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

Drugs have featured in the press a lot recently. This is mainly due to the tragic deaths of two teenagers who succumbed to the effects of methadone. It’s all too easy 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 medicine 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, **crack cocaine** 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 relentless 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抗战期间被使用，可用作兴奋剂。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 drug of choice. Ravers and anti-drug activists have long debated whether ecstasy causes brain damage, but both ignored a more serious and immediate problem. Acid can erode teeth and gums through acid erosion. Other side effects include dry mouth, bruxism and jaw clenching.

**Methadone**. This drug is used to control addiction and replace the effects of other drugs and can prevent withdrawal symptoms of addiction. Methadone is often used as a substitute for heroin, and is known as a ‘legal high’.

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. Pro- fessional 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 limiting the damage caused by erosion, such as Pronamel toothpaste and mouthwash
- Diet advice, for example, sugar-free lollies and diet drinks (preferably non-carbonated) for ecstasy users
- Wearing a night guard to ease the symptoms of bruxism

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, none are the days of getting high naturally.

About the author

Alison Lowe is a dental hygienist based at Cardiff at The Orthodontic Centre, a private practice specialising in implants, orthodontics and aesthetic dentistry. She has won several awards including Hygienist of the Year 2009 and is a columnist for the Heather Mail. She thoroughly enjoys what she does and is delighted in being contributing to Dental Tribune.

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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 method of delivery.

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