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Drug Court Smiles: Addressing dental care equity for justice-involved people

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Abstract

People in the criminal justice system, especially those enrolled in drug treatment courts, have complex health profiles, limited access to medical and dental care, and a high prevalence of substance use disorders (SUD). SUD is associated with poor oral health, including severe dental caries and periodontal disease. Both poor oral health and SUD can contribute to low self-esteem and stigma that pose barriers to seeking care. The aim of this study is to examine dental care and oral health disparities among community-dwelling justice-involved people with SUD enrolled in the drug treatment courts. We surveyed clients (N=59) and leadership team members (n=23) in four drug treatment courts. Clients responded to questions about dental care needs and self-reported oral health; leadership team members provided their perspectives on clients' oral health needs and barriers to care. Most clients (61%) rated their oral health as fair to very poor, and 27% had not seen a dentist in at least three years. Most (70%) leadership team members indicated that clients had occasionally or frequently discussed an oral health problem and 26% noted that clients occasionally or frequently missed court due to dental pain. Both clients and team members identified cost, transportation, fear, and stigma as key barriers to addressing clients' dental health needs. Improving oral health for justice-involved people with SUD may entail a multifaceted approach to address these barriers, and might consider novel approaches, such as co-locating dental and SUD providers.

Keywords

Dental care; oral health; drug treatment courts; social determinants of health; stigma

INTRODUCTION

Poor oral health has been described as “a national symbol of social inequality” and contributes to chronic diseases including cardiovascular disease, diabetes, obesity,

depression, addiction, and other medical and behavioral health conditions (Northridge et al., 2020). Barriers include cost, transportation, and access to care (Northridge et al., 2020). While dental health is often considered separate from public health, the intersectionality between substance use and systemic health makes oral health a vital public health issue, especially in marginalized populations.

Advanced dental disease, especially missing or broken teeth, provokes stigma and shame (Abideen et al., 2024). Social stigma associated with teeth affects nearly one-third of low-income Americans who reported that the condition and appearance of their teeth inhibited their pursuit of job interviews (Centers for Disease Control and Prevention, 2021). People with substance use disorder (SUD) face stigma from both medical and dental providers, causing delays in seeking care and worsening oral health. Moreover, dentists may feel uncomfortable treating individuals with SUD (Brondani et al., 2017).

People in the criminal justice system, especially those in drug treatment courts, have complex health profiles and limited access to medical, dental, and behavioral health care, including treatment for SUD (Hawks et al., 2022). Over 25% of people in the criminal justice system have been charged with a drug-related offense, and approximately 65% of the US prison population has an SUD (Mukherjee & El-Bassel, 2020). SUD exacerbates dental caries and periodontal disease (Yazdanian et al., 2020). Emerging evidence suggests that improving dental care among people with SUD may facilitate and sustain recovery (Uthurralt et al., 2024). Improvement in dental health among justice-involved people with SUD might also promote community reintegration and reduced recidivism and relapse (Herlick et al., 2020).

Drug treatment courts (DTCs) began in the late 1980s as an alternative to incarceration for people charged with nonviolent drug-related crimes (Mitchell et al., 2012). DTCs offer clients a structured regimen combining judicial case processing with SUD treatment (Marlowe et al., 2016). Drug court judges work closely with multidisciplinary leadership teams that often include program coordinators, treatment providers, social service agency representatives, probation officers, and attorneys to address clients' recovery progress and needs (Marlowe, 2021).

To our knowledge, few studies have examined issues pertaining to dental care and oral health among DTC clients. This research study addresses this gap and examines dental care and oral health disparities among community-dwelling justice-involved people with SUD enrolled in the drug treatment courts. Factors such as limited income, lack of insurance, and community resources may affect access to care, while perceived and self-evaluated dental needs influence health behaviors. Overcoming barriers such as fear of the dentist is crucial for seeking and obtaining treatment. Improved access to dental care can enhance oral health and overall quality of life for these clients.

