who report something different to "what looks like a healthy mouth" to a dentist. Should the service user comment that they have a swelling/lump/bump/white patch (see Figures 18 to 22, p. 55-56), this can also be a sign that the service user should go to the dentist.

Showing a picture of a healthy mouth can help to improve the service user's awareness about oral health problems and can encourage them to take ownership of their oral health care. However, the identification of an oral health issue can be challenging. Try to reassure the service user that further intervention from a dental professional will be necessary to best identify and resolve the problem. This interaction with service users can provide an opportunity to anyone using the guide to signpost to appropriate services for specialised support.

If you would like to increase your knowledge of why mouth care matters, you can access Badges in Oral Health which are digital resources available on the NES Turas website.

Taking care of your mouth – three steps to good oral health

As previously highlighted in Unit 1, service users experiencing homelessness often face several additional barriers while trying to access dental care.

From housing issues to a lack of access to essential dental supplies, these challenges often mean that "conventional" key health messages are difficult to relate to and can be initially ignored. On the other hand, interventions that are tailored to the specific needs of people experiencing homelessness always have more chance of achieving successful outcomes. As such, establishing a meaningful and open dialogue with the service user about their current oral health situation, allows you to assess their willingness to engage with further discussions around their dental problems and ultimately where their oral health sits on their priority list.

You can use the information from the S4L intervention (Unit 2) to discuss oral health with service users, prioritising three simple, easy to follow key messages that the service user can take from this interaction.

The three key messages to maintain good oral health are associated with:

- Toothbrushing (key message 1)
- Diet (key message 2)
- Regular dental visits (key message 3).

It is vital to understand that a service user may not engage with all these messages in one interaction. As a practitioner, you should focus on picking one message to reinforce each time, and show relevant health benefits to the service user's quality of life. This is initially better than overloading them with heavy information.

If the service user feels that is time to engage, or they want to engage, they probably will, and your role as a practitioner will be to make it easier for them to come to you again to discuss their concerns. You will build more rapport and engagement if you take a step by step approach at a pace dictated by the service user.

Advice on toothbrushing (key message 1)

Toothbrushing

People should brush their teeth and gums at least twice daily, in the morning and last thing at night. They should use toothpaste containing at least 1350 ppm (parts per million) of fluoride. They should spit and not rinse after brushing.
As a practitioner, you can use Figure 8 to discuss with the service user their toothbrushing and give them advice.

Figure 8. Smile4life Toothbrush advice [19]

Toothbrushing technique varies but the important thing is that it is effective in removing plaque. You can advise service users to discuss this with their dental hygienist and / or the dentist if they are unclear. Practitioners can also show Figure 9 below as an example of one technique for brushing the teeth.

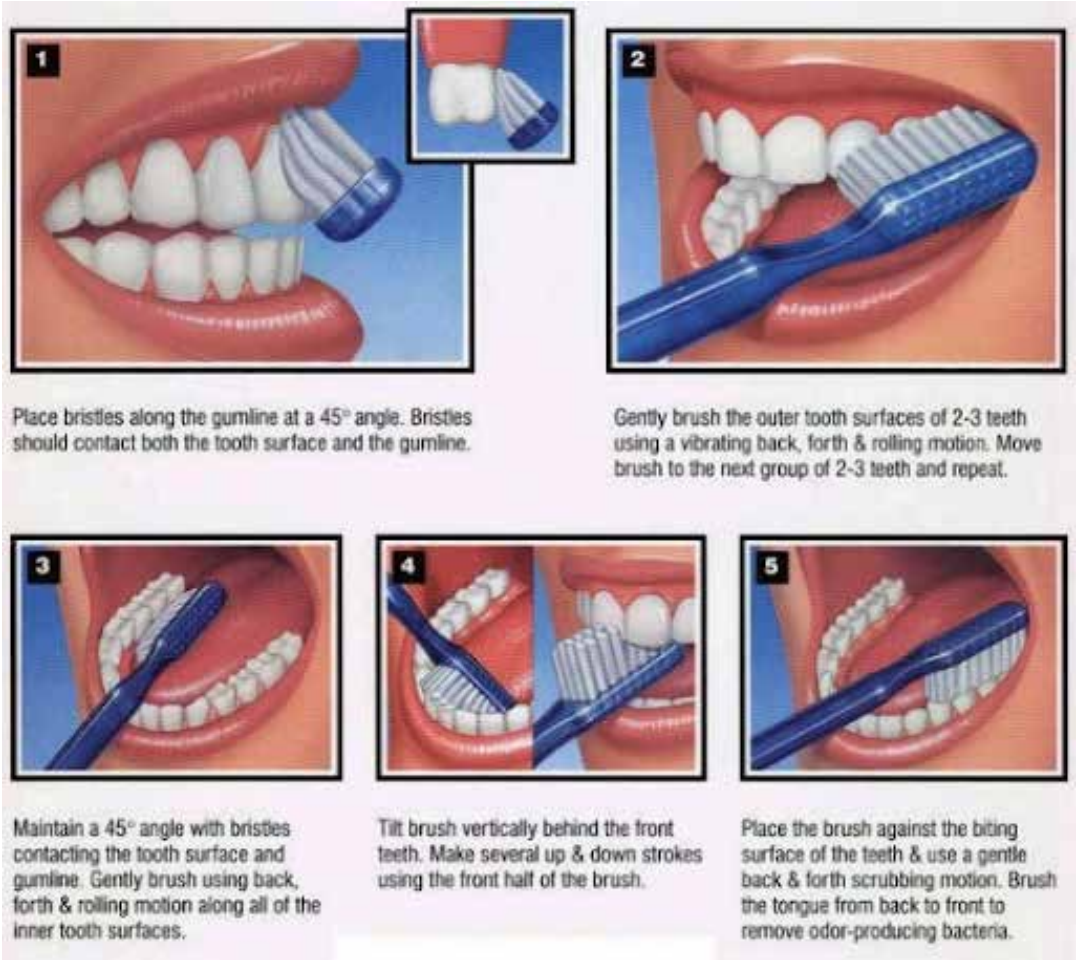


Figure 9. Modified Bass Technique [20]

Top tips on toothbrushing:

The most important advice is to ensure all surfaces are brushed and that they are cleaned thoroughly.

