

UNDER THE INFLUENCE: INFORMING ORAL HEALTH CARE PROVIDERS ABOUT SUBSTANCE ABUSE

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SORT SCORE			
A	B	C	NA

SORT, Strength of Recommendation Taxonomy

LEVEL OF EVIDENCE		
1	2	3

See page A8 for complete details regarding SORT and LEVEL OF EVIDENCE grading system

ABSTRACT

Treating the drug addicted dental patient is different than treating the non-addicted patient due to differences related to the emotional/behavioral/personality issues of the addict, the addict's often poor general health and poor nutrition, ongoing problems of oral hygiene and the effects of drugs on the oral mucosa, gingiva and dentition

Background

Oral health care providers need to be aware of the emerging trends in substance abuse, able to recognize patient's addicted to drugs and to be knowledgeable about the effects of substance abuse to provide the most efficacious treatment to avoid the consequences of contraindicated dental procedures and therapy. This article defines the scope of the problem of drug abuse and provides an overview of commonly abused substances and their effects on health and oral health.

Methods

A review of the literature combined with the authors' extensive experience in the substance abuse field explains parameters of oral health care treatment of the drug addicted individual for patient and provider safety.

Conclusions

The drug culture has evolved and the drug user is different. Oral health care providers need to realize that any patient may be an addict in order to identify them, provide appropriate oral care and direct them, if they desire, toward appropriate treatment.

Key words: Substance abuse, drug addiction, oral manifestations of substance abuse

SUBSTANCE ABUSE

Scope of the Problem

The use of illicit drugs among Americans is approaching epidemic proportions. The 2011 National Survey on Drug Use and Health prepared by the Substance Abuse and Mental Health Services Administration reported an estimated 22.5 million Americans aged 12 or older were current (past month) illicit drug users, meaning they had used an illicit drug during the month prior to the survey interview¹ (Figure 1). This estimate represents 8.7 percent of the population aged 12 or older. The overall rate of current illicit drug use among persons aged 12 or older in 2011 (8.7 percent) was similar to the rates in 2010 (8.9 percent), 2009 (8.7 percent), and 2002 (8.3 percent), but it was higher than the rates in most years from 2003 through 2008.

A variety of legal and illegal substances are readily available on the street or online. The illegal status of the classical recreational substances, such as marijuana, cocaine, prescription painkillers, heroin, and methamphetamine has encouraged drug abusers to seek

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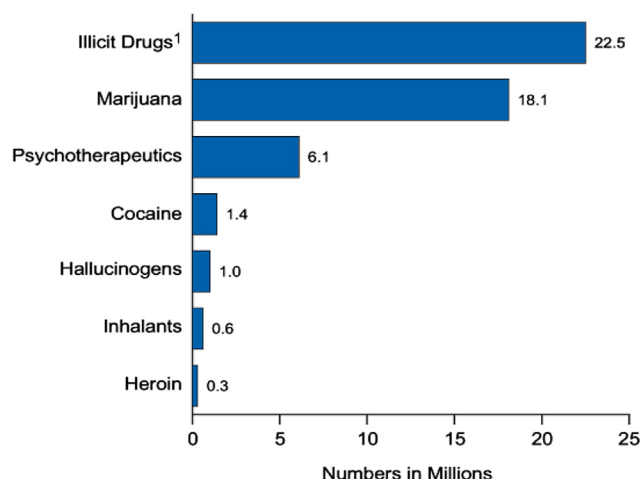
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Figure 1. Past month illicit drug use among persons aged 12 or older: 2011.¹ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.



From Substance Abuse and Mental Health Services Administration, Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

newer 'designer' drugs that offer the advantages of being legal and less expensive. These new 'designer drugs' are synthetic substances produced for recreational use. Two of the most popular families of 'designer drugs' are synthetic marijuana and 'bath salts.'

This article will provide: (1) an overview of the common substances of abuse including marijuana, designer drugs [synthetic marijuana and 'bath salts'], prescription painkillers, and methamphetamine, (2) describe the effects of drug abuse on general health and oral health, (3) and outline the role of the oral health care provider in recognizing and managing the drug-abusing patient.

Oral Health

Oral health care providers need to be aware of the emerging trends in substance abuse and become knowledgeable about the effects substance abuse has on dental/oral hygiene and health. Providers will benefit from understanding the scope of the problem of substance abuse and recognizing that people in all walks of life and in every socio-economic category abuse drugs. They must also be aware that the use of illicit drugs has both direct (induced by the drug) and indirect effects (life-style) on oral health and oral pathology and recognize pathological changes in the oral cavity associated with abuse of specific drugs in order to provide the most efficacious treatment and to avoid possible consequences of contraindicated dental treatments.

IDENTIFYING DRUG USERS

Recognizing Drug Addiction

Drug abuse and addiction is less about the specific drug and more about consequences of using the drug. The frequency

and amount of a drug used does not necessarily constitute addiction but it is an indicator of potential drug-related problems. The signs and symptoms of drug use and addiction vary depending on the drug. It may be difficult to recognize a user/addict based on appearance alone. Physical signs that can be helpful in recognizing an abuser/addict include blood shot eyes, changes in the size of the pupils, unusual smells on breath, body or clothing, tremors, burns on lips and fingers, grinding of teeth, clenching of the jaw, and slurred speech. However, absence of these signs does not exclude abuse or addiction. Alteration in behavior and mood may be more indicative than changes in appearance but may be more difficult to detect. Decline in school and work performance and changes in friends and activities may also be revealing. Patients may miss appointments or be late for appointments and offer inconsistent excuses. There may be a change in their appearance and they may be withdrawn. Frequent involvement with the law or repeated loss of friends should raise suspicion.

Drug Paraphernalia

Finding paraphernalia indicates drug use. Commonly identified paraphernalia are pipes, bongs, and syringes. But paraphernalia may be ordinary items used to disguise the drug or items used to consume the drug: aluminum foil, small zip-lock baggies, pill bottles, spoons, film canisters, cigarette packs, hide-a-cans, makeup kits, gum wrappers, tea strainers, liquid breath mint containers or small glass vials. Items used to hide the use of drugs include mouthwashes, breathe sprays and mints. A strong odor of perfume or after-shave, the odor of dryer sheets on the skin and wearing sunglasses indoors and at inappropriate times may be signs of drug abuse. Internet sites and smoke shops sell a variety of items used to hide drugs, including 'hide-a-cans' which look like common canned products such as soda, beer, energy drinks, hair spray, WD40, etc. but are hollow inside. They have a screw top or bottom and are weighted. Drugs are hidden and stored inside the can. A highlighter marker may look real, but in reality is a pipe for smoking dope (Figures 2 and 3).

THE DRUGS

Marijuana

Marijuana is one of the most common drugs of abuse. The belief that it is not any more dangerous than drinking alcohol is wrong. Marijuana is used for its mood and perception-altering effects. The psychoactive ingredient in marijuana is a cannabinoid, THC (delta-9-tetrahydrocannabinol), but marijuana contains hundreds of other cannabinoids. The marijuana on the streets today is unlike the marijuana in the past – it is dangerous, addictive, and cultivated to maximize its psychoactive effect. The THC content of marijuana continues to increase. In the 60's, 70's, and 80's THC content ranged from

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