METHODS

Self-report surveys were administered to leadership teams and clients in four DTCs in a Western New York county from March-July 2024. Two surveys were developed by an

interdisciplinary research team that included a treatment court judge, a professor of dental medicine, a medical anthropologist, a public health professor, a social worker, the director of a transitional case management program, an epidemiologist, and a masters-level research associate. The county includes a metropolitan region, suburbs, and rural areas. The four courts served adults with SUD charged with non-violent offenses. One of the four courts was a veteran's drug treatment court.

The Drug Court Leadership Survey asked judges and teams to assess their clients' oral health, access to dental care, and the oral health resource needs of their court. This survey was administered electronically to the leadership teams, comprised of judges, court coordinators, case managers, treatment agency and social service representatives, and public defenders. Team members received an email invitation with an electronic link to the survey programmed in REDCap, to capture responses. The survey was anonymous and only collected the respondents' roles on the leadership team (e.g., agency representative).

The Drug Court Participant Survey asked clients about self-reported oral health, symptoms, fears, habits, and barriers and enablers to dental care. We incorporated questions from the structural vulnerability index (Bourgois et al., 2017), which assesses employment, social support, financial resources, and housing.

A trained research assistant administered the client surveys in person. During drug treatment court, judges made an IRB-approved announcement about the survey, alerting clients to the research assistant distributing the paper surveys. Flyers promoting the study were also distributed. All actively enrolled participants in the four treatment courts were invited to participate. The surveys were anonymous; no personal identifying information was collected. Clients completing the survey received a "home dental care kit" from the research assistant.

At the end of each court session, the research assistant collected the paper surveys, and the research team entered the data into REDCap. The University at Buffalo Institutional Review Board granted human subjects' approval (ID: UBIRB STUDY00007972). Approval was also obtained from the 8th Judicial District Courts Administration and New York State Courts.

Data analysis

Data was extracted from REDCap for both surveys and analyzed using SAS software version 9.4 (Copyright © 2016 SAS Institute Inc.). Descriptive frequencies and means were calculated for all variables.

RESULTS

A total of 59 clients responded to our survey (Table 1), yielding a response rate of 48%. There were 23 leadership team members responding to our survey: a 58% response rate (Table 1).

Client Results:

Most clients (n=59) were young adults between the ages of 20–39 (66%), male (65%), and white (61%). The majority (80%) had at least a high school education (Table 1). Most clients (55%) reported pain in their mouth, with 20% endorsing severe or very severe pain (Table 2). Of those with pain, 77% stated that pain had lasted a month or more. Chief concerns included cracked or chipped teeth (39%) and stained teeth (37%). Only 47% had a dental exam in the past year, with fear (40%), cost (31%) and lack of time (29%) cited as major barriers. Lack of transportation to dental care posed a barrier for 35% of clients. Nearly all (97%) agreed or strongly agreed that healthy teeth and gums were important, but 61% rated their current oral health as fair to very poor. Only 41% brushed their teeth at least twice a day.

Leadership Results

Leadership team respondents (n=23) were predominantly from treatment agencies (52%), had spent under 5 years in their current position (48%), and worked in an adult DTC (91%) (Table 1). Most (70%) reported that clients had occasionally or frequently discussed an oral health problem in court during the past year (Table 3). Twenty-six percent (26%) indicated that clients occasionally or frequently missed court during the past year due to dental pain and over half (57%) reported that clients discussed the appearance of their mouth. Seventy-four percent (74%) reported that clients occasionally or frequently expressed a need to see a dentist in the past year. Respondents agreed that cost (78%), transportation (82%), lack of time (52%) and low self-esteem (70%) impacted client oral health. Most leadership team members (87%) requested more information on linking clients to a nearby university dental school for ongoing care.

DISCUSSION

The aim of this research was to investigate dental care and oral health disparities among community-dwelling justice-involved people with SUD. To our knowledge, this is the first study to examine oral health issues from the perspective of DTC clients and leadership team members. Survey responses from both groups in this novel study underscore significant oral health disparities and high need among treatment court clients.

