Developed by a Japanese chemist in 1919, and was used during World War II to help soldiers stay alert. After the war, a massive supply of meth formerly used by the Japanese military became available, skyrocketing addiction. Meth causes severe tooth decay in a very short time and it has been noted that users lose their teeth abnormally fast due to a combination of side effects. Indeed the term ‘meth mouth’ has been used to describe the extensive damage typically caused by this drug. It is reported to attack the immune system, so users are often more prone to infections such as A.U. It is also highly acidic and causes erosion. Other side effects include dry mouth, bruxism and jaw clenching.

Ecstasy. Also called ‘E’, the love drug and raver’s. Bakers and anti-drug activists have long debated whether ecstasy causes brain damage, but both ignored a more serious and immediate problem few can deny – damaged teeth. This is as a result of the jaw clenching and tooth grinding that usually accompanies partaking of this club drug. Ecstasy users often carry a dummy mouth and if one isn’t handy a lollipop will suffice, although recently orthodontic retainers have replaced these as a result of the jaw clenching and tooth grinding. Research has shown that friction involved in the chewing of ecstasy users raised temperatures. It goes without saying that users who experience nausea and vomiting after taking E are also more prone to erosion.

Others to consider

This list is by no means exhaustive; indeed there are many new substances on the pharmaceutical block including ketamine and GHD. Also, the scale of poly-drug use is escalating; 15 years ago users would have made do with one ecstasy tablet and now they’re taking a whole cocktail of drugs without being aware of their impact.

Any drug dependence or drug use that causes the person to neglect their personal hygiene, diet and dental care can significantly increase the risk of dental (and many other) problems. Forget the image of the dropout on the park bench though – most people who use drugs are ordinary people who lead perfectly normal lives. This was highlighted by a paper published in the British Dental Journal last month relating to drug use among dental undergraduates and vocational trainees. Not only that, but a recent study indicates that, thousands of apparently successful, healthy and affluent people in their 30s, 40s and 50s choose to be heavy recreational drug users at the weekend. Indeed, in many areas, the main clubbing night has moved from Saturday to Friday to allow people to recover in time for work or lectures on a Monday morning.

Looking for signs

As dental professionals we have a major role to play in helping patients with their addictive behaviour and we need to look out for any signs and symptoms present in their mouths. Questions regarding drug use must be handled in a sensitive, non-judgemental and confidential manner. If drugs are causing problems, it may be necessary to discuss adjusting the methodology of delivery.

Prevention is certainly better than cure especially as restorative dental treatment can be expensive and time consuming. If patients are open about drug use, we can help them to manage the situation. Professional treatment depends on the particular drug and its effect on the teeth and gums but may include:

• Referral to an appropriate cessation service
• Application of topical fluoride and use of fluoride mouthwashes to reduce sensitivity and prevent decay
• Recommending products aimed at reducing the risk of dental (and many other) problems
• Wearing a night guard to ease the symptoms of bruxism
• Referral to a specialist for any signs and symptoms present in their mouths. Questions regarding drug use must be handled in a sensitive, non-judgemental and confidential manner. If drugs are causing problems, it may be necessary to discuss adjusting the method of delivery.

It seems that we need to become more competent at diagnosing and managing drug-related problems because it’s possible that for many of our patients, some are the days of getting high naturally.

The author

Alan Lowe is a dental hygienist based in Cardiff at The Orthodontic Centre, a private practice specialising in implants, cosmetic work and periodontal treatment. He is also a lecturer at Bridgend Dental School. He has won several awards including Hygienist of the Year 2009 and is a columnist for the Hunters Mail. He thoroughly enjoys what she does and is delighted to be contributing to Dental Tribune.

Dental Tribune

Just say no to drugs

With Britain described as a drug-taking society, it’s essential that we become more competent at diagnosing and managing drug-related problems, says Alison Lowe.

D rugs have featured in the press a lot recently. This is mainly due to the tragic deaths of two teenagers who were found to be confused with Methadone – a weed killer otherwise known as ‘Miaow Miaow’.

Britain is a drug-taking society; we drink alcohol and take prescription and pharmaceutical drugs for all sorts of reasons. Many drugs, both illegal and those prescribed can be harmful to our mouths. Indeed, it is estimated that about 40 per cent of people take at least one type of medication that can damage the teeth.

Health damage

While it is easy to judge, it is important to remember that far more health problems and drug-related deaths occur as a result of taking legal drugs such as prescription medicines, alcohol and tobacco, than from illegal substances. Nonetheless, regular use of illegal drugs can cause significant health damage.

As a society, we tend to either dismiss concerns about drugs or sensationalise the danger, but neither approach is very helpful. The most important thing is to be well informed – that way you can provide accurate information about drugs because so often our patients receive inaccurate information from their friends. Here is the lowdown on some of the most commonly used drugs:

Cocaine. Often referred to as coke, charlie, blow or nose candy. While cocaine is often snorted, many users prefer to rub the cocaine over their gums, which can lead to erosion and over time, exposure of dentine, which obviously results in sensitivity.

Crack cocaine. Also called freebase or rock. This is usually smoked through a pipe. The smoke directly contacts the inside of the mouth and can be carcinogenic.

Heroin. Also called ‘4F or smack, heroin users tend to have a relentlessly sweet tooth, which can increase the risk of tooth decay if dental hygiene is neglected. Decay most commonly occurs along the gingival margins.

Methamphetamine. Also called speed, ice or meth. This drug was developed by a Japanese chemist in 1919, and was used during World War II to help soldiers stay alert. After the war, a massive supply of meth formerly used by the Japanese military became available, skyrocketing addiction. Meth causes severe tooth decay in a very short time and it has been noted that users lose their teeth abnormally fast due to a combination of side effects. Indeed the term ‘meth mouth’ has been used to describe the extensive damage typically caused by this drug. It is reported to attack the immune system, so users are often more prone to infections such as A.U. It is also highly acidic and causes erosion. Other side effects include dry mouth, bruxism and jaw clenching.

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