

The prevalence of substance use among patients at a dental school clinic in Michigan

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Data from a national survey indicated that 6.9 percent of the U.S. population older than 12 years reported drinking heavily in the preceding 30 days.¹ Data from the same survey indicated that 8.7 percent of the U.S. population older than 12 years reported using an illicit drug in the preceding month. The prevalence of preceding month use of specific drugs in order from most to least common was marijuana (6.6 percent), extramedical use of prescription medications (2.8 percent), cocaine (0.7 percent), hallucinogens (0.5 percent), amphetamines (0.2 percent) and heroin (0.1 percent). Although, in some cases, these percentages may appear small, these estimates translate into 17.1 million people who have reported recent heavy alcohol use and 21.8 million people who have reported recent illicit drug use in the United States.

Substance misuse has been linked to pathological oral changes.²⁻⁷ Alcohol use, especially in association with tobacco use, has been identified as a potential risk factor for

ABSTRACT

Background. Problematic alcohol use and illicit drug use are associated with a number of physical health consequences, including poor oral health. The authors evaluate the prevalence of problematic alcohol use and illicit drug use in adults who visited a dental school clinic.

Methods. The authors recruited patients from the waiting area of the clinic. During recruitment, 85.9 percent of patients (n = 384) who the authors approached consented to participate in the study.

Results. Overall, 20.6 percent of the participants reported either recent problematic alcohol use or illicit drug use; 7.4 percent of reported problematic alcohol use and 18.6 percent reported illicit drug use. The most common illicit drugs participants reported that they used were marijuana (16.8 percent), amphetamines (2.6 percent) and cocaine (1.1 percent). Participants who reported recent problematic alcohol use or illicit drug use were more likely to identify as white, were younger and did not have a spouse or partner.

Conclusions. There was a high prevalence of illicit drug use and problematic alcohol use among the patients seen at dental school clinic. These rates were higher than those in the general population.

Clinical Implications. The findings suggest that dental clinics are appropriate settings in which to identify and provide interventions for adults at risk of experiencing problems due to alcohol or drug use.

Key Words. Alcohol misuse; drug abuse; dental clinics.
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oral cancer.⁵⁻⁷ However, even in the absence of smoking, alcohol consumption is associated with an increased risk of developing oral cancer. For example, Talamini and colleagues⁸ reported a fivefold increased risk of developing oral cancer in nonsmokers who consumed, on average, five or more alcoholic drinks a day. Furthermore, in their meta-analysis of 26 studies, Bagnardi and colleagues⁹ found that daily alcohol consumption of 25, 50 and 100 grams was associated with a pooled relative risk of developing oral and pharyngeal cancer of 1.75, 2.85 and 6.01, respectively.

Although studied less frequently than alcohol use, other illicit drug use also is associated with dental pathology. Thomson and colleagues¹⁰ found that, after they controlled for tobacco smoking, regular cannabis smoking was associated strongly with periodontal disease. Marijuana use has been associated with dysplastic changes and premalignant lesions within the oral mucosa, owing to cannabis smoke's carcinogenic action.² Pathological conditions, including candidiasis, epithelial dysplasia and bruxism, have been associated with opioid addiction.¹¹ Opiates, amphetamines, marijuana and alcohol use are associated with xerostomia, promote plaque and calculus collection and increase the incidence of caries and periodontal disease.¹² Cocaine use is associated with gingival lesions, erosion and abrasion of tooth surfaces, and bruxism.^{13,14} The oral consequences of methamphetamine use have been documented.¹⁵⁻¹⁹ Most studies linking drug use and oral pathology in humans are observational and do not provide definitive proof of a cause and effect relationship. In addition, many adults use multiple substances, making it difficult to link specific substances to oral pathology.

Basic data are lacking regarding the prevalence of alcohol and drug use in patients seeking dental services. To the best of our knowledge, the results of only two studies have provided estimates of the rates of alcohol misuse and substance use disorders in dental treatment settings. Miller and colleagues²⁰ screened more than 400 patients in an emergency dental clinic for alcohol misuse and found that approximately one-quarter of patients reported probable hazardous alcohol use. The author of another study of more than 500 patients seen at a university dental clinic estimated that the prevalence of alcohol and other substance use disorders was 8.3 percent.²¹ The rates of specific substance use disorders, however, were not reported.

In this study, we evaluate the rates of problematic alcohol use (defined as a high quantity or frequency of alcohol use and a report of

alcohol-related problems) and illicit drug use (any use of cannabis, cocaine, amphetamines, inhalants, hallucinogens or nonprescription opioids during the preceding three months) in a sample of adults seeking treatment at a university dental clinic in the Midwest. We also examined the demographic characteristics associated with likelihood of reporting problematic alcohol use or illicit drug use.

METHODS

Design. We conducted a cross-sectional survey of patients who sought care at a university dental clinic.

Procedures. We approached all patients in the waiting area of the University of Michigan School of Dentistry's Patient Admitting and Emergency Services Clinic and asked them if they were interested in completing a brief (approximately 15- to 20-minute) survey. The patients self-administered the survey, and we compensated the patients for their time by giving them a small item from a dollar store. The University of Michigan Medical School Institutional Review Board approved this study.

Sample. During the recruitment period, we approached 447 men and women 18 years and older, and 384 (85.9 percent) agreed to participate in the study. Not feeling well, not interested in participating in research and lack of time were the most common reasons patients gave for not participating. We excluded patients from the study if they were unable to speak or understand English or if they were unable to provide voluntary written consent. The study site, the Patient Admitting and Emergency Services Clinic, serves patients from a wide variety of rural and urban settings. The clinic staff members treat patients with private and public insurance (for example, Medicaid), as well as uninsured patients.

Outcomes of interest. Problematic alcohol use. The Alcohol Use Disorders Identification Test (AUDIT) was developed by the World Health Organization for use by health care providers and researchers as a screening tool for problematic alcohol use in patients.²² The AUDIT includes questions regarding quantity and frequency of alcohol use during the preceding year and questions regarding the potential consequences of alcohol use (for example,

ABBREVIATION KEY. ASSIST: Alcohol, Smoking and Substance Involvement Screening Test. **AUDIT:** Alcohol Use Disorders Identification Test. **AUDIT-C:** Alcohol Use Disorders Identification Test—Consumption.

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