Most clients rated their oral health as fair to poor, and 20% were living with severe or very severe oral pain. In a recent national survey (Heaton, Santoro, et al., 2023), 74% of respondents rated their oral health as excellent, very good, or good compared to only 39% of clients in our survey. Fewer than half of our client respondents (47%) had seen a dentist in the last year, compared to 67% in a national sample of US adults (Heaton, Santoro, et al., 2023). Only 41% of our survey respondents indicated that they were brushing their teeth twice a day compared to 66 % of US adults (Heaton, Santoro, et al., 2023).

Court leadership team members' responses aligned with those of clients. Among leadership team respondents, 73% indicated that clients expressed the need to see a dentist. Oral pain may be associated with missing court, with nearly one-third of court leadership team members reporting that client dental pain resulted in missed court appearances.

The barriers to dental care reported by clients and leadership team members mirror those documented in other studies. These include the structural barriers of cost and transportation, as well as individual barriers of fear, self-esteem, and stigma (Uthurralt et al., 2024). Dental care imposes a heavy financial burden which is a major reason patients avoid seeking care (Northridge et al., 2020; Vujicic et al., 2016). Even with Medicaid dental coverage, finding a dentist remains difficult because only 20% of US dentists accept Medicaid (Northridge et al., 2020). Moreover, Medicaid and private dental insurance plans often limit the number of dental procedures covered, causing patients to forgo dental care due to cost (Vujicic et al., 2016). The downstream effects of limited access to dental care include more and costlier emergency room visits, which often result in tooth loss instead of restorative dentistry work (Vujicic et al., 2016).

Transportation and time pose additional barriers. Transportation cost and dependency on others for rides present obstacles to dental care among low-income groups (McKernan et al., 2018). DTC clients often have a very regimented schedule, and finding transportation can be burdensome.

Fear of the dentist is a common barrier and is estimated to affect 36% of the general population, with an additional 12% experiencing extreme dental fear (Beaton et al., 2013). People with SUD also experience stigma and shame (Doughty et al., 2023), which may be exacerbated by poor oral health, evidenced by broken or missing teeth, promoting feelings of humiliation when seeking dental care (Doughty et al., 2023).

There are several limitations to this small pilot study. Participants represented a convenience sample of volunteers from a Western New York county and may not be generalizable to all DTC leadership teams or clients. The self-report surveys were anonymous and collected at a single point in time.

Recommendations

Practice: Educating dentists and dental students on best practices in caring for patients with SUDs might augment their knowledge and confidence and reduce stigma (Brondani et al., 2017). Expanding the role of certified peers or community health workers to help people with SUD obtain dental care could mitigate the double stigma of substance use and poor oral health while linking patients to treatment (Lapidos et al., 2024).

Policy: Our novel study speaks to the intersection of dental health and SUD and underscores its impacts on marginalized and vulnerable populations. The lack of access to dental care should be a priority for public health policy makers to ensure access and reduce costs due to emergency visits. This may require a multifaceted approach. Integrating or co-locating dental providers with substance use treatment or behavioral healthcare can facilitate dental care for people with SUD or behavioral health conditions (Matulis et al., 2024). Other innovations include tele-dentistry and mobile dental units – especially for rural areas or hard-to-reach populations (Heaton, Thakkar-Samtani, et al., 2023). Furthermore, Medicaid covers dental coverage in New York State for adults, but only 20% of providers take patients with this coverage. Dental coverage needs to be expanded nationally, and providers should be encouraged to care for these covered patients.

Research: Further longitudinal research focusing on the association between improved oral health and recovery capital among people with SUD, including justice-involved, should be undertaken. Future qualitative research studies can uncover contextual factors and specific challenges to accessing care and reducing oral health disparities.

