Policy Statement 2.3.2 – Delivery of Oral Health: Special groups: Adolescents and Young Adults

Position Summary

All adolescents and young adults should have access to education, oral health products, and oral health services that contribute to the maintenance of good oral health. The Child Dental Benefits Schedule (CDBS) should be better promoted and expanded to include mouthguards, and to cover the dental component of in-hospital services for treatments completed under general anaesthesia (GA).

1. Background

1.1. Good oral health in adolescents and young adults can be maintained with brushing, flossing, a diet low in added sugar, regular dental visits and exposure to appropriate levels of fluoride in various forms.

1.2. Some adolescents and young adults, particularly those from rural and remote areas, disadvantaged groups, Aboriginal and Torres Strait Islanders, and special needs patients have a higher risk of oral diseases.

1.3. As adolescents and young adults make the transition into adulthood they need to accept responsibility for their own oral health.

1.4. Specific oral health risks for this age group arise from lifestyle dietary factors, oral hygiene habits, recreational activities and orthodontic factors.

1.5. Eligibility for public oral health services may cease for adolescents and young adults after school age, which may cause a decrease in maintenance of preventive dental care leading to a higher risk of oral diseases.

1.6. Adolescents and young adults have a lower proportion of people having private dental health cover.[1]

1.7. Wisdom teeth often start causing problems from late teenage to young adult years and often need to be removed under GA.

1.8. Access to appropriate facilities for dental treatment involving GA has declined in recent years, partly due to profitability connected to rebate schedules and funding models.

1.9. Consumer awareness of CDBS is low, as evidenced by utilisation and has remained static in recent years. The CDBS is not widely advertised, and potential recipients may not understand it well. Improved targeted promotion could be expected to enhance uptake.

Definition

1.10. ORAL HEALTH is multi-faceted and includes, but is not limited to, the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and free from pain, or discomfort, and disease of the craniofacial complex.

1.11. BODY MODIFICATION (or body alteration) is the deliberate permanent altering of the human anatomy or human physical appearance.

2. Position

2.1. All adolescents and young adults should have access to education, oral health products, and oral health services that contribute to the maintenance of good oral health.

2.2. Public funding should be available for financially disadvantaged adolescents and young adults to access

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[1] AIHW https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/private-health-insurance

This Policy Statement is linked to other Policy Statements: *2.2.1 Community Oral Health: Fluoride Use, 2.2.4 Community Oral Health: Tobacco, 2.2.5 Prevention and Management of Oral Injuries & 2.5.2 Delivery of Oral Health Care: Funding: Universal Dental Schemes & 2.10 Oral Health and the Social Determinants of Health*

dental services including mouthguards and treatment under GA.

2.3. Population health measures, such as water fluoridation, must be maintained and extended where practical, to protect all adolescents and young adults, particularly those at risk of poor oral health.

2.4. Oral health promotion strategies should target the following for adolescents and young adults:

- reducing the gap for general and oral health amongst people from disadvantaged groups, Aboriginal and Torres Strait Islander people, and regional and remote groups;
- dietary habits that are harmful to oral health, including grazing, snacking and frequent consumption of foods and drinks with high sugar and acid content;
- transitioning living arrangements, including leaving family support structures;
- frequent and excessive consumption of alcohol;
- use of tobacco products and/or e-cigarettes (vaping);
- use of illicit drugs;
- lifestyle behaviors such as oral piercings and body modification.
- unprotected oral sex and exposure to sexually transmitted infections;
- the short and long-term association between systemic diseases and oral health, e.g. diabetes and eating disorders;
- side effects of medications, e.g. for asthma and mental health conditions; and
- prevention of dental trauma, e.g. from contact sports, recreational activities, and orofacial piercing and/or body modification.

2.5. Adolescents and young adults with developmental or acquired diseases or conditions, including injuries, may have special oral health needs requiring the assistance of parents and/or carers. Oral health promotion should encourage self-care with the family members of patients with special needs. Access to appropriate oral health services should be a high priority for this group.

2.6. Improved targeted promotion of the CDBS should be undertaken.

Policy Statement 2.3.2

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