- You can advise the service user to brush in a systematic order: brush all tooth surfaces, including the inside. Tilt the brush vertically and use small circular movements
- Don't rinse the mouth after toothbrushing. Rinsing the mouth out will wash the fluoride from the surface.
- Spit out any excess toothpaste and saliva.
- Service users can also use the dry technique to brush their teeth - this happens when people brush their teeth without water.
- Do brush gently. Excessive pressure can damage the gums and teeth.
- Don't brush within 30 minutes of eating and drinking acidic or sugary foods
- Change your toothbrush at least every 3 months or before if it looks worn
- Don't use other people's toothbrushes because of the risk of catching Hepatitis B, Hepatitis C and other diseases.
- Don't eat or drink anything except water after brushing your teeth at night.
- Both manual and powered types of toothbrush can clean the teeth effectively.

Flossing and cleaning in between the teeth

People with lived experience of homelessness told us they would like to know more about flossing.

Some advice on flossing from NHS Inform [2 1]:

- It is vital to clean all surfaces of the teeth, including those tough to reach areas in between.
- Flossing, or using interdental cleaning brushes, is the most effective way to break up the sticky plaque that forms on the "in-between" surfaces of the teeth (see Figure 10 as an example of a technique for interdental cleaning). Interdental brushes are more useful if there are slightly larger spaces between the teeth.
- Gums may bleed when flossing, and it is important that the correct technique is used to avoid damage to the gums. Try to seek the advice from a dentist or dental hygienist about this and they can also assess if further deep cleaning is needed.

However, the most important aspect of cleaning teeth is to brush with a fluoride toothpaste.

If the service user currently uses floss or wants to start using floss, they should be reminded to be gentle and make sure to reach the gum line without forcing the floss too far down as this can damage the gums [21]. Figure 10 provides advice related to flossing.

Mouthwash

Mouthwash will help freshen breath but should never be used as an alternative to toothbrushing. If you choose to use mouthwash, use one that contains fluoride and does not contain alcohol, and use at a different time from brushing as it can reduce the beneficial effects of fluoride in the toothpaste.

Figure 10. Dental floss and interdental brush technique [22]

Cleaning dentures

Dentures that are not clean can cause mouth infections (e.g. thrush) and bad breath so it is important that they are cleaned properly and regularly. The dentures should be removed before cleaning and all surfaces should be brushed and rinsed thoroughly Ensuring partial dentures are cleaned properly will also help to prevent further loss of remaining teeth and damage to the gums. Figure 11 can be used as a strategy to start a conversation about the denture cleaning process.

Take home top tips on denture hygiene

- Poor denture hygiene can lead to a build-up of dental plaque on dentures and cause denture stomatitis (thrush). This shows as an area of redness under an upper denture.
- Ideally, dentures should be rinsed after every meal and cleaned every night.
- Clean dentures using a toothbrush and unperfumed soap and water or denture cream.
- Clean palate, gum ridges and tongue with a soft toothbrush.
- Dentures should be left out at night to allow the mouth to rest and to help prevent fungal infections.
- Full dentures should be soaked in a disinfecting solution for 20 minutes (sodium hypochlorite solution is recommended) and then stored in a container with plain water overnight.
- Dentures containing metal should be soaked in chlorhexidine (Corsodyl) 0.2% solution, to avoid damage to the metal.
- People may feel ashamed and embarrassed about having dentures and may not want to leave them out for a longer period which will make it difficult to follow the advice of soaking the denture.

Figure 11. Smile4life Denture advice [19]

Advice on diet (key message 2)

Food intake

Issuing diet advice to service users who often have little control over their diet can be challenging and it is important that any conversations take this into consideration.

Food supplied from soup kitchens and food banks is often (but not always) processed which means it is high in sugar and low in nutritional value (hot dogs, pizza, fizzy drinks, cakes, etc). It is vital to understand this when discussing changes with service users. Aim to offer practical solutions to make any progress.

The Eatwell Guide (see Figure 12) [23] can provide practitioners with a platform to have a conversation with their service users about food intake. However, people with lived experience of homelessness who participated in the consultation process of this Guide told us that it is essential to critically reflect on how accessible these foods can be to someone who is rough sleeping, or without any kind of cooking facilities.

Sugar and its impact on oral health

- Foods containing sugars are harmful to teeth.
- The bacteria in our mouth (plaque) breaks sugar down to release acids into the mouth.
- Over time, these acids attack our teeth and can cause Tooth Decay (see unit 4)
- The amount and frequency of sugar intake effects how well we can protect our teeth against this acid attack.
- Explaining this, as well as identifying areas in the service users' day to day life where they can swap out certain foods for healthier options, is key to success.

Figure 12. Eatwell Guide [23]

Cutting down on sugar

It's a good idea to try to reduce the intake of sugary snacks and drinks that contain lots of added sugar, such as fizzy drinks and sweets. This will help to keep teeth healthy. Sugary drinks can be swapped when it is possible for water, milk, and juice with no added sugar.