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TABLE 1
Survey Respondent Demographic Characteristics (N=59)

<i>Clients (N=59)</i>	N	%
Age (years)		
20–29	11	21
30–39	24	45
40–49	10	19
50–59	4	8
60+	4	8
Sex		
Male	37	65
Female	20	35
Ethnicity		
Non-Hispanic ethnicity	44	83
Hispanic ethnicity	9	17
Race		
White	36	61
Black or African American	15	25
American Indian or Alaskan Native	4	7
Pacific Islander	1	2
Other	3	5
Education		
Never attended school or only attended kindergarten	1	2
Some high school	10	19
High school graduate or equivalent	22	42
Some college or technical school	17	32
College graduate	3	6
<i>Leadership Team Members (N = 23)</i>	N	%
Role in court		
Treatment agency representative	12	52
Case manager	3	13
Judge	2	9
Coordinator	1	4
Other	5	22
Time in current position		
Less than one to 5 years	11	48
More than 5 to 9 years	6	26
10 years or more	6	26
Primary type of court		
Adult drug treatment court	21	91
DWI court	2	9

TABLE 2

Client Self-Reported Oral Health (N=59)

	N	%
<i>Level of pain in your mouth</i>		
No Pain	24	44
Mild or moderate	19	35
Severe or very severe	11	20
<i>Length of time in pain (n = 27)</i>		
A week or less	6	23
A month or more	20	77
<i>Concerns about teeth*</i>		
Cracked or chipped tooth/teeth	23	39
Stained tooth/teeth	22	37
Cavities	15	25
Missing tooth/teeth	20	34
Bleeding or sore gums	13	22
Impacted tooth/teeth	4	7
<i>Time since last dental exam</i>		
Within the past year	28	47
Within the last 2 years	15	25
Within the last 3–10 years	9	15
10 years ago or more	7	12
<i>Reasons why it is hard to visit the dentist*</i>		
Fear of the dentist/Anxiety	24	40
Cost or other financial difficulties	18	31
Lack of insurance that covers dental care	10	17
Difficulty finding a dentist who takes your insurance	7	12
Lack of time or too busy with other commitments	17	29
Lack of transportation	13	22
Distance to dentist's office or clinic	7	12
Appointments not available when you need them	5	8
Unable to get to the dentist's office when it is open	4	7
Lack of childcare support	2	3
<i>Transportation access for dental care</i>		
Yes	37	65
No	20	35
<i>Healthy teeth and gums are important to me</i>		
Agree or strongly agree	55	97
Neither agree or disagree	1	2
Strongly disagree	1	2
<i>My current oral health is</i>		
Good to excellent	23	39

	N	%
Fair or poor to very poor	35	61
Frequency of teeth brushing		
Twice or more a day	24	41
Once a day	29	50
Less than once a day	1	2
Rarely	3	5
I don't have a toothbrush / toothpaste	1	2

*
Categories are not mutually exclusive

TABLE 3
Court Team Members' Assessment of Client Oral Health Needs

	N	%
<i>Frequency of clients' oral health-related issues in past year</i>		
Discussed an oral health problem		
Frequently	8	35
Occasionally	8	35
Rarely	3	13
Don't know/Not sure	4	17
Missed court or an important appointment due to dental pain		
Frequently	1	4
Occasionally	5	22
Rarely or never	11	48
Don't know/Not sure	6	26
Discussed the appearance of their mouth		
Frequently	3	13
Occasionally	10	43
Rarely or never	7	30
Don't know/Not sure	3	13
Expressed the need to see a dentist?		
Frequently	7	30
Occasionally	10	43
Rarely or never	3	13
Don't know/Not sure	3	13
<i>Factors impacting clients' oral health</i>		
Inadequate dental insurance/cost of dental care		
Very or somewhat true	18	78
Not true	2	9
Don't know/Not sure	3	13
Lack of transportation to a dental care provider		
Very or somewhat true	18	82
Not true	1	5
Don't know/Not sure	3	14
Lack of time to see a dental care provider		
Very or somewhat true	12	52
Not true	7	30
Don't know/Not sure	4	17
Low self-esteem or stigma about the appearance of their teeth		
Very or somewhat true	16	70
Not true	2	9
Don't know/Not sure	5	22
<i>Would like more information on referring clients to dental care</i>		
Yes	20	87

	N	%
No	2	9
Don't know/Not sure	1	4

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