



# Alliance for Addiction and Mental Health Services, Maine

*The unified voice for Maine's community behavioral health providers*

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## Testimony in support of LD 72, LD 62, LD 996, LD 1501

April 26, 2021

Good morning Senator Claxton, Representative Meyer and esteemed members of the Joint Committee on Health and Human Services,

I am Kaitlyn Morse, a resident of Westbrook, and Policy Associate of the Alliance for Addiction and Mental Health Services. The Alliance represents Maine's safety net community-based mental health and substance use treatment agencies. We advocate for sound policies and evidence-based practices that enhance the quality and effectiveness of Maine's behavioral health care system for people at all ages.

### On behalf of the Alliance, I am here in support of:

LD 72 – An Act to Improve Dental Health for Maine Children and Adults with Low Incomes

LD 62 – An Act to Promote Cost-Effectiveness in the MaineCare Program and Improve the Oral Health of Maine Adults and Children

LD 996 – An Act to Improve Dental Health Access for Maine Children and Adult with Low Income

LD 1501 – An Act to Protect Oral Health For Children in Maine

A comprehensive oral health program for people of all ages would enable Maine to start disrupting the link between overuse of the Emergency Department for oral treatments and the potential for addiction to opioids in early life.

### Connections between the opioid epidemic and dental pain are clear.

Here are the facts:

**In 2010 the top diagnostic reason for an emergency department visit among both MaineCare and uninsured young adults aged 15 through 24, and adults aged 25 through 44 was dental disease.**

**A 2018 Journal of the American Dental Association study found patients receiving oral health care in an emergency department were nearly five times more likely to receive an opioid prescription than were patients treated in a dental office.**

**Research shows that teens taking an opioid during these vulnerable years are three times more likely to misuse drugs in the succeeding five years after their initial introduction to the prescribed opioid.**

We know that young people are at increased risk of addiction. The part of the brain that releases dopamine and reinforces the sensation of pleasurable experiences is heightened for adolescents. At the same time the pre-frontal cortex, the part of the

brain responsible for self-control and decision-making doesn't fully develop until the mid to late 20s.

**Teens who have taken an opioid during these most vulnerable years are three times more likely to misuse drugs.**

**Two in three adults treated for opioid use disorder (OUD) first used opioids when they were younger than age 25.**

Dental pain is the most common chronic childhood disease.

In many cases, the first opioid prescription a young person receives is for oral pain due to poor preventative care or the removal of wisdom teeth.

Anecdotally, I remember this was the case for me. My mother was a nurse in a local pain clinic in the early 2000s. While I recovered from wisdom teeth removal surgery, she watched me like a hawk to make sure I was smart about the prescription. I had no trouble after the fact, but not everyone has a mother who, because of her work, was on the phone with the district attorney's office everyday as the epidemic broke.

Youth prescribed an opioid, without a mom like mine, may experience a reduced sense of risk for using and accessing opioids later in life.

In addition, when emergency department doctors overprescribe opioids for dental pain, teens are more likely to resell unused opioid prescriptions to their friends, thus contributing further to the opioid crisis.

Making oral health a priority in schools and making it easier for young people to access preventable dental care, would simultaneously provide necessary care, and eliminate the well documented, unnecessary, ripple effect of addiction caused by early introduction to opioids in many of Maine's emergency departments.

Please vote Ought to Pass.