Examples of sugar free snacks/healthy snacks and drinks

The list below provides a few suggestions:

- nuts
- cheese
- oatcakes or crackers
- plain yoghurt
- plain or savoury scones (avoid sugary toppings like jam)
- plain bagels, pancakes, and crumpets (avoid sugary toppings)
- sandwiches with savoury fillings
- unsweetened or wholegrain cereal
- fresh soup
- raw vegetable pieces
- fresh fruit
- plain water
- tea or coffee (without sugar)

Key messages

- Try to keep food and drink containing sugars to mealtimes
- Between meals, try to stick to sugar-free drinks and 'healthy' snacks
- Try not to have anything to eat or drink after brushing your teeth at night.

If you, or the service user is interested in having more information about diet and sugars, you can access *Sugar: the facts* **at:**
https://www.nhs.uk/live-well/eat-well/how-does-sugar-in-our-diet-affect-our-health/

Take Home Message

- Flavoured milks and yoghurts can contain high amounts of sugar. Dried fruit and yoghurt-coated fruit and nuts have a high sugar content.
- Fizzy drinks, fruit squash/cordial, fruit-flavoured water and sports drinks all have a high sugar content.
- Sugar-free options are preferable but can still contain acid which can cause erosion (wearing away of the tooth enamel)
- Pure fruit juice and fruit smoothies are not recommended between meals. Frequent exposure to the sugars and acids present when fruit is juiced can lead to tooth decay and dental erosion.

Sugar-free chewing gum

Saliva fulfils a major protective role against tooth decay (see Unit 4). Chewing sugar-free gum containing xylitol or sorbitol after eating or drinking may have a positive benefit for dental health by increasing saliva flow, which helps neutralise plaque acid. Xylitol also has antibacterial properties.

Key message

Sugar-free chewing gum is an important strategy but is not a substitute for toothbrushing.

Sweeteners

Artificial sweeteners are used as they are low calorie or calorie free chemical substances. They are used as a substitute for sugar in food and drinks because they provide a sweet taste.

Further information on sweeteners is available at:
https://www.nhs.uk/live-well/eat-well/are-sweeteners-safe/

Tips and advice on diet:

- Sugary foods and drinks are harmful to the teeth if consumed too often.
- Drink only water or milk between meals.
- Eat sugar-free snacks.
- Do not eat or drink after brushing your teeth at night.
- Be aware of hidden sugars in some foods and the acid content of drinks.
- Frequent consumption of acidic drinks (i.e. fruit juice, squashes, or fizzy drinks) causes dental erosion (softening and wear of your teeth).

Advice on visits to the dentist (key message 3)

Go to the dentist regularly

Everyone, irrespective of age and dental condition, should have regular oral examinations. In general, once a year for those under 18 years of age and at intervals of no more than 2 years for adults.

If the service user would like information on finding a dentist or dental treatment in Scotland, you can find that information at Register with a Dentist, (Scottish Dental website).

Benefits of attending for dental check-ups:

Regular check-ups mean serious problems are much less likely to develop.

Catching things early, such as tooth decay, gum disease or signs of oral cancer, gives a much better chance of being able to treat them successfully.

If someone is nervous about treatment, there are ways that the dentist can reduce their anxiety. The options available can be explained by the dentist during their visit.

Restoring teeth with smaller cavities (i.e. decay that is identified early) are often much less likely to be painful.

Dental visits allow dentists and hygienists to offer oral health promotion advice, and specialist dental advice tailored to the specific needs of the service user.

Preventative treatments, like enhanced use of fluoride or brushing and flossing can support service users to achieve better oral health outcomes.

Regular check-ups are still important for those with no natural teeth so that the gums and other soft tissues in the mouth can be checked for early signs of disease. It is also important to check the fit and condition of any dentures.

Children and those at increased risk from oral diseases may need to be seen more frequently, as advised by the dentist.
Smokers and moderate to heavy drinkers have an increased risk of oral disease so may need to be seen more frequently by a dentist.

Service users' rights and duties:

It can be hard to access health services and to know patients' rights when people are experiencing homelessness. Bear in mind that:

Service users who experience social exclusion can be at risk of not fully having access to their rights in daily situations;

Practitioners should reinforce services users' right to receive dental treatment and to be well treated by the dental team;

Service users need to know that they can discuss the treatment without having to always accept the intervention, and they can change their dentist registration if they wish to do so;

- If a service user is required to pay for treatment, dental practices may ask them to pay at the end of treatment, after every appointment or at the beginning of treatment. It is a good idea to find out beforehand what the arrangements are at each dental practice. If the service user asks, the dentist must give them a written estimate of the cost of all treatment. Service users can refuse any treatment they do not want to have;
- Missed appointments are an issue in the NHS because there is a loss of clinical time for the dentist, and therefore people are charged;
- If there are issues around attending for appointments, service users could ask for peer support and/or support workers they may know to accompany them to the dentist;. Asking someone to remind them about the appointments is also suggested;
- If service users miss an appointment, try to support them to find out how they can reschedule the appointment;

- Practitioners can help service users and the dental team to understand the service user's social history and seek avenues to reduce any late fees or missed appointments;
- Cosmetic treatment that is not clinically necessary is not available on the NHS. Some examples of items not available are tooth whitening, white fillings in back teeth and advanced procedures such as implants;
- From 1 April 2010, when service users register with an NHS dentist, they are registered for life unless they or the dentist request registration to be withdrawn. Dentists can remove service users from their practice register for any of the following reasons: regular missed appointments, persistent lateness, not paying for treatment, failure to follow dental recommendations, threatening or abusive behaviour or breakdown of staff relationship;
- Dentists can refuse to see a service user who has not paid for previous treatment. Dentists may charge for any missed appointments or cancellations at short notice; and this is often outlined on the appointment card.

Emergency dental care

What is the case for a dental emergency?

- Severe pain related to dental tissues
- Abscesses and facial swellings associated with the teeth
- Fractured teeth
- Dental trauma (includes injury to teeth, surrounding bone, soft tissues, teeth being knocking out)

Service users with multiple sources of pain and infection may need multiple visits to address their pain.

Emergency care

- If a service user is registered with a dentist, this should be their first place of contact to seek help.
- The practice will be able to advise the service user if an appointment is required or available, or if the patient needs to go to a local hospital for treatment.
- If the service user is not registered with a dentist, they should follow the advice for their local health board. All areas in Scotland have emergency care services available for unregistered service users.
- Information on NHS dental treatment in Scotland and Dental emergencies is available online.
- If a service user thinks they have a dental emergency out of hours, they should use the NHS 24 on 111 service.
- Qualified healthcare professionals will triage the service users' complaints and symptoms, taking them through a series of questions before offering them advice or referral to an appropriate service.

Important message

Practitioners may be able to assist the service user to follow these routes for emergency and routine dental appointments. The direct support and encouragement from practitioners are important strategies and play a significant role towards behaviour change.

Dental Services and registration

General dental services

In Scotland, general dental services (GDS) provides most dental services, approximately 75% of all NHS dental services. General dental practitioners (GDPs) are independent contractors who are paid through the NHS to treat patients. Some GDPs undertake only private work; many accept NHS and private patients.

In order to receive the full range of dental treatment and care under the NHS, a service user must be registered with a dentist. In order to do this, they must give an address; however, this could include a hostel or other third sector organisation.

IMPORTANT key messages

Dental registration requires an address where the service user can receive correspondence. However, if the service user regularly engages with third sector organisations or is based in a hostel, this address can be used, if agreed with the person who receives the mail.

Once registered, a dentist cannot refuse to provide a registered NHS service user with any treatment they need to secure and maintain their oral health under the NHS.

Service users should discuss their dental needs with the dentist.

Service users who are not registered with an NHS dentist but wish to register, can Find a Dentist on the NHS Inform website.

IMPORTANT: The information in this section is subject to change. As a practitioner, consider explaining to service users that changes are expected to NHS delivery in the very near future, and the need for them to communicate with their dentist or dental practices about this.

NHS dental treatment charges

NHS dental examinations (check-ups) are free to all service users resident in Scotland. There may be charges for follow-up treatment (see below) [24].

Service users can get free dental treatment if:

- they are aged under 26 years old;
- they are pregnant;
- they have had a baby in the previous 12 months;
- they have a certificate of exemption from payment because of income. See information related to People Receiving Benefits on the Scottish Dental website.

If service users are not entitled to free treatment or help with the cost then they will be expected to pay 80% of the cost of the treatment up to a current maximum of £384 per course of treatment (as of 1st of December 2021).

Please note that the NHS fee structure is complex and varies considerably from service user to service user depending on the treatment required. Remember that dental charges are subject to review and modification. There is an overview of the overall prices of dental treatment in Table 3.

Help with NHS dental charges

Service users often worry about not being able to afford seeing the dentist, and this is often a barrier. If service users are on low incomes but are not automatically exempt from charges, they may be eligible for help. Find more information about Help with Health Care Costs.

Treatment	Cost
Examination	no charge
Two small X-rays	£5.44
Simple gum treatment (scale & polish)	£12.36
Small amalgam (silver) filling	£8.44
Large amalgam (silver) filling	£21.60
Root canal treatment (front tooth)	£45.52
Single crown (front tooth)	£81.92
Simple extraction (one tooth)	£7.76
Complete (upper and lower) dentures	£171.04

Table 3. Examples of costs for some types of NHS treatment [24]

Key message

Consider offering the service user support with filling in forms, as this can sometimes be a daunting task without assistance.

IMPORTANT information: The address of a third sector organisation can be a suitable address to use if the service user has discussed this arrangement with the organisation.

Unit 4
Common Risk Factor Approach to Oral Health

This Unit will:

- **Describe the common risk factors associated with diseases and health outcomes.**
- **Provide information on tooth decay (dental caries); dental erosion and gum disease.**
- **Describe knowledge about the common risk factor approach (smoking, alcohol consumption and the influence of different drugs and methadone) to improve the oral health status of service users.**

Common Risk Factor Approach to Oral Health

The previous Units provided information on the core oral health knowledge related to the three oral health key messages (toothbrushing, diet and dental visits).

This unit will:

- Describe the common risk factors associated with diseases and health outcomes.
- Provide information on tooth decay (dental caries);, dental erosion and gum disease.
- Describe knowledge about the common risk factor approach (smoking, alcohol consumption and the influence of different drugs and methadone) to improve the oral health status of service users.

Oral health conditions share 'common risk factors' with other health conditions such as cancers, heart disease and obesity. Many of the behavioural risk factors presented in Table 4 negatively impact not just oral health but the overall health of those experiencing homelessness. By adopting the common risk factor approach, practitioners can help service users to identify these intersections with oral health, by increasing their critical understanding of the need to have a healthy mouth inside a healthy body.

Table 4 (on the following page), demonstrates some risk factors that contribute to the development of a range of diseases.

Risk Factor	Associated diseases/ health outcomes
Poor diet	• Obesity • Cancers • Heart disease • Dental decay
Stress and control over life events	• Heart disease • Gum disease • Jaw joint problems
Hygiene	• Gum disease • Skin disease
Smoking	• Cancer (including oral cancer) • Heart disease • Respiratory disease • Gum disease
Alcohol	• Cancer (including oral cancer) • Heart disease • Trauma to teeth and bones
Exercise	• Heart disease • Obesity
Injuries	• Trauma to teeth and bones

Table 4. The common risk factor approach [25]

Key messages

- The mouth cannot be isolated from the rest of the body.
- We all need to create collective strategies to tackle the common risk factors: poor nutrition, mental health issues, heavy consumption of sugary food and drinks, sedentarism, substance misuse, among other things.
- Adopting good oral health behaviours will have a positive impact on general health.

Tooth Decay

Key messages

- Dental decay and gum disease are entirely preventable.
- Oral health is influenced by socio-economic factors.
- Changes in knowledge can lead to changes in behaviour.

This unit is important because it can be used to illustrate to people who are experiencing homelessness some of the consequences of having poor oral health. Feedback from focus groups and interviews with people with lived experience of homelessness showed that an increased awareness of basic oral health knowledge is an important strategy for behaviour change.

What is decay?

- It is the destruction of the enamel and dentine of the teeth (see Figure 13).
- When the enamel is weakened it can break off and form a hole (cavity) in the tooth.
- This leads to the further breakdown of the dentine underneath the enamel.
- It can cause pain and lead to infection.

Figure 13. Decay [4]

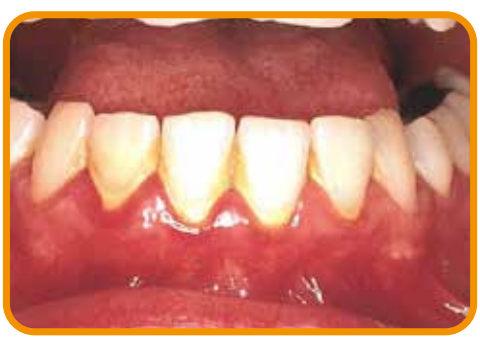


Figure 14. Plaque [26]

How to prevent decay?

- Reducing the amount and frequency of sugary food in the diet and keeping it to mealtimes where possible;
- Brushing your teeth twice per day for 2 minutes with a fluoride toothpaste.
- Dental checkups as often as the dentist recommends;
- Following the three key oral health messages (Unit 3).

Key messages

Every time anything sugary is eaten or drunk, the teeth are under acid attack for up to one hour. This is because the sugar reacts with the bacteria in plaque and produces harmful acids.

Dental Erosion

What is dental erosion?

- Dental erosion is different from decay. It is where the enamel on the tooth surfaces dissolves (wearing away) (see Figure 15).
- Erosion affects plaque-free surfaces.

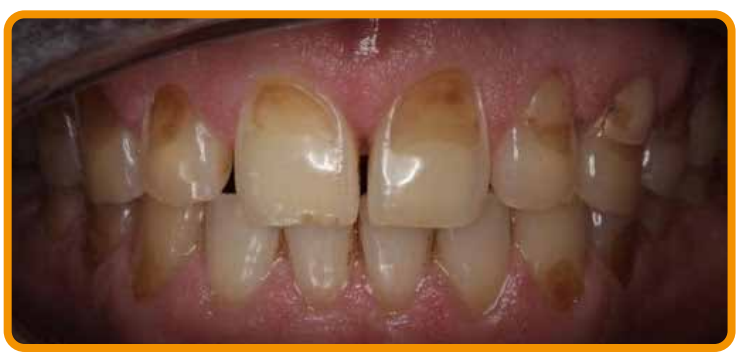


Figure 15. Dental erosion [27]

What causes dental erosion?

The consumption of acidic foods and drinks such as diet/sugar-free drinks and fruit juices, which dissolve the enamel on the tooth surfaces.

Sipping and drinking from cans and bottles causes considerable erosion on the upper front teeth.

Gastric reflux and vomiting (associated with pregnancy, hiatus hernia, anorexia/bulimia, motion sickness, alcohol misuse, among others). This often causes erosion on the back teeth.

How to prevent dental erosion?

- Using a straw when drinking diet/sugar-free drinks and fruit juices;
- Acidic foods and drinks should be kept to mealtimes when possible;
- Brushing should be avoided immediately after eating and drinking acidic foods and drinks to avoid further damaging the already weakened enamel;
- Following the key three oral health messages (Unit 3).

Gum (periodontal) disease

Key message

Gum disease remains the most common cause of tooth loss in adults.

What is gum disease?

It starts off as gum inflammation (gingivitis - redness, swelling, and bleeding on brushing – see Figure 16) which may lead to irreversible and progressive bone loss.

- If left untreated, it can result in loosening and subsequent loss of teeth (periodontitis – see Figure 17).
- Bleeding and inflamed gums are an early symptom of gum disease.

Figure 16. Gingivitis [4]

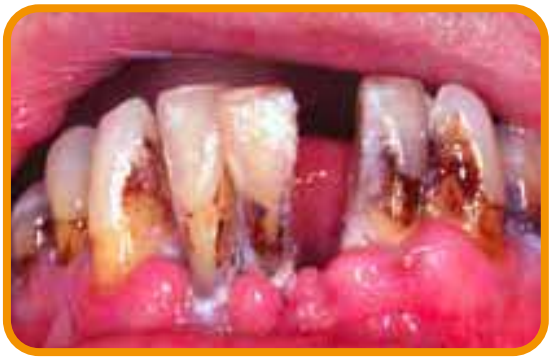


Figure 17. Periodontitis [4]

What causes gum disease?

- Gum disease is caused by plaque and poor oral hygiene.
- Smoking can lead to gum disease by causing the mouth to produce more bacterial plaque.
- Smoking can also worsen gum disease as it causes a lack of oxygen in the bloodstream which makes healing more difficult.
- Smoking can mask the severity of gum disease, as the gums are less prone to bleeding.

How to prevent gum disease?

- Effective and methodical removal of plaque along the gum line by thorough toothbrushing twice daily;
- Using dental floss and/or interdental brushes to clean in between the teeth;
- Following the key three oral health messages (Unit 3).

Key messages

Smoking and alcohol consumption greatly increases the risk of oral cancer.

Regular dental attendance is crucial for early diagnosis.

Early detection of mouth cancer is important, so 'if you observe something different in your mouth and are in doubt, get checked out.'

Risk factors

- The major risk factors for oral cancer are tobacco use (all tobacco products), alcohol
- consumption and excessive exposure to the sun, which is linked to lip cancer.
- Oral cancer can affect any of the soft tissues of the mouth, head, and neck: the lips, tongue, cheeks, and throat (see Figures 18 to 22).
- In the UK 8,722 people were diagnosed with mouth cancer and 2,702 people lost their lives to mouth cancer in 2020 [28].
- Oral cancer is more common in those over 50 years old and those who smoke or drink alcohol.
- Oral cancer is twice as common among males as females.
- Oral cancer is strongly related to social and economic deprivation, with the highest rates occurring in the most disadvantaged sections of the population.

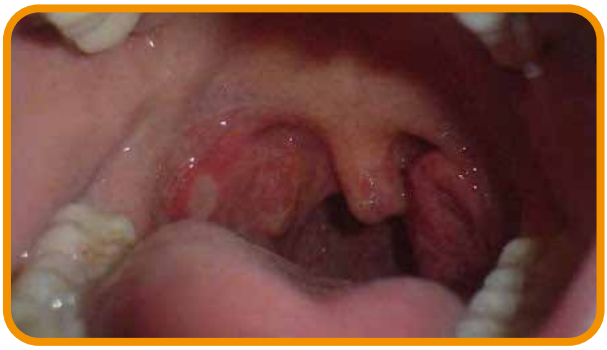


Figure 18. Throat ulcer. Credit: eyesnightclosed [29]

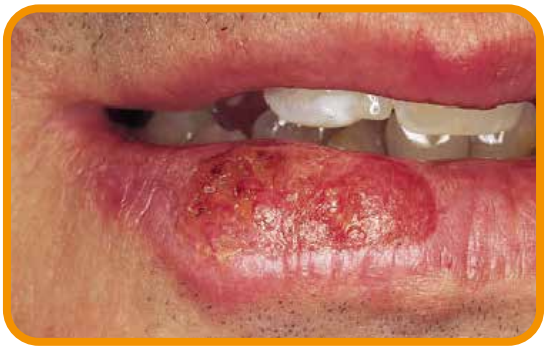


Figure 19. Shallow ulcer [30]

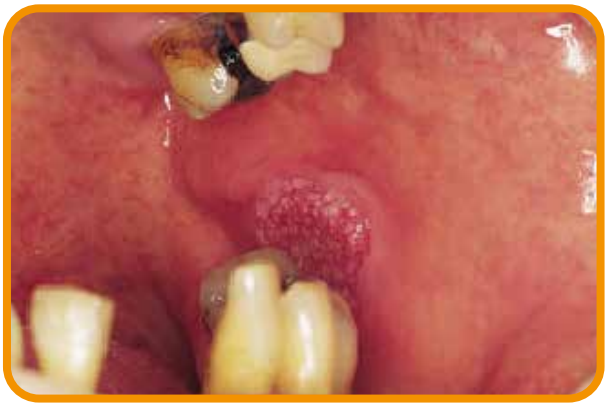


Figure 20. Speckled ulcer [30]

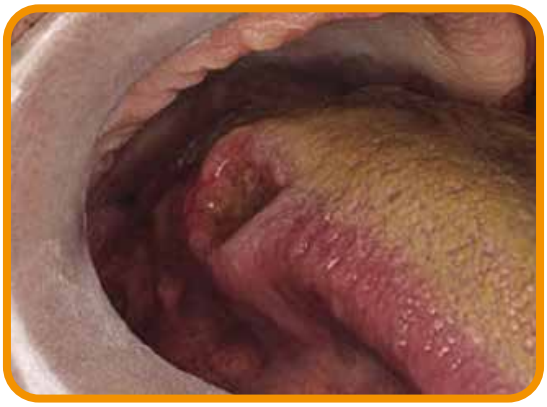


Figure 21. Tongue cancer [30]

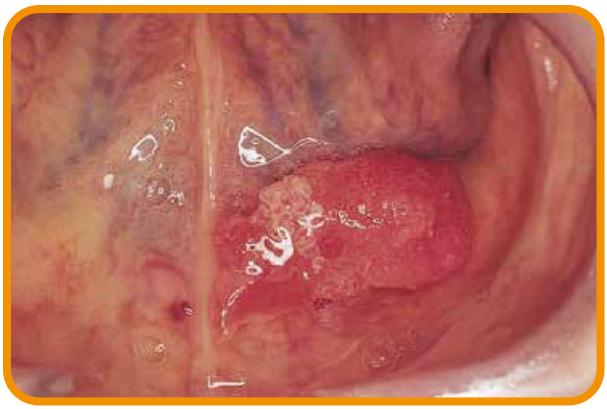


Figure 22. Red patch under the tongue [30]

Tips for prevention of oral cancer:

Annual examination by a dentist.

Stopping smoking.

Keeping to safe drinking limits.

Eating a healthy diet with lots of fruit and vegetables to maintain mouth health.

Prevention and early detection of mouth cancer

- Self-examination – be aware of what is going on in your own mouth (see Figure 23).
- Be aware of the common signs of oral cancer: a non-healing mouth ulcer, a red or white patch in the mouth, lumps or bumps or unexplained speech patterns or difficulty in swallowing.
- Reduce smoking. E-cigarettes can be used as a method to stop using tobacco. The long-term effects of e-cigarettes and vaping are not yet known. Therefore, take advice from professionals providing smoking cessation sessions (Yang, Sandeep, and Rodriguez, 2020). [31]
- Keep to safe drinking limits - people are advised not to drink more than 14 units a week on a regular basis and should spread their drinking over three or more days if they regularly drink. Figure 24 can be used to talk about number of units with the service user if there is a disclosure of excessive drinking.
- Eat a healthy diet with fruit and vegetables to maintain a healthy mouth.
- Ensure you have an annual dental examination

Practitioners can find more information about Mouth cancer at the Oral Health Foundation, Let's talk about Mouth Cancer and the NHS website.

You can find information on HPV and other Sexually Transmitted Infection (STI) at the NHS website.

Figure 23. Folder Mouth Cancer Check [32]

Figure 24. Think about your drink [33]

Alcohol and smoking cessation advice

Key messages

Alcoholic drinks can cause dental erosion.
Frequent consumption of alcohol and tobacco can increase the risk of mouth and throat cancer.
Smoking damages the mouth, teeth, and gums resulting in staining of the teeth, gum disease, tooth loss and is the major cause of mouth and throat cancer.

How can drinking alcohol affect oral health?

Most alcoholic drinks contain sugar.
Some are acidic and will cause dental erosion by eroding the enamel on the teeth.
Drinking over a long period means the teeth are under sustained acid attack over that time.
Drinking alcohol is the second most important cause of mouth and throat cancer after tobacco.

How can smoking affect oral health?

Smoking stains the teeth yellow or brown in a very short time due to the nicotine and tar content.
Smoking causes the mouth to produce more bacterial plaque.
Smoking can lead to gum disease with the destruction of the root through decay, resulting in tooth loss.
Smoking increases the chance of developing mouth and throat cancer.

There are many organisations throughout Scotland that service users can contact if they feel ready to change their behaviour related to alcohol and tobacco consumption. As a practitioner you can help service users to find the right service for them at the right time of their journeys. Be aware that during the Covid-19 pandemic, due to lockdown, there were reports of increased alcohol and cigarette consumption and many service users might be inclined to start reducing these consumptions.

Services available if stopping drinking is a decision made by service users	Services available if stopping smoking is a decision made by service users
Alcohol information and available services	Stopping smoking Quit your way Scotland

Drug use and oral health information

Substance misuse is often accompanied by poor diet and high levels of carbohydrate consumption, which increase tooth decay. People who misuse substances often have dry mouths and drug use can mask dental pain which can lead to long-term neglect of teeth and gums [34].

Dentists and practitioners need to be aware that service users who use drugs may have a higher pain tolerance, which can lead to worse oral health outcomes. This information is based on what people with lived experience in homelessness who also used drugs told us in this context.

Cannabis

- Because it is smoked, it is a major risk factor in oral cancer.
- Tar from smoke stains teeth and causes tartar/calculus.
- Heat and smoke damage the lining of the mouth.
- Causes changes to the mucosa (gums): keratosis (thickening), stomatitis (inflammation) and melanosis (darkening).
- Risk factor for gum disease.
- Smokers also respond less well to treatment for gum disease.

Cocaine

- Localised gum and bone damage (from rubbing cocaine onto the gums).
- Localised tooth decay (from street drugs being cut down with sugar or glucose powder).
- Spontaneous bleeding of the gums.

Cocaine use can be very dangerous since it can interact with dental anaesthetics. Service users should be advised to refrain from taking cocaine before undergoing dental treatment.

Amphetamines and ecstasy

- Stimulate carbohydrate intake and increase thirst.
- Increase motor activity, including teeth grinding (bruxism).
- Can increase bleeding after surgery.
- Can produce dry mouth.

Increased thirst can lead to increased consumption of sugary drinks which, as with opiates, raises the risk of tooth decay. Teeth grinding can lead to increased tooth wear, especially in combination with consumption of acidic and sugary drinks.

Hallucinogens (LSD, mushrooms, angel dust)

- Potential of mouth and facial injuries (from risk-taking behaviour under the influence of drugs).
- Can encourage jaw and teeth grinding.
- Stressful situations (e.g. dental treatment) may cause panic attacks.
- Opiate painkillers should not be prescribed for those taking phencyclidine (angel dust) as there is a danger of respiratory failure.

Solvent misuse

- Skin irritation may be noted around the mouth and nose.
- Oral frost bite may be present (from inhaling aerosols).
- Mouth and facial injuries may occur (from risk-taking behaviour during intoxication).
- Dental anaesthetics containing adrenaline should not be used because solvent abuse can sensitise the heart muscle to adrenaline.
- General anaesthetics should be avoided because of possible liver damage.

Anabolic steroids

- Dependence can lead to high consumption of carbohydrates, which increases the risk of tooth decay.
- General anaesthesia should be avoided as these drugs can lead to heart problems.
- Post-operative bleeding is increased as clotting factors are reduced.
- Feelings of hostility and violence are common among users therefore there is a risk of mouth and facial injury.

People with experience in drug use report considerably more difficulty in accessing dental services. Anyone facing this problem and wishing to do so should visit NHS Inform website.

If the service user wants further information on drug misuse, you can find information in Drug addiction: getting help.

More information about Oral Health Improvement for People who have Experience of Drugs is available at the University of Dundee website.

For information on local Public Dental Service or Drug and Alcohol Services for their area, or call NHS 24 on 111.

Methadone and oral health

What is methadone?

Methadone is a manmade substance that has similar properties to a particular group of drugs often called opiates or narcotics, e.g. heroin or morphine.

Methadone works by giving to receptor sites in the brain similar effects to other opiates but without the side effects. This means that methadone can be used as a suitable therapy for the treatment and management of opiate addiction.

Methadone reduces the cravings from heroin without causing the extreme high and low euphoric side effects.

Methadone is typically used as a syrup, which is taken by mouth once a day and is available in either sugar-containing formula or sugar-free variations.

Influence of methadone

Diet: Methadone can cause a craving for sugary foods. Increased consumption of sugars can cause tooth decay.

Dry mouth: Methadone make your mouth dry by decreasing the amount of saliva in your mouth. Saliva is the body's natural defense against acid and sugar. Chewing sugar-free gum after taking methadone can help your body release more saliva and reduce the chance of tooth decay.

Sugar content: Some types of methadone contain sugar. Brushing teeth twice a day with fluoride toothpaste, and cleaning between the teeth with floss and/or interdental brushes will help protect against gum disease and tooth decay. Regular dental attendance will also help keep the mouth healthy.

Acidity: Methadone is an acid and can cause direct erosion (wearing away) of the tooth enamel (the white surface layer of the tooth). Always rinse your mouth with water straight after consumption. Chewing sugar free gum will also be helpful to neutralise the acid.

Additional information

Smile4life
https://learn.nes.nhs.scot/3268/reducing-inequalities/smile4life

Cancer Research UK (mouth cancer information)
https://www.cancerresearchuk.org/about-cancer/mouth-cancer/symptoms

Caring for Smiles (better oral care for dependent older population)
https://learn.nes.nhs.scot/31518/reducing-inequalities/caring-for-smiles

Childsmile (improving oral health for children in Scotland)
http://www.child-smile.org.uk

Eatwell guide
https://www.nhs.uk/live-well/eat-well/the-eatwell-guide/

Let's talk about Mouth Cancer
https://www.ltamc.org/

Motivational Interviewing
www.motivationalinterview.org

Mouth Matters (better oral care for people in the prison system)
https://learn.nes.nhs.scot/3347/reducing-inequalities/mouth-matters

NHS Scotland
http://www.healthscotland.scot

NHS UK
https://www.nhs.uk/

NHS Inform
https://www.nhsinform.scot/

NHS Inform (alcohol)
https://www.nhsinform.scot/healthy-living/alcohol

NHS Inform (stopping smoking)
https://www.nhsinform.scot/healthy-living/stopping-smoking

NHS Inform (Quit Your Way Scotland)
https://www.nhsinform.scot/care-support-and-rights/nhs-services/helplines/quit-your-way-scotland

NHS UK (mouth cancer information)
https://www.nhs.uk/conditions/mouth-cancer/

NHS UK (getting help with drug addiction)
https://www.nhs.uk/live-well/healthy-body/drug-addiction-getting-help/

Open Wide (better oral care for adults with additional care needs)
https://learn.nes.nhs.scot/3348/reducing-inequalities/open-wide

Oral Health Foundation
https://www.dentalhealth.org/

Oral Health Foundation (mouth cancer)
https://www.dentalhealth.org/mouthcancer

Oral Health digital learning (Open badges on the importance of mouth care)
https://learn.nes.nhs.scot/30288/reducing-inequalities/open-badges

Oral Health Improvement for People with Experience of Drugs
https://www.dundee.ac.uk/projects/oral-health-improvement-people-experience-drugs

Scottish Dental (Accessible information about dentistry)
www.scottishdental.org

Public Health England (Delivering better oral health: an evidence-based toolkit for prevention)
https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention

Scottish Government (help with health costs)
https://www.gov.scot/publications/help-health-costs-quick-guide-help-health-costs/

Scottish Government (Trauma-informed practice)
https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/documents/

Local Information

This is a place for practitioners to record details of the local oral health promotion team and also the numbers for the local dental advice line and any other key contacts. You can also add opening hours of walk-in centres, drop-ins and NHS dental service available in your area.

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Appendices

Appendix 1. The Modified Dental Anxiety Scale (MDAS)

CAN YOU TELL US HOW ANXIOUS YOU GET, IF AT ALL, WITH YOUR DENTAL VISIT?

PLEASE INDICATE BY INSERTING 'X' IN THE APPROPRIATE BOX

If you went to your Dentist for TREATMENT TOMORROW, how would you feel?

Not Anxious c	*Slightly Anxious c*	*Fairly Anxious c*	*Very Anxious c*	*Extremely Anxious c*

If you were sitting in the WAITING ROOM (waiting for treatment), how would you feel?

Not Anxious c	*Slightly Anxious c*	*Fairly Anxious c*	*Very Anxious c*	*Extremely Anxious c*

If you were about to have a TOOTH DRILLED, how would you feel?

Not Anxious c	*Slightly Anxious c*	*Fairly Anxious c*	*Very Anxious c*	*Extremely Anxious c*

If you were about to have your TEETH SCALED AND POLISHED, how would you feel?

Not Anxious c	*Slightly Anxious c*	*Fairly Anxious c*	*Very Anxious c*	*Extremely Anxious c*

If you were about to have a LOCAL ANAESTHETIC INJECTION in your gum, above an upper back tooth, how would you feel?

Not Anxious c	*Slightly Anxious c*	*Fairly Anxious c*	*Very Anxious c*	*Extremely Anxious c*

Instructions for scoring (remove this section below before copying for use with service users)

The Modified Dental Anxiety Scale. Each item scored as follows:

Not anxious	=	1
Slightly anxious	=	2
Fairly anxious	=	3
Very anxious	=	4
Extremely anxious	=	5

Total score is a sum of all five items, range 5 to 25: Cut-off is 19 or above which indicates a highly dentally anxious service user, possibly dentally phobic

Reference: HUMPHRIS GM, MORRISON T and LINDSAY SJE (1995) 'The Modified Dental Anxiety Scale: Validation and United Kingdom Norms' Community Dental Health, 12, 143-150.

Smile4life
A co-designed educational